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NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact alastair.low@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Glasgow City Health and Social Care Partnership Communications Strategy - Review and Refresh

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

Glasgow City Health and Social Care Partnership (HSCP) Communications Strategy (refreshed) aims to:

- set out our framework for communications – communications vision, objectives, approach, standards and governance
- define our key audiences who we will communicate with, that is, our main stakeholders – both internal and external
- define our communication channels, that is, the tools and methods that we will use to communicate with our audiences and
- includes an action plan that we will progress to improve and implement our communications.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

Glasgow City HSCP is reviewing and refreshing its current Communications Strategy along with an updated action plan to improve the way it communicates with a range of internal and external stakeholders. The Strategy sets out a consistent approach and set of arrangements to communicate with large groups of people, local communities and organisations to support them to be more aware of, understand and engaged in the work and services of the HSCP. This includes communicating the vision and priorities for health and social care in Glasgow as set out in Glasgow City HSCP's Strategic Plan 2019-22.

The Strategy's review and refresh has involved and been informed by a significant amount of communication and engagement activity with internal and external stakeholders, including stakeholders who have one or more protected characteristics. The EQIA has been undertaken to ensure any adverse impact on protected characteristic groups is minimised as a result of the refresh of the Strategy, and that the equalities duties placed upon us by the Equalities Act 2010 are upheld.

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Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Ewan MacGregor, Senior Officer (Business Development)	Date of Lead Reviewer Training: October 2019
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

<p>Dr. Jason Mokrovich, Business Development Manager, Communications Lead, Glasgow City HSCP Ewan MacGregor, Senior Officer (Business Development), Glasgow City HSCP Laura McGibbon, Senior Officer (Business Development), Glasgow City HSCP Craig Cowan, Business Development Manager, Governance and Strategic Planning Lead, Glasgow City HSCP</p>
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		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any	<i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i>	<p>The review and refresh of the Communications Strategy is informed by a communications survey. Participants were asked to share their views on:</p> <ul style="list-style-type: none"> • our communications framework – communications vision, objectives, approach and Joint Media Protocol • their knowledge of our HSCP, IJB and their work and services • how they find out about our work and services, and their preferred communication channels • the usefulness of our communications and • how our communications can be improved. 	None identified

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	<p>protected characteristic data omitted.</p>		<p>Both web-based and printed versions of the survey were available to complete, and it was made available in a range of community facilities and offices including health and care centres, social work offices, residential establishments, GP practices, libraries and community centres among others. The survey was promoted through print, electronic and digital communication channels – newsletters, email and websites.</p> <p>The survey was completed anonymously by the participants and captured equalities monitoring information. The survey collected information on age, disability, sex and gender, and participants had the opportunity to identify their primary relationship to the HSCP (e.g., patient, service user, carer, staff member, etc.).</p> <p>A total of 1,006 people participated in the communications survey.</p> <p>The review and refresh of the Strategy was also informed by face-to-face engagement sessions with members of Glasgow City HSCP’s three Locality Engagement Forums (North East, North West and South), and South Locality Engagement Forum had an additional session with service users and carers of home care services. A total of 38 people participated in a face-to-face engagement session, which mainly consisted of patients, service users and carers.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>2.</p>	<p>Please provide details of how data captured has been/will be used to inform</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low</i></p>	<p>The data captured informed the review and refresh of our communications framework; key audiences; communication channels and action plan for how we can improve our communications.</p>	<p>Although the survey to inform the Strategy was promoted with equalities groups and networks, and a range of people from different equalities backgrounds</p>

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	<p>policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The survey findings in particular informed the development of our approach to communications, in that we will strive for our communications to be clear and concise ('Plain English'); inclusive; consistent; accessible (with arrangements in place to adapt styles, formats, layouts, languages and material); timely, accurate and approved; transparent; targeted; multi-channel; two-way; evidence-based and endorsed.</p> <p>The data captured was used to emphasise in our Strategy that our approach to communications should strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material) and inclusive, and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics (e.g., older service users for example generally prefer print and face-to-face communications over social media).</p> <p>By adopting this approach towards our communications, we aim to ensure that they remove discrimination, promote equality of opportunity and foster good relations.</p>	<p>participated in it, the level of representativeness of particular equalities groups was not fully representative. Therefore, the Strategy may not fully represent or cater for particular protected characteristics groups.</p> <p>To mitigate this, as stated in our Communications Strategy, we will continue to be committed to consider for any future communication activity the specific needs and preferences of the communications audience including protected characteristic groups. When developing our communications, we will actively consider identifying and removing any barriers to accessibility or inclusivity.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	

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<p>3.</p>	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>Our communications survey and Locality Engagement Forum face-to-face engagement sessions allowed us to gather a closer understanding of the communication needs and preferences of various stakeholder groups, including those who have one or more protective characteristics. They also informed our approach to communications, and the action plan that we will be progressing to improve our communications.</p> <p>This understanding allows for the Strategy to be adapted towards and respond to a variety of communication needs removing discrimination, promoting equality of opportunity and foster good relations.</p>	<p>None identified</p>
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>4.</p>	<p>Can you give details of how you have engaged with equality groups with regard to the service review or</p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand</i></p>	<p>Through our communications survey and Local Engagement Forum face-to-face engagement sessions we captured views on our Communications Strategy from a variety of stakeholders –including engagement with equalities groups and networks.</p>	<p>None identified</p>

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	<p>policy development? What did this engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>Our research has shown us that it is essential that our communications are clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles, formats, layouts, languages and material) and inclusive, and that they are tailored to the communication needs of the intended audience. This includes the way in which we communicate with those who have a protective characteristic. This is reflected in the communications approach taken within our Communications Strategy, and in its aims and objectives.</p> <p>Through collecting and using the responses from the range of stakeholders including patients, service users, carers and staff from a range of backgrounds as a basis for our Communications Strategy, we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to</i></p>	<p>N/A</p>	<p>N/A</p>

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	<p>there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p><i>access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>		
	<p><i>Example</i></p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>	
<p>6.</p>	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service</i></p>	<p>The refreshed Communications Strategy has been influenced by and reflects patient, service user and staff experience among other stakeholders, including those from a protected characteristic group. Our comprehensive communications matrix of how we will communicate with different stakeholders has given those with one or more protected characteristics an opportunity to share their views. The supporting action plan for how we will improve our communications also takes into</p>	<p>A Communications Strategy that is committed to accessibility and inclusivity can lead to heightened expectations of patients, service users, carers, staff and other stakeholders.</p> <p>Accounting for this risk is therefore essential. In situations</p>

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<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>account the suggestions of patients, service users and staff among other stakeholders, including those from a protected characteristic group. Stakeholders are therefore playing an active role when it comes to improving how we communicate.</p> <p>As above, the Strategy is committed to communications that strive to be clear and concise ('Plain English'); accessible (with arrangements in place to adapt styles, formats, layouts, languages and material) and inclusive, and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics. This includes the use of Sign Language.</p> <p>Through the provision of an accessible and inclusive Communications Strategy we are demonstrating due regard to removing discrimination, promoting equality of opportunity and fostering good relations.</p>	<p>where we do not meet the communication needs of a particular stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies the most appropriate response and learns how to deal with similar communication needs in the future.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
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7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(a)	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Our Communications Strategy includes and is committed to continuing to use a wide range of communications methods and channels to ensure stakeholder groups' communication needs are met (e.g., print, digital and face-to-face). For example, feedback from our communications survey and face-to-face engagement sessions showed older people prefer communications in writing or face-to-face. As such, our approach seeks to reduce the likelihood of discrimination, promotes equality of opportunity and fosters good relations between protected characteristics.</p> <p>We have also considered Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which provides an overview of the age demographics of people in Glasgow and details research around this protected characteristic.</p> <p>Around 82,000 people (13.9% of the population) are aged 65 and over, and around 403,000 (67.9% of the population) are between 18-64 years old. 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% (Glasgow City Population Profile).</p> <p>Section 5.B of the paper EQIA Older People's Transformational Change Programme 2018-21 documents the significant challenges that older people face.</p> <p>Other key sources in relation to Older People: include:</p> <ul style="list-style-type: none"> • Dementia: Equity and Rights 	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p>

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		<ul style="list-style-type: none"> • the 2011 census research briefing on Growing Older in Scotland: Health, Housing and Care (2015) and • the Government paper on the Future of Ageing looks at attitudes to ageing. 	<p>In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
(b)	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>The Communications Strategy took into consideration those with the protected characteristic of disability by considering Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which provides details in relation to the proportion of people with a disability and the number of carers in Scotland. The Equality Act 2010 imposes a duty on service providers, including Local Authorities, to make reasonable adjustments to their policies, practices and premises and provide auxiliary aids to improve 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. So, in addition to physical access, disabled people can also face issues</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or</p>

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<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>with communication and obtaining advice and support, particularly those who have a learning disability.</p> <p>Taking into account the above, we are committed to having arrangements in place to communicate in alternative formats such as large print, and consider physical access requirements when booking venues. Our approach to communications takes into account the communication needs of our most vulnerable patients, service users and carers including those with a disability.</p> <p>Reports and documents considered include:</p> <p>Intersectionality between disability and other protected characteristics – further information:</p> <ul style="list-style-type: none">• Around 21,000 people over 65 in Glasgow consider themselves to have a physical disability, and around 5,400 consider themselves to have a mental health condition (Social Work Demographics Report 2014)• Ageing with Disability: What do they expect after all these years? (Zarb, G. and Oliver, M. (2003)• Ageing & Disability – UN Division for Social Policy and Development United Nations - Ageing and Disability• People with learning disabilities face many disadvantages in relation to health, Emerson and Baines 2011: Health Inequalities and People with Learning Disabilities in the UK• Alzheimer Scotland Statistics: Alzheimer Scotland: Estimated numbers with Dementia 2017 and• The LSE has published a review paper on LGBTQI+ Disabled people and self-directed social care support: LGBTQI+ Disabled People and self-directed social care support.	<p>resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
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	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(c)	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The development of the Communication Strategy considered referral statistics in relation to Scottish Gender Identity Clinics (GICs) and the findings of the 2017 Stonewall LGBT Survey are detailed in Section 5.B the Glasgow City IJB Strategic Plan 2019- 2022 EQIA.</p> <p>Our Strategy makes clear that the HSCP supports some of Glasgow’s most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups such as gender identity.</p> <p>We are explicit in our Strategy and approach to communications that it is essential that we strive in our communications to be clear and concise (e.g., ‘Plain English’), accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles, formats, layouts, languages and material) and inclusive (where we do not use language (expressions and words) that might be considered to exclude particular groups of people), and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics such as gender identity.</p> <p>The Communications Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP’s/IJB’s Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders’ communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP’s Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p>

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		<p>Reports and documents also considered include:</p> <ul style="list-style-type: none"> • Age UK factsheets 16 (2019) Web Link: Transgender Issues and Later Life • The Dementia Challenge for LGBT Communities (2014) and • Improving the Lives of Transgender Older Adults (2012). 	<p>In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(d)</p>	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The Communication Strategy considered in its development Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which details research and demographic information in relation to Marriage and Civil Partnership.</p> <p>Same-sex unions as a new social form may also pose a challenge for health and social care staff, who may require new knowledge and training in order to provide compassionate and comprehensive care to same-sex partners.</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p>

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<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>However, currently it appears that there is limited research exploring discrimination and inequalities faced by same-sex couples entering a civil partnership.</p> <p>The Communications Strategy is inclusive and takes into account the above and feedback from the communications survey and face-to-face engagement with Locality Engagement Forums. The Communications Strategy is explicitly committed to communications that are inclusive and do not use language (expressions or words) that might be considered to exclude particular groups of people. This approach reduces the likelihood of having a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership.</p>	<p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent</p>
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			communications that support the communication needs of different audiences, particularly ones with a protected characteristic.
(e)	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Communications Strategy considered in its development Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which provides information about the birth rate in Glasgow and notes that health care experiences and outcomes for pregnant women can differ on the basis of their youth/age, ethnicity, migrant or asylum-seeking status, mental health or learning disabilities.</p> <p>Statistics are also provided in relation to the prevalence of smoking in pregnancy and obesity. Information is also provided in relation to the pregnant women seeking asylum in the UK who may be particularly vulnerable. Research and statistics are also cited in relation to pregnancy discrimination in the workplace. Source: Equality and Human Rights - Pregnancy and Maternity Discrimination Research Findings.</p> <p>The Communications Strategy makes provision for communicating with those who have limited access to the HSCP or availability, for example due to pregnancy, maternity and childcare commitments, by offering communications through a variety of methods and channels meet the needs of this group.</p> <p>The Strategy is committed in its communications approach to using multi-channel communications, where a range of tools and methods should be used to communicate with target audiences so that they are more likely to receive information and messages – print, digital and face-to-face. This is reflected in the Strategy’s ‘communications matrix,’ which outlines the key audiences to be communicated with and the range of</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders’ communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP’s Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p>

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		<p>methods/channels by which they are communicated with. Improved ways to communicate will also continue to be explored in order to be more inclusive, and communicating through new methods/channels is being taken forward as part of the Strategy's improvement action plan.</p>	<p>In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>(f)</p>	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>The Communication Strategy considered in its development that Glasgow has the most ethnically diverse population in Scotland. Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA details the potential issues that act as barriers to the BME community in accessing services and highlight some of the results in relation to the BME community from the Scottish Health Survey (2015).</p> <p>Demographic information in relation to race and ethnicity in Glasgow and Scotland can be accessed via the following links: Social Works Demographics Report 2014</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p>

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<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>and Scotland's Census - Ethnicity, Identity, Language and Religion respectively.</p> <p>Scottish Government: Ethnic Group Demographics web link: https://scotland.shinyapps.io/sg-equality-evidence-finder/</p> <p>Additional reports that document the challenges BME citizens may experience in accessing health, social care and housing services include:</p> <ul style="list-style-type: none">• Joseph Rowntree Foundation Report on BME People's Views on Research Findings and Current and Future Challenges of Family Care in the UK (2015) – reports that people over 65 years old from Black and Asian communities are disproportionately affected by poorer health and higher rates of limiting long term illness. <p>Taking into account the above, our Communications Strategy considers that a number of service users are non-English speakers or may not have English as their first language. The Communications Strategy accounts for those with the need for translation and/or interpreting services, and will work to manage communications of this nature as and when required.</p> <p>As above, our Strategy makes clear that the HSCP supports some of Glasgow's most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including race.</p> <p>We are explicit in our Strategy and approach to communications that it is essential that we strive in our communications to be clear and concise (e.g., 'Plain English'), accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles, formats, layouts, languages and material) and inclusive</p>	<p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>Access to support in order to communicate with groups from diverse ethnic or cultural backgrounds can be challenging (e.g., identifying appropriate translation and interpretation services communicate with</p>
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		<p>(where we do not use language (expressions and words) that might be considered to exclude particular groups of people), and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics such as race.</p> <p>The Communications Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP's/IJB's Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>service users for whom English is not their first language).</p> <p>The Partnership works with approved translation and interpretation providers in order to meet the communication needs of these service users.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
<p>(g)</p>	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>The Communication Strategy considered in its development Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which references the Equality and Human Rights Commission (EHRC) report that highlights the complexity and cross-cutting relationships between religious prejudice and 'protected characteristics'. 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. Key statistics from Scotland's Census (2011), Religion Demographics: 2011 census, are also reported.</p> <p>A breakdown of the 2011 Scotland Census figures by religion and by local authority can be accessed via the following link: Scotland's Census.</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible</p>

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<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>As above, our Strategy makes clear that the HSCP supports some of Glasgow’s most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including religion and belief.</p> <p>We are explicit in our Strategy and approach to communications that it is essential that we strive in our communications to be clear and concise (e.g., ‘Plain English’), accessible (with arrangements in place to adapt styles, formats, layouts, languages and material) and inclusive (where we do not use language (expressions and words) that might be considered to exclude particular groups of people), and that communications are adapted to meet the communication needs and preferences of different audiences including those with protected characteristics such as religion and belief. The Communications Strategy particularly accounts for those with the need for translation and/or interpreting services, and will work to manage communications of this nature as and when required.</p> <p>The Communications Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP’s/IJB’s Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP’s Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In situations where we don’t meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>Access to support in order to communicate with groups from diverse ethnic or cultural backgrounds can be challenging (e.g., identifying appropriate translation and interpretation services communicate with service users for whom English is not their first language).</p> <p>The Partnership works with approved translation and interpretation providers in order</p>
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			<p>to meet the communication needs of these service users.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(h)	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity</p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable</p>	<p>Information about inequality in relation to sex is given in Section 5.B of the Glasgow City IJB Strategic Plan 2019-2022 EQIA.</p> <p>The Communications Strategy considered in its development the above, and as such offers a variety of communications methods and channels that are more likely meet the needs of men and (mainly) women who have restricted availability due to caring responsibilities and other commitments.</p> <p>The Strategy is committed in its communications approach to using multi-channel communications, where a range of tools and methods should be used to communicate with target audiences so that they are more likely to receive information and messages – print, digital and face-to-face. This is reflected in the Strategy's 'communications matrix,' which outlines the key audiences to be communicated with and the range of methods/channels by which they are communicated with.</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could</p>

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Improved ways to communicate will also continue to be explored in order to be more inclusive, and communicating through new methods/channels is being taken forward as part of the Strategy's improvement action plan.

As above, our Strategy makes clear that the HSCP supports some of Glasgow's most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including sex.

We are explicit in our Strategy and approach to communications that it is essential that we strive in our communications to be clear and concise (e.g., 'Plain English'), accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles, formats, layouts, languages and material) and inclusive (where we do not use language (expressions and words) that might be considered to exclude particular groups of people), and that communications are adapted to meet the communication needs and preferences of different audiences including those with the protected characteristic of sex.

The Communications Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP's/IJB's Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.

be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.

In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.

Also, men and women who have restricted availability due to caring responsibilities may encounter difficulties when communicating with Partnership services.

The Communications Strategy takes these circumstances into account and will work to ensure suitable alternatives are found to communicate with those with the protected characteristic of sex so they don't experience a disproportionate impact.

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			<p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
<p>(i)</p>	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity</p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable</p>	<p>The Communications Strategy considered in its development Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which provides research that details the prejudice, discrimination, isolation and disadvantage that Lesbian, Gay, Bisexual and Transgender (LGBT) people may experience.</p> <p>As above, our Strategy makes clear that the HSCP supports some of Glasgow's most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including sexual orientation.</p> <p>We are explicit in our Strategy and approach to communications that it is essential that we strive in our communications to be clear and concise (e.g., 'Plain English'), accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles, formats, layouts, languages and material) and inclusive (where we do not use language (expressions and words) that might be considered to exclude particular groups of people), and that communications are adapted to meet the communication needs and preferences of different audiences including those with the protected characteristic of sexual orientation.</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such</p>

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The Communications Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP's/IJB's Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.

groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.

In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.

Also, men and women who have restricted availability due to caring responsibilities may encounter difficulties when communicating with Partnership services.

The Communications Strategy took these circumstances into account in its development, and will work to ensure suitable alternatives are found to communicate with those with the protected characteristic of sex so they don't experience a disproportionate impact.

A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the

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			<p>Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p> <p>Also, in terms of sexual orientation in relation to communications, the sexual orientation of the audience is not necessarily known. This may be because in some cases individuals have decided not to disclose it. Communications activity will not be done in a way that prevents us reaching or getting the views of people who are unable or unwilling to disclose their sexuality. If communications and engagement activity required disclosure/identification, then we would seek advice from relevant groups/organisation to ensure we did it right.</p>
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(j)	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p>	<p>The Communications Strategy considered in its development Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which details research in relation to social and economic status and discrimination, and the barriers to accessing services.</p> <p>Links to reference documents include:</p>	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in</p>

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<p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<ul style="list-style-type: none">• The Joseph Rowntree Foundation Poverty in Scotland 2018 suggests that close to one in four children in Scotland are in poverty• The Poverty Overview by Understanding Glasgow suggests that Glasgow remains the most deprived city and local authority area in Scotland and• Migrant Health Report (2016) (Scottish Public Health Network, 2016). <p>As such, the Communications Strategy is committed to communications that are ‘multi-channel’ and in a variety of formats (print, digital and face-to-face), taking into account those without access to IT facilities.</p> <p>As above, our Strategy makes clear that the HSCP supports some of Glasgow’s most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including socio-economic status and social class.</p> <p>We are explicit in our Strategy and approach to communications that it is essential that we strive in our communications to be clear and concise (e.g., ‘Plain English’), accessible (with arrangements in place to adapt styles, formats, layouts, languages and material styles, formats, layouts, languages and material) and inclusive (where we do not use language (expressions and words) that might be considered to exclude particular groups of people), and that communications are adapted to meet the communication needs and preferences of different audiences including those with the protected characteristic of socio-economic status and social class.</p> <p>The Communications Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to</p>	<p>communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP’s Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In situations where we don’t meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>Those who experience poverty in particular may not have access to the appropriate IT equipment</p>
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		<p>eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP's/IJB's Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>in order to receive certain communications.</p> <p>Having a variety of communications channels will help to ensure service users are not disproportionately impacted on the grounds of their social class or experience of poverty.</p> <p>A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>
(k)	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The Communications Strategy considered in its development Section 5.B of the Glasgow City IJB Strategic Plan 2019- 2022 EQIA, which details research in relation to discrimination and the barriers to accessing services:</p> <ul style="list-style-type: none"> • Migrant Health Report (2016) (Scottish Public Health Network, 2016) • the Age UK briefing Working with Older Travellers reports that this community has significantly poorer health outcomes than the general population of older adults. Their experiences of stigma, poverty and illiteracy have placed them in a disadvantaged position in seeking support from services. They also felt that services, as a whole, are not sensitive to their culture and 	<p>Offering communications in a variety of different formats at the same time to meet all stakeholders' communication needs/preferences can lead to heightened expectations regarding expediency and may result in a delay in communications overall or a delay in communicating in a particular method/channel.</p> <p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method</p>

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- According to the Scottish Parliament 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 health of the population by reducing health inequalities among different groups of the population.

employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP's Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.

In situations where we don't meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.

A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.

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8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation</p> <p>2) Promote equality of opportunity</p> <p>3) Foster good relations between protected characteristics.</p> <p>4) Not applicable</p>	<p>There are no cost saving implications.</p>	<p>N/A</p>
		<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>As a Partnership we are committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p>	<p>None identified</p>

10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service

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users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

There are no reported risks in relation to human rights.

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

No specific or definable approach was applied in the development of the Communication Strategy but the PANEL principles underpin the general approach to communication activity pursued by the HSCP, particularly in respect of maximising participation, preventing discrimination and promoting equality and empowerment of communities.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

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Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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11. If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Glasgow City HSCP conducts from time-to-time a communications survey with a range of internal and external stakeholders to better understand their level of knowledge of the work and services of the HSCP; how they find out about the work and services of the HSCP; their preferred communications channels; and how communications can be improved. This informs the HSCP’s Communications Strategy and its improvement action plan.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
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<p>In cases where the preferred communication method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. Glasgow City HSCP’s Participation and Engagement Strategy will be referring to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups. This also includes engaging where required with appropriate translation and interpretation services to communicate with service users for whom English is not their first language.</p> <p>In situations where we don’t meet the communication needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar communication needs in the future.</p> <p>This is across all protected characteristics.</p> <p>A communications standards ‘hints and tips’ guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy’s improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.</p>	<p>Spring 2021 (JM)</p>
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Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

September 2020
March 2021
September 2021

Lead Reviewer:	Name	Ewan MacGregor
EQIA Sign Off:	Job Title	Senior Officer (Business Development)
	Signature	
	Date	26 March 2020

Once complete please e-mail a copy of the assessment to alastair.low@ggc.scot.nhs.uk for quality assurance (QA). Please note QA offers advice on content and is an optional process for HSCPs who can proceed directly to publication if required.

Quality Assurance:	Name	Alastair Low
	Job Title	Planning Manager
	Signature	
	Date	27 March 2020

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**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

Glasgow City Health and Social Care Partnership Communications Strategy - Review and Refresh
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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:	A communications standards 'hints and tips' guidance note will be developed for Glasgow City HSCP staff as part of the Communications Strategy's improvement action plan to encourage more consistent communications that support the communication needs of different audiences, particularly ones with a protected characteristic.	Autumn 2021	JM
Reason:	This work was paused to allow learning from the Coronavirus (COVID-19) pandemic to inform the development of the communications standards 'hints and tips' guidance note. A further Communications Survey was conducted in March/April 2021 with HSCP staff, IJB Members and		

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	Council Elected Members to get their views on HSCP communications during the pandemic, and a draft 'hints and tips' guidance note for accessible written communications for HSCP staff, which outlines further resources available for accessible communications, has been drafted for review. It will be shared with stakeholders for comment.		
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

December 2021

Name of completing officer: J Mokrovich

Date submitted: July 2021

Please email a copy of this EQIA to alastair.low@ggc.scot.nhs.uk or send to Equality and Human Rights Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4817.

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