Glasgow City Health and Social Care Partnership

Equality Outcomes 2024 to 2028

Contents

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Introduction

The Equality Act 2010 sets out the public sector general equality duty that requires public bodies to pay due regard to the need to eliminate unlawful discrimination, victimisation and harassment; advance equality of opportunity; and foster good relations. These requirements apply across the protected characteristics of age, disability, gender reassignment, pregnancy and maternity, race, religion and belief, sex, sexual orientation, and marriage and civil partnership. Definitions of each of the protected characteristics can be found on the Equality and Human Rights website.

The Scottish Government introduced specific duties for Scottish public authorities, to enable better performance of the public sector equality duty. One of these specific duties requires the Integration Joint Board to publish a set of Equality Outcomes by 30 April every four years and publish progress towards the outcomes every two years.

This report presents the Integration Joint Board's (IJB) third set of Equality Outcomes. These outcomes are not meant to encompass all of the work the Health and Social Care Partnership (HSCP) does to reduce social inequality in the city, instead, they reflect what are considered to be the priorities.

This report complements the Equality Progress Report 2024, which provides information on the progress towards mainstreaming equality in service delivery and progress towards the previous set of Equality Outcomes.

Statement of Intent for Equality

Glasgow City HSCP are committed to working in partnership with protected characteristic and intersectionality groups, directly and through the network of organisations that give a voice to those often unheard. Ensuring that the approach to reducing inequality is flexible and able to reflect the life experience of all people and that we use our influence to be and advocate for equalities in Glasgow.

Glasgow is Scotland's largest and most diverse metropolitan area; 13.5% are older people, aged 65 and over, 11.5% are from Black and Minority Ethnic groups, 5.7% are estimated to be part of the LGBT+ community, more than a quarter adults 28.6%, live with a limiting long-term illness or condition and Glasgow City contains four in ten of Scotland's 20% most deprived areas. It is recognised that figures from the 2011 census have been out for some time and it is anticipated that the percentages have increased significantly.

Many of Glasgow residents face barriers and disadvantage because of their protected characteristic(s) or socio economic status. The experience of inequality and its impact on life experience is complex, some people may experience multiple inequalities and discrimination and it is important that protected characteristics are not just viewed separately, but the connections and their collective impact are considered.

Freedom from discrimination and equality of opportunity are fundamental human rights for all. Structural discrimination including racism, sexism, homophobia and ableism continues to affect our patients, service users and staff. GCHSCP acknowledge that this requires us to change the traditional ways of working and cultivate a more honest and inclusive environment, with an equitable balance of power.

People across Scotland have been affected by the most severe economic crisis in a generation. Women are disproportionately affected by the cost of living crisis, impacted by low pay, spiralling costs and bearing the brunt of caring responsibilities, which is exacerbated by existing structural inequalities. These experiences are compounded for women who may face multiple inequalities eg Disabled Women and Black and Minority Ethnic Women. Glasgow City Health and Social Care Partnership are committed to tackling structural inequalities faced by women and will take this forward through our equalities outcomes, mainstreaming activity and by continuing to build on intersectional approaches.

Developing the Equality Outcomes

It is important that Equality Outcomes are evidence-based and developed in consultation with stakeholders and those with lived and living experience. A key aim of the development process was to ensure we worked with and supported our partners to have a voice in shaping our Equality Outcomes. Work has been underway since summer 2023 to gather evidence and engage with stakeholders. The engagement is summarised below.

Developing Draft Outcomes

The following stages outline the approach taken to develop the draft Equality Outcomes.

Evidence Review	Collecting research to form a database of evidence to establish our baseline of key facts, figures and key issues.
Online consultation with stakeholders	To review progress so far and identify key equality priorities, this included key partners and equality organisations in the city. A summary of the findings is available at appendix 3.

Staff Survey	A survey with staff from across the HSCP to gather views on equality priorities, both as a workforce and for delivering services to patients and service users. A summary of the findings is available at appendix 4.
A development session	A session with staff from across the HSCP, equality groups and partners to share examples of good practice and discuss priorities moving forward. A summary of the findings is available at appendix 5.
Ongoing engagement with equality groups	Through the Glasgow Equality Forum and attendance at events and forums.
Working with partners who are also developing new outcomes	Including; regularly linking with colleagues in other HSCP's to share information, research and approach and working closely with the NHS GG&C Equality and Human Rights Team, supporting their engagement process for shared learning and common priorities.

There were consistent themes that emerged through the research and consultation. These were:

Accessibility
- **Access to Information** – Staff would like easier access to information and guidance to support addressing inequalities. Increase awareness of the services we provide, consider how we can ensure we are reaching the right people. In particular non digital options.
- **Access to Interpreters and Translations** – Information in non-English languages was raised. Comments included; an ask for double appointments with Interpreters, appointment letters in other languages and increased confidence on accessing materials in other languages.

Our Workforce
- **Workforce** - Importance of our workforce and investing in them. This included recruitment practices, diversity of our workforce, ensuring we support our workforce and opportunities for staff to share their lived experience.
- **Support for Staff** – Support for staff was also a strong theme, both from staff and partners, in particular; staff with disabilities including mental health and neurodiversity, reasonable adjustments and the Access to Work Fund. Sexual Orientation, Gender Identity, Support for Women, including specific asks around Menopause support were also raised in a number of comments.
- **Training** – Training was a strong theme throughout the comments, with specific asks around equality training being mandatory, opportunity for face to face training or discussions on training and protected time to attend training.

Ways of Working
- **Partnership Working** - Share good practice and promote reflective practice. Encourage an open dialogue with partners and service users. Commitment to learning together and improvement.

- **Equality Data** – Increased knowledge of who is accessing our services. Increased flexibility and fields on recording systems.
- **Commissioning** - Widening of commissioning options to open up tenders for smaller organisations and charities.
- **Consultation and engagement** – The importance of involving those with lived and living experience was a common theme, although there is need to balance this with consultation fatigue and to ensure it is meaningful. Specific suggestions included; involving people from very initial stages, plan ahead, increase coordination, internally and with partners to allow for collective support and effort. Ensure community engagement reflects the needs of communities to support participation
- **Accountability** – Commitment to measurable outcomes, consider how we can increase staff confidence and scrutiny in EQIA process and ensure it is meaningful. Increase in equality indicators as part of reporting.

Other specifics across the HSCP
- **Anti-Discrimination Support** – This was mentioned in a variety of ways with suggestions including anti-racism campaigns and encouraging a zero tolerance policy for tackle discrimination. Targeted activity to support Hate Crime recognition and activity against micro-aggressions.
- Closer links with the Standing Group on Violence Against Women and Girls.
- Women's rights and protected women's spaces

The above presents only a brief summary of the feedback generated through the Outcome development process. Further detail can also be found in the engagement summaries included at appendices 3, 4 and 5. The development process was also presented to the IJB Public Engagement Committee on 21st February 2024.

Consultation and Engagement on Draft Outcomes

The feedback from the research and engagement was used to develop new draft Equality Outcomes. The outcomes were proposed on the following criteria:

- Do they address the key priorities identified through the research, consultation and engagement?
- Do they represent the IJB's priority areas for equality?
- Is work towards achieving these Outcomes possible over the next 4 years?
- Are there any potential gaps?

The draft outcomes were shared with stakeholders inviting their comments and suggestions, in order to highlight any potential gaps and identify any changes required prior to proposing a final set.

Call for Views	The draft outcomes were shared with equality organisations, their members, HSCP staff and partners. Stakeholders were

	encouraged to share views in particular on; - Do you feel the draft outcomes represent the priority areas for equality for the HSCP? - Is there any specific action you would like to see taken to meet the outcomes. - Are there any gaps?
Drop-in feedback sessions	Drop in Microsoft Teams sessions were promoted with equality organisations, staff and partners to encourage open discussion, comment and suggestions on the draft outcomes.
Continued engagement with equality groups via the Glasgow Equality Forum	Individual meetings were offered through the *Call for Views* and were available on request. Glasgow Disability Alliance, Glasgow Women's Voluntary Sector Network and Glasgow Voluntary Sector Race Equality Network all generously gave up space on their network agendas to allow us opportunity to hear their members views.

This feedback was invaluable and shaped the development of the outcomes. We would like to thank all those who responded and contributed to our consultations.

The feedback on the draft outcomes was generally positive and there was general agreement on the themes of the outcomes. Some adjustments were made to the language used, in line with comments. There were further recommendations for specific actions, which was taken forward for consideration and development with key officers across the HSCP, in particular the HSCP Equality Group.

During the development phase, no specific issues were raised for the protected characteristic of marriage and civil partnership. This was queried further through the engagement on the draft outcome but no specific actions for GCHSCP to act upon were identified at this stage. This will be monitored throughout the term of these outcomes and reconsidered if a specific issue is identified.

Public Sector Equality Duty Review

The Scottish Government have undertaken a review of the Public Sector Equality Duty (PSED), including a public consultation. As a result of the consultation and independent analysis a phased approach was outlined to improve the PSED regime, including the development of a mainstreaming strategy.

Through the engagement to develop the outcomes it was identified that there is more we can do to embed equalities practice in our mainstream activities around inclusive communication, engagement and data. We have identified these areas as a priority in our outcomes to ensure we have robust systems in place and to help us to prepare for the upcoming Mainstreaming Strategy, linked to the review. We are

committed to embed equality throughout our services with the aim of improving the lives of the most disadvantaged people in Glasgow and will review our equality actions in line with the publication of guidance from the review.

Glasgow City Integration Joint Board Equality Outcomes 2024 to 2028

There are 5 new equality outcomes;

1. Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion.

2. People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP.

3. LGBT+, Disabled and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs.

4. The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism.

5. Glasgow City HSCP is an equalities focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population.

Further information for each of the outcomes is available in appendix 1. Including evidence to support why each outcome has been identified as a priority, actions to deliver the outcomes and lead service areas. Each outcome has also been aligned to the relevant element of the Equality Act 2010's General Duty and to a Partnership Priority in the IJB Strategic Plan.

The equality outcomes set out priorities for our equality work but they do not encompass everything that we do to address and reduce inequality in the city.

We endeavour to mainstream equality for all by using a holistic approach, demonstrating equality in all that we do, ensuring that all functions consider equalities when assessing and reviewing policies and practice. We have included at appendix 2 some key planned mainstreaming activities which integrate equality into the day-to-day working of all our services, aligned against the priorities of our Strategic Plan.

Related Activity

Partner Organisations

Some aspects of the equality duties continue to be reported through the two employing organisations that make up the Glasgow City Health and Social Care Partnership, in particular related to the workforce. Further information on the [NHS Greater Glasgow and Clyde](#) and [Glasgow City Council](#) equality outcomes can be found on their websites.

Fairer Scotland Duty

The Fairer Scotland Duty places a legal responsibility on us to actively consider ('pay due regard' to) how we can reduce inequalities of outcome caused by socio-economic disadvantage, when making strategic decisions.

We will continue our strategic priority to mitigate and reduce poverty for Glasgow and for our service users and patients through a variety of targeted programmes. We will consider the intersection between socio-economic disadvantage and other impacts and take mitigating action, wherever possible, through the application of our Equality Impact Assessment process. We will continue to report on our activity through our equality mainstreaming report.

British Sign Language (BSL) Scotland Act

We will continue to deliver the BSL (Scotland) Act through actions outlined in the [Glasgow City Council's BSL Action Plan](#) and the [NHS Greater Glasgow and Clyde's BSL Action Plan](#).

BSL Local Action Plans are currently being developed for 2024 to 2030. We have worked closely with both NHS GG&C and Glasgow City Council to progress the development of new local plans, including engaging with BSL users and identifying key actions for GCHSCP to promote and support British Sign Language (BSL). Our progress towards delivering these actions will be reported through our equality mainstreaming report.

Appendix 1: Glasgow City Integration Joint Board Equality Outcomes 2024 to 2028

Outcome 1: Information and communications about our services and how to access them are inclusive and accessible to everyone. In particular, those who may face barriers through disability, language and digital exclusion.	
General Duty: Promote Equality of Opportunity	*Strategic Plan Partnership Priority: 1. Prevention, early intervention and well being and 3. Supporting people in their communities*
Why have we prioritised this outcome?	

Through the research and engagement it was highlighted that there is more we can do to ensure that people get the advice and support they need, when they need it. One way we will do this is by working to ensure people have access to information about our services in a way that meets their needs.

Communication Barriers

Internet

Overall, one in eleven (9%) do not use the internet.

- Those aged 75 and over were by far the most likely to say they did not use the internet, with 57% of all people in this age group saying they did not use the internet for any reason.
- Those in the most deprived areas were more likely than others to say they did not use the internet (13%).
- Those with a limiting condition or illness were much more likely than others to say they did not use the internet (20% vs 5%).

Source: NHSGGC Health and Wellbeing Survey

This aligns with the Is Scotland Fairer? Recommendation that 'The Scottish Government should set a NEO to ensure offline services meet the needs of disabled people who are digitally excluded.'

GCHSCP Staff were surveyed to ask what action they had taken or might take to meet the needs of patients who face communication barriers when accessing services.

People for whom English is not their first language

Of those who work with patients and service users directly, 54% book an interpreter for every encounter, 40% extend appointment time.

Deaf BSL Users

Of those who work with patients and service users directly, 56% book a BSL interpreter for every encounter,

Hearing Impaired

A significant proportion of staff do not know if they have a loop system (54%). Only 7% know if they have a loop system and how to use it.

Learning disabilities

Of those who work with patients and service users directly, 72% stated that they had taken actions to support people with learning disabilities to access their services. Nearly two thirds (60%) stated that they had worked with the person's advocate or support worker. Approximately half (48%) have extended appointment time.

Physical disabilities and mental health

Of those who work with patients and service users directly, 82% stated that they had taken actions to support people with a physical disability or mental health condition to access their services. Approximately two thirds (65%) stated that they had worked with the person's advocate or support worker. Over half (56%) had extended appointment time.

Source: Advancing Equalities Staff Survey 2023 (Appendix 4)

How we will deliver this outcome?		
Action	**Protected Characteristic**	**Lead Service Area**
1. Enhance patient access to Primary Care by promoting what is available at each GP surgery, and pathways into services.	All	Primary Care
2. Support co-design of technology enabled care and support	Disability	Adult Services
3. Develop specific projects which utilise an asset and Strengths based approach with both our own workforce, partner agencies and service users/customers. Initial projects include TEC Clinics (help take the fear out of technology), Circles of Support (building circles of family support for children and young people and older people) and Rehab and Enablement within Older People's Services.	Age Disability	Maximising Independence
4. Increase awareness of the BSL Video Relay Interpreting app through a promotions campaign within the local BSL community and across Primary Care	Disability	BSL Practitioner & Primary Care
5. Develop an asset mapping and information hub	All (in	Maximising

service to improve how we provide and display information. Using platforms such as 'Your Support Your Way' to assist service users and carers to engage with HSCP Services.	particular race and disability)	Independence

Outcome 2: People with protected characteristics and the organisations that represent them, are regularly and systematically supported to be involved in service delivery design by the IJB/HSCP.

General Duty: Foster Good Relations	*Strategic Plan Partnership Priority: 2. Supporting greater self-determination and informed choice and 3. Supporting people in their communities*

Why have we prioritised this outcome?

We are committed to listening to what people who use our services tell us about the lives they can and want to live. We will work together with our partners and stakeholders, across all types of care, to provide the conditions required to empower them to actively participate in design and delivery of the services they use.

The people involved in our engagement reiterated the importance of involving people with lived and living experience and that they wanted to be involved at the earliest possible stage. We have set a commitment to ensure this happens and that services meet the needs of the people who use them.

Feeling in Control of Decisions Affecting Life

Respondents were asked whether they feel in control of decisions that affect their life. Just under two in three (65%) said that they 'definitely' felt in control of these decisions, while 28% said that they felt in control 'to some extent' and 7% did not feel in control of these decisions. Those aged 75 or over (52%), those living in the most deprived areas (59%) and those with a long-term limiting condition or illness (48%) were less likely than others to definitely feel in control of these decisions.

Social Activism

Between 2017/18 and 2022/23 there was a decrease in the proportion who felt that local people can influence local decisions, decreasing from 69.5% to 62.9%. Age groups 25-34 and 75+ being the least likely to have engaged in social activism.

Source: NHSGGC Health and Wellbeing Survey

Experience of Local Services

	2023
Overall satisfaction with Home Care Services	84%
Overall satisfaction with Social Work Services	65%

Source: Glasgow Household Survey

Those with a long-term limiting condition or illness were less likely to have a positive perception of local services.

Positive Perception of Local Services		
	Limiting Condition	No Limiting Conditions
Nurse Led Clinics	63%	68%
GP/Doctor	50%	64%
Out of hours medical service	51%	60%

Source: NHSGGC Health and Wellbeing Survey

How we will deliver this outcome?		
Action	**Protected Characteristic**	**Lead Service Area**
1. Work with partners to agree a timely and more proactive approach to engagement and consultation opportunities.	All (in particular Glasgow Equality Forum partners, sex, sexual orientation race and disability)	Lead for Equality and Fairer Scotland & Business Development
2. Support the Alcohol and Drug Partnership women's subgroup to take a gendered lens to strategic planning in collaboration with the Glasgow Violence Against Women Partnership	Sex	Alcohol and Drug Partnership
3. Engage with Young people and families to co-create a digital resource that will support access to information on available mental health supports. Through this work consider how self-referral to CAMHS and other services can be facilitated.	Age, Disability	Children and Families
4. Redesign Day Services for People with Learning Disabilities in consultation and engagement with service users.	Disability	Adult Services
5. Implement findings of the Glasgow Unpaid Work services review in relation to how we meet the needs of women within the service.	Sex	Health Improvement and Community Justice
6. The Glasgow Health Determinants Research	All (in	Health

Collaborative will involve Equality partners in the development and design of its health inequalities research programme	particular Glasgow Equality Forum partners, sex, sexual orientation race and disability)	Improvement

Outcome 3: LGBT+, Disabled and Black and Minority Ethnic People of all ages are able to access Mental Health and Wellbeing support which better meets their needs.	
General Duty: Advance Equality of Opportunity	*Strategic Plan Partnership Priority:* *1. Prevention, early intervention and well being*
Why have we prioritised this outcome?	

Mental health and wellbeing can have a powerful negative effect on physical health and life chances. We are committed to working with a wide range of partners across the city to improve mental health and well-being and prevent ill-health and social isolation among the people of Glasgow wherever possible.

Mental Health cuts across all of the protected characteristics and there is activity to support other groups through our mainstreaming activity. However, the characteristics identified have evidence of greater inequalities and we are committed to taking specific targeted action.

Mental/Emotional Wellbeing

Overall, 80% of respondents have a positive perception of their mental and emotional wellbeing. Men were more likely to have a positive perception than women (83% vs 77%). Those in the most deprived areas (75%) and those with a long-term limiting condition or illness (56%) were less likely than others to have positive perception of their mental and emotional wellbeing.

Isolation from Family and Friends and Feeling Lonely

More than one in five (22%) said they felt isolated from family and friends. Feeling isolated was most common among those aged 75 or over, women and those living in the most deprived areas. Those with a long-term limiting condition or illness were more than twice as likely as others to feel isolated from family and friends.

These groups were also more likely to report feeling lonely in the last two weeks. Overall, 27% said that they felt lonely at least some of the time in the previous two weeks. Those aged 75 or over were the most likely to feel lonely, with 41% in this age group saying they felt lonely at least some of the time in the last two weeks. Women and those living in the most deprived areas were more likely to feel lonely. Those with a long-term limiting condition or illness were twice as likely as others to feel lonely.

Source: NHSGGC Health and Wellbeing Survey

Sexual Orientation and Gender Reassignment

- 54% overall said they had a mental health problem (e.g. depression, anxiety, stress). But this ranged from 38% of gay men to 75% of trans masculine
- 43% overall said they had PHQ-2 scores indicating depression. But this ranged

from 32% of gay men to 63% of non-binary.
- 25% overall rated their mental/emotional wellbeing positively
- 72% said their mental or emotional wellbeing had deteriorated due to COVID
- 1 in 3 LGBT+ people had attempted suicide nearly half of trans masculine and non-binary people had attempted suicide
- 26% overall had eaten and made themselves sick. This was higher for trans masculine (36%), non-binary (35%) and bisexual women (35%)
- 64% overall had restricted food or binged food. This was higher for non-binary (80%), trans masculine (77%) and bisexual women (71%)

Source: LGBT+ Health Needs Assessment

Race

Key findings
- People with lived experience and their families and carers spoke about their difficulties in accessing treatment and their mixed experience on the cultural sensitivity of mental health services.
- On accessing care many faced difficult consultations where they felt dismissed and misunderstood.
- People with lived experience described micro-aggressions and racism that impacted on their mental health and their sense of belonging in Scotland.
- They commented on the stigma of illness in their communities of ethnic identity being strong but they also commented on how national anti-stigma campaigns on mental illness compounded the issues by only showing white people with mental illness.

"Organisations are not culturally sensitive and don't appreciate when they talk about "hard to reach communities" that they need to go to these communities as they will not come to services"

"When I was in counselling, my counsellor did not understand my family culture or religion and wanted to attribute parts of my condition to my parents' behaviour although I didn't feel particularly affected by those aspects. She also didn't have any sympathy or awareness about racial trauma and how micro aggressions work or how we experience everyday racism which has an impact on our wellbeing."

Source: Racial Inequality and Mental Health in Scotland by Mental Welfare Commission

Disability

- 100% of participants said they do not/ did not feel heard or taken seriously when trying to access mental health services or supports.

- 45% expressed fearfulness of statutory mental health services and the resulting stigma from accessing services.
- 55% of participants expressed having suicidal feelings in the past two years.
- 100% of young disabled people knew what contributed to mental wellbeing and what actions they could take to alleviate low mood.
- 46% of young disabled people were getting the mental health support they actually needed.
- 41% were unable to get information in the formats they needed.
- 82% worried about social isolation and loneliness.
- 90% were worried about both physical and mental health.
- 55% of participants expressed having suicidal feelings in the past two years.

"Once you have a mental health diagnosis it seems like you're stigmatised – people don't believe you in terms of anything else."

"I was meant to have mental health inpatient care but I could not be admitted because they (the hospital) could not provide the physical care I needed. I needed hoisted and that was a problem, so I could not go."

"Additional labels and/or identities create additional barriers.

Source: Glasgow Disability Alliance: Mental Health Matters

How we will deliver this outcome?		
Action	**Protected Characteristic**	**Lead Service Area**
1. Improve the collection and use of equality data within Mental Health Services by creating a short life working group to build on data improvement work and explore opportunities for; • changing practice to support and encourage equality data capture, • ensuring that equality is a core consideration of data capture system specifications across acute and community services. • working with NHS GGC to utilise a Dashboard to track people with English as an additional language throughout their journey in Acute Wards to ensure a failsafe system for providing Interpreters to meet their needs.	Race Disability Sexual Orientation	Mental Health Services
2. Undertake targeted equality engagement as part of the Mental Health Strategy ' What Matters'	All	Mental Health Services
3. Expand the representation of Mental Health commissioned engagement services, with a specific focus on race, disability and sexual orientation.	Disability Race Sexual Orientation	Mental Health Services

4. Review the accessibility of Mental Health Assessment Units.	All	Mental Health Services
5. Ensure equality is a core consideration of the review of Primary Care Mental Health Services.	All	Mental Health Services

Outcome 4: The IJB/HSCP actively challenges prejudices, discrimination and harassment within services and the workplace, including a focus on anti-racism.

General Duty: Remove discrimination, harassment and victimisation and Foster Good Relations	*Strategic Plan Partnership Priority:* *4. Strengthening communities to reduce harm*

Why have we prioritised this outcome?

We take a zero tolerance approach to discrimination and harassment and are committed to ensuring that all people using our services and working in them, are able to do so without fear of being targeted due to an aspect of their identity. We will work to increase awareness, encourage reporting if an incident does happen and ensure supports are in place if members of our workforce experience it.

Discrimination

Two in five (39%) had experienced at least one type of discrimination at least a few times in the last year. Experience of discrimination generally decreased with age, from 51% of those aged under 25 to 14% of those aged 75 or over. Those with a long-term limiting condition or illness were more likely than others to experience discrimination (45% vs 37%).

Those who experienced discrimination were asked what they thought were the main reasons for these experiences (with the option of selecting multiple reasons). The responses were:

Age	40%
Gender	32%
Education or income level	19%
Race	19%
Ancestry or national origins	14%
Shade of skin colour	13%
Some other aspect of physical appearance	13%
Weight	12%
Height	11%
Sexual orientation	11%
Religion	8%
Physical disability	6%

Source: NHSGGC Health and Wellbeing Survey

GCHSCP Staff were surveyed to ask their personal experience of discrimination and prejudice in the working environment. Staff reported witnessing or experiencing prejudice in relation to all of the protected characteristics albeit to varying degrees. The most common prejudice witnessed or experienced was against race (47%)

followed by age (42%), sex (36%), Disability (31%) and social class (30%).

Source: Advancing Equalities Staff Survey 2023 (Appendix 4)

The importance of a focus on anti-racist practice was also reiterated through a variety of sources including; Racism in Scottish Social Work, Do Black Lives Still Matter in Scotland?, Anti-Racist Policy Making Review and our work exploring microaggressions with the Mental Health Foundation.

Harassment

Over 70% of women reported having experienced or witnessed sexual harassment in the workplace in Scotland.

1 in 4 women experience domestic abuse in their lifetime in Scotland.

Source: Equally Safe at Work

Hate Crime

Number of Charges Reported in Scotland

	2022/23
Racially aggravated crime	3,145
Religiously aggravated crime	576
Disability aggravated crime	722
Sexual orientation aggravated crime	1,884
Transgender identity aggravated crime	55

Source: Crown Office and Procurator Fiscal Service

Awareness

GCHSCP Staff were surveyed to ask if they know what constitutes a Hate Crime 85% stated that they did. Of these people 75% know how to report it.

Source: Advancing Equalities Staff Survey 2023 (Appendix 4)

Percentage of respondents who were aware that they could report to the police about being insulted, pestered or intimidated through;

	2023
The Police Scotland website	61%

A Third Party Reporting Centre	18%

Source: Glasgow Household Survey

This aligns with the Is Scotland Fairer? Recommendation that 'The Scottish Government should set a NEO to address increasing levels of hate crime.'

How we will deliver this outcome?		
Action	**Protected Characteristic**	**Lead Service Area**
1. Introduce anti-discrimination and harassment campaigns. This will be a phased approach, with an initial focus on anti-racism activity.	Race	Lead for Equalities and Fairer Scotland
2. Promotion of bullying and harassment procedures and supports	All	HR (SWS and NHS)
3. Promote Hate Crime Awareness, including delivering regular Hate Crime Awareness Training.	Age Disability Gender reassignment Race Religion Sexual orientation	
4. Introduce Mandatory Equality and Human Rights Training for all staff.	All	Lead for Equalities and Fairer Scotland
5. Support and encourage IJB Members to identify and access various equality training opportunities.	All	Lead for Equalities and Fairer Scotland and Business Development
6. Health Improvement to achieve the LGBT Youth Charter Mark.	Sexual Orientation	Health Improvement

Outcome 5: Glasgow City HSCP is an equalities focused and inclusive workplace, which has embedded approaches to support Black and Minority Ethnic People, Disabled People, LGBT+ People, Women and a workforce that more accurately reflects the diversity of the City's population.

General Duty: Promote Equality of Opportunity and Foster Good Relations	*Strategic Plan Partnership Priority: 5. A healthy, valued and supported workforce*

Why have we prioritised this outcome?

The hard work and dedication of our staff has always been the key to our continued success. Achieving a diverse and inclusive workplace is very important to us and recognises the value in each other's differences and treating each other fairly and with respect. By having a workforce that feels engaged and valued, we can ensure that our staff are ready to meet the challenges and opportunities of delivering health and social care services and are confident in the value placed on their own health and well-being.

GCHSCP Staff Profile 2024

Ethnicity	Council Staff		NHS Staff	
BME	519	6.91%	268	4.98%
White Scottish	3715	49.45%	2985	55.48%
Other British	1689	22.48%	1004	18.66%
Not disclosed	1589	21.15%	1123	20.87%
Gender	**Council Staff**		**NHS Staff**	
Female	6081	80.95%	4513	83.88%
Male	1431	19.05%	867	16.12%
Disability	**Council Staff**		**NHS Staff**	
Yes	229	3.05%	71	1.32%
No	3378	44.97%	2694	50.07%
Not Disclosed	3905	51.98%	2615	48.61%
Sexual Orientation	**Council Staff**		**NHS Staff**	
Bi-Sexual	38	0.51%	42	0.78%
Heterosexual	3257	43.36%	3421	63.59%
Lesbian/Gay	78	1.04%	100	1.86%
Not disclosed	4131	54.99%	1804	33.53%
Other	8	0.11%	13	0.24%
Total Staff	7512	100.0%	5380	100%

Age Rage	Council Staff		NHS Staff	
Under 20	16	0.2%	5	0.1%
20-24	141	1.9%	156	2.9%
25-29	413	5.5%	516	9.6%
30-34	549	7.3%	728	13.5%

35-39	640	8.5%	723	13.4%
40-44	807	10.7%	694	12.9%
45-49	830	11.0%	615	11.4%
50-54	1072	14.3%	722	13.4%
55-59	1374	18.3%	668	12.4%
60-64	1181	15.7%	407	7.6%
65+	489	6.5%	146	2.7%
Grand Total	7512	100.0%	5380	100.0%

The people involved in our engagement reiterated the importance of our workforce and investing in them. This feedback came from service users and partners as well as staff themselves. Suggestions included; inclusive recruitment practices, the diversity of our workforce and support for our staff. In particular; staff with disabilities including mental health and neurodiversity, Sexual Orientation, Gender Identity and support for Women.

Source: Advancing Equalities Staff Survey 2023 (Appendix 4), Equality Outcomes Development Survey- Partners (Appendix 3) and Equality Outcome Development Session (Appendix 5)

How we will deliver this outcome?		
Action	**Protected Characteristic**	**Lead Service Area**
1. Report on and monitor the diversity of our workforce.	Age Disability Sex Race	HR (SWS and NHS)
2. Promote ourselves as an inclusive employer. This will include increasing diversity by targeting underrepresented groups by how we advertise our vacancies and raise awareness of our job opportunities.	All	HR (SWS and NHS)
3. Develop an Inclusive recruitment and interview process	All	HR (SWS and NHS)
4. Develop a staff wellbeing framework including specific equality actions.	All	Organisational Development
5. Explore the equalities considerations to leadership development offerings linked to the implementation of Succession Planning and the HSCP workforce plan.	Age Disability Sex Race	Organisational Development with HR Support

Appendix 2: Equality Mainstreaming Actions 2024 to 2028

Equality Mainstreaming Actions 2024 to 2028

The equality outcomes set out priorities for our equality work but they do not encompass everything that we do to address and reduce inequality in the city.

Glasgow City Integration Joint Board (IJB) endeavours to mainstream equality for all by using a holistic approach, demonstrating equality in all that we do, ensuring that all functions consider equalities when assessing and reviewing policies and practice. Outlined below are some key planned activities which integrate equality into the day-to-day working of all our services, aligned against the priorities of our Strategic Plan.

Partnership Priority 1: Prevention, early intervention and well being

In line with the Glasgow City Integration Joint Board Strategic Plan for Health and Social Care, we are committed to working with a wide range of partners across the city to improve health and well-being and prevent ill-health and social isolation among the people of Glasgow wherever possible. This includes meeting the challenges of poverty and fnancial insecurity, increasing healthy life expectancy, and reducing health inequalities. This will be done by seeking to ensure people get the advice and support they need at the right time.

Mainstreaming actions to support this priority includes;
- Embed Scottish Trauma Informed Leadership Training (STILT) with Both Management and Frontline HSCP staff.
- Develop an information leaflet for patients accessing mental health services. Ensure this information available in the top community languages.
- Continue to deliver work to tackle poverty. Activity includes; Child Poverty Action Plan, Financial Inclusion and Welfare Advice Health Partnership.
- Implement the BSL Action Plan 2024 to 2030.
- Continue to improve and embed the equality impact assessment proces. Activity will include; review and refresh EQIA section of IJB report guidance, introduce supported and robust 6 monthly reviews, roll out of support tools and access to data and research and introduce EQIA champions in services**.**
- Improve equality data capture and reporting across our services. Data will be embedded into reporting and utilised as part of service design and delivery, ensuring service users are representative of the population.
- Support the physical health of those with mental health problems. By delivering a physical health care policy and EQIA and increasing access to screenings.
- Incorporate equality reporting into the reporting of our Strategic Plan.
- Continue to share the Glasgow City HSCP Cost of Living Support Guide with staff.

Partnership Priority 2: Supporting greater self-determination and informed choice

In line with the Glasgow City Integration Joint Board Strategic Plan for Health and Social Care, we are committed to listening to what people who use our services tell us about the lives they can and want to live. We will support them to identify and understand the options available to them and empower them to actively participate in and take responsibility for decisions about how they will live their lives. By working with people to identify and understand their needs and options, we will support them to make informed decisions about the supports they choose to receive where it is safe and appropriate to do so.

Mainstreaming actions to support this priority includes;

- Ensure representation of specialist equalities agencies within Maximising Independence Project Planning.
- Continue to support the work of the Alcohol and Drug Partnership women's reference group.
- Develop opportunities for targeted engagement with specific equality groups to identify priorities for support. Activity will include; support the development of the Alcohol Related Brain Damage team, identifying priorities for support for ethnic minorities around drugs and alcohol, Support the LGBT+ bridging service.
- Primary Care will have high quality engagement & collaboration with workforce (contractors), third sector networks, locality engagement forums & equalities groups, seeking to capture patient and service users experiences and perspectives on primary care services across the equalities groups.
- Redesign the Support Needs Assessment in coproduction with service users and partners.
- Continue to implement Culturally Informed, Anti-Racist Practice in Children and Young People's Mental Health Care.

Partnership Priority 3: Supporting people in their communities

In line with the Glasgow City Integration Joint Board Strategic Plan for Health and Social Care, we will work together with our partners and stakeholders, across all types of care, to provide the conditions required to enable people to remain living at home safely for as long as possible with the right support in place for them, and for their carers if they have them. We will encourage, support and empower people to live healthy, independent, meaningful and more personally satisfying lives as active members of their communities.

We will work to ensure service users and patients have access to information about our services in a way that meets their needs.

Mainstreaming actions to support this priority includes;
- Increase staff awareness of access to interpreting, translations and alternative formats.
- Increase awareness with staff of supports available and how to access them. Eg hoists, hearing induction loops.
- Promote equalities work within the HSCP on social media platforms, news briefings and all staff communications

Partnership Priority 4: Strengthening communities to reduce harm

In line with the Glasgow City Integration Joint Board Strategic Plan for Health and Social Care, we will work in partnership with communities and other services to ensure that people, particularly the most vulnerable children, adults and older people, are kept safe from harm and that risks to individuals or groups are identified and managed appropriately. By developing stronger communities we aim to reduce harm and safeguard and protect vulnerable people and communities.

Mainstreaming actions to support this priority includes;
- Implement our Domestic Abuse Strategy.
- Work with third sector partners to promote access for women to personal safety courses. Pilot an approach supported by the Community Link Workers.

Partnership Priority 5: A healthy, valued and supported workforce

In line with the Glasgow City Integration Joint Board Strategic Plan for Health and Social Care, we will seek to develop and retain a workforce that is suitably and highly skilled, trained and supported to deliver the highest standard of service to the city's people. By having a workforce that feels engaged, valued and highly trained we can ensure that our staff are ready to meet the challenges and opportunities of delivering health and social care services and are confident in the value placed on their own health and well-being. We will identify the investments, and cultural and organisational change, we require to make with our leadership teams and wider staff group to overcome the recruitment and retention challenges facing the sector and ensure a flexible, supported, resilient and sustainable workforce that can adapt to changing demands and opportunities placed on and available to the service.

Mainstreaming actions to support this priority includes;
- Promote access to the employing organisations Equality Peer Support Networks -
- Include equality and diversity as a key strand of the leadership learning programme

- Develop training and reference resource packages for each protected characteristic as well as intersectionality
- Support and encourage IJB Members to identify and access various equality training opportunities. This will include; equality and EQIA training as part of induction pack, annual offer of EQIA training and promotion of the availability of equality training opportunities
- Roll out BSL Awareness Sessions
- Develop and deliver a Primary Care training programme.
- Support and encourage third sector partners and commissioned services to complete equality training as part of contract management of the frameworks. Host family support equalities learning events for each framework.
- Increase awareness of available equality related training and encourage uptake.

Partnership Priority 6: Building a sustainable future

In line with the Glasgow City Integration Joint Board Strategic Plan for Health and Social Care, we will work with our partners to meet the challenge of delivering a sustainable model of health and social care within a challenging environment, characterised by financial constraints, increasing requests for support and recruitment and retention challenges. At all times we will seek to ensure we use our resources, including finances, our workforce and other resources effectively and where they will make most impact to achieve value for money and ensure we have strong and reliable health and social care services, not just now, but for future generations too.

Mainstreaming actions to support this priority includes;
- Support the Budget setting process by considering the equality impacts of individual budget proposals and report on potential cumulative impact.
- Continue to implement an inclusive approach to Commissioning.

Appendix 3: Equality Outcomes Development Partners Survey 2023

Introduction

The involvement and commitment of our partners is essential in tackling inequalities. This survey formed part of a programme of research and engagement activity undertaken to help to gather views on our progress to date and to help to identify priorities for the next set of Equality Outcomes. A key aim of the development process was to ensure we supported our partners to have a voice in shaping our Equality Outcomes.

Methodology

The survey was issued by email to equality organisations and partners across the City. They survey was also promoted via the Glasgow Community Planning Partnership Equality Group and the Glasgow Equality Forum. The survey was open during September and October 2023 and reminders were sent during this time. Following Feedback, a Word version of the survey is attached for reference, to support coordinating a response within organisations. It was promoted as part of all correspondence that the document was available in a variety of alternate formats and community languages.

The survey consisted of questions to gather views on our current progress and how we can continue to improve.

In total there were **13 responses**.

The number of responses were lower than hoped for, but not unexpected given the pressures on time for organisations. However, the quality of responses was high with specific actions that will be considered as part of the associated action and measure development. We would like to thank all those who responded and contributed to our consultation.

Findings

It is noted that due to the small numbers, some caution is required with the percentage figures.

Respondent views are summarised as follows:

Progress to Date

- 54% of respondents felt that Glasgow City HSCP have equalities at the heart of its culture and design.

- 46% of respondents felt that Glasgow City HSCP had made a fair amount of progress on taking account of individuals needs as part of service delivery.
- 25% of respondents felt that Glasgow City HSCP had made a fair amount of progress towards letting people know what services are available to them.
- 58% of respondents felt that Glasgow City HSCP tries to design its services around the needs of people who use them.
- 42% of respondents felt that Glasgow City HSCP promote meaningful participation in shaping services for those with protected characteristics.

Potential Actions

Through the development process, so far, the below actions have been suggested. Respondents were asked if they agree that these suggestions should be a priority for Glasgow City HSCP over the next 4 years.

Collaborative working with partners.	70%
Improve capturing of our service users equality data.	90%
Training for staff.	90%
Promoting availability of information in different languages and formats.	60%
Target information campaigns aimed at specific groups.	50%
Seek opportunities to empower stakeholders in participation and engagement activity.	60%
Offer feedback on the impact of engagement, so that people can see the benefit of being involved.	70%
Wherever possible, forward plan engagement to support active and meaningful participation.	70%
Work to increase recruitment of staff from a range of backgrounds.	80%

Comments and Suggestions

Respondents were given the opportunity to add any additional comments and suggestions, 35 responses were provided. A summary of key themes are included below.
- Challenges with waiting times and accessing GP services and Mental Health Services.
- Additional barrier from intersections eg BME and disabled women.
- Closer links with the Standing Group on Violence Against Women and Girls.
- Increased support for children and young people with disabilities.

- Closer working and information sharing with minority groups who may find it difficult to access services. General comments and specific examples including, Show People
- Increase diversity of the workforce
- Improved access for disabled people eg accessible examination bets and parking for those that need it.
- Improve use of equality impact assessments and Equality Outcomes to inform IJB decision making.
- Engagement with those most likely to be impacted by barriers and action taken. Strategic approach to engagement.
- Positive feedback from some respondents on HSCP's willingness to listen and learn from people of Glasgow
- Access to information about available services, in particular non digital options.
- Positive comments on Community Link Workers and their role in awareness raising
- Widening of commissioning options to open up tenders for smaller organisations and charities.
- Improve access to self- directed support
- More services available in the community
- Improve links and referrals with local voluntary sector organisations.

Appendix 4: Advancing Equalities Staff Survey 2023

Introduction

The involvement and commitment of our workforce is essential in tackling inequalities, both for how it effects our workforce personally and in how we care for and support our service users.

Some aspects of the equality duties continue to be reported through the two employing organisations that make up Glasgow City HSCP, NHS Greater Glasgow and Clyde and Glasgow City Council. Including equality outcomes relating to staff, employee diversity information etc.

In order to get a picture of the equality priorities for the HSCP workforce as a whole, we sought agreement from the NHS Equality and Human Rights Team to utilise their equality staff survey and share it with Council staff within the HSCP. This approach was agreed in partnership with Glasgow City Council HR, as the question set was already established with NHS HSCP staff and the NHS and HSCP are on the same Public Sector Equality Duty reporting cycle.

Methodology

The survey was issued by email to all staff during September and October 2023. Due to the high proportion of non PC facing staff within Social Work Services, the survey was also promoted through managers. Leaflets with a QR code were provided for shared spaces and contact details were provided to request paper copies, as well as alternative formats and languages.

The survey consisted of three sections;

- Your views on inequality and its impact on our service users and patients
- Practical action to tackle inequality
- About you

In total there were **421 responses**. 175 from NHS HSCP staff and 246 from Council HSCP staff.

Findings

Figures have been rounded up or down to the nearest percentage point.

Staff views are summarised as follows:

Staff views of impact of work to tackle inequalities

- 89% of respondents in the survey either strongly agree or agree that Glasgow HSCP can improve health care when staff have better understanding of discrimination.

- 50% of staff thought that Glasgow HSCP has got better at recognising the health effects of discrimination on patients and service users over the last 3 years. 11% of staff disagreed.

- How well do you think Glasgow HSCP has removed prejudice and discrimination in our services for the following groups?

	Well	Not so well	Don't know
Older People	41%	25%	35%
Disabled People	48%	25%	27%
Men	42%	18%	40%
Women	45%	24%	31%
Black or Minority Ethnic People	47%	22%	31%
People who hold Religious Beliefs	37%	19%	44%
Lesbian, Gay, Bi-sexual People	48%	12%	39%
Transgender people	39%	16%	45%
People who are Married or in a Civil Partnership	43%	10%	47%
People in Poverty	31%	38%	31%

- The vast majority of staff (85%) agree that Glasgow HSCP should be using its resources to reduce the health gap between the richest and poorest.

Practical Action by Staff to Tackle Inequality

It is clear from both the qualitative and quantitative responses to the survey that staff are involved in a huge range of activities and innovative ways of working to support patients from vulnerable groups. This information will be used to inform equalities activities, identify gaps and direct future plans.

<u>Poverty</u>

47% of respondents have referred people for advice on money worries, 38% have used their knowledge of poverty and inequality when designing and delivering services. Similar numbers (26% and 26%) have referred people for advice on accessing employment and raised awareness of the link between poverty and poor health. 36% have not been involved in work to tackle poverty.

Communications Barriers

The survey asked staff about what action they had taken or might take to meet the needs of patients who face communication barriers when accessing services.

<u>People for whom English is not their first language</u>

Of those who work with patients and service users directly, 54% book an interpreter for every encounter, 40% extend appointment time.

46% of staff stated that they use friends and family to interpret and 35% have used on-line translations eg. Google translate.

<u>Deaf BSL Users</u>

Of those who work with patients and service users directly, 56% book a BSL interpreter for every encounter,

54% of staff stated that they use pen and paper to draw or write and 43% use gestures/body language. Further work is required to raise awareness of using an interpreter.

<u>Hearing Impaired</u>

A significant proportion of staff do not know if they have a loop system (54%). Only 7% know if they have a loop system and how to use it.

<u>Learning disabilities</u>

Of those who work with patients and service users directly, 72% stated that they had taken actions to support people with learning disabilities to access their services.

Nearly two thirds (60%) stated that they had worked with the person's advocate or support worker. Approximately half (48%) have extended appointment time.

Physical disabilities and mental health

Of those who work with patients and service users directly, 82% stated that they had taken actions to support people with a physical disability or mental health condition to access their services.

Approximately two thirds (65%) stated that they had worked with the person's advocate or support worker. Over half (56%) had extended appointment time.

Inquiring about life circumstances

Of those who work with patients and service users directly, over half (61%) stated that they always or sometimes ask patients and service users about gender-based violence.

Other Marginalised Groups

Of respondents who work directly with patients and service users, 58% stated they worked with and had taken action to support people from marginalised groups to access their service. Staff were most likely to have helped Homeless People (41%) and Asylum Seekers and Refugees (45%).

Protected characteristics of respondents

20% of staff considered themselves disabled. Of these, 81% said their managers were aware of their condition.

79% of staff described themselves as heterosexual, 4% described themselves as gay, 2% as lesbian and 2% as bisexual. 3.5% preferred to self-describe. 10% preferred not to answer. 0.3% of the workforce identify as Trans.

Of those who described themselves as lesbian, gay or bi-sexual 48% stated that they were out in their workplace.

Personal experience of discrimination and prejudice in the working environment

Staff were asked whether they had either witnessed or personally experienced prejudice in their working environment in relation to staff or patients/service users. Staff reported witnessing or experiencing prejudice in relation to all of the protected characteristics albeit to varying degrees.

The most common prejudice witnessed or experienced was against race (47%) followed by age (42%), sex (36%), Disability (31%) and social class (30%).

Staff were also invited to provide comments on these experiences. 103 comments were received. The comments contained examples of prejudicial attitudes, negative assumptions and discriminatory behaviours. These related mainly to staff attitudes to patients/service users or colleagues but also included service users/patients to staff and to one another.

Practical action taken by staff to tackle prejudicial attitudes.

Staff were asked what action, if any, they would take if they overheard a patient, service user or colleague saying something discriminatory (racist, homophobic etc).

The vast majority of staff would take action of some kind (96%), either by challenging the person (70%) or reporting the person to their manager (60%).

Hate Crime Awareness

The majority of staff stated that they know what constitutes a Hate Crime (85%). Of these people 75% know how to report it.

Additional Comments and Suggestions

Respondents were given the opportunity to add any additional comments and suggestions, 111 responses were provided. A summary of key themes are included below. There were also a number of free text comments throughout the survey adding a rich source of information and will be used to influence equality actions.

In summarising the open text boxes, one of the respondents summed up the overall feedback received from staff:

'I am proud to work for Glasgow HSCP, but we can do so much more.'

Key themes from the comments and suggestions included;

- **Training** – Training was a strong theme throughout the comments, with specific asks around equality training being mandatory, opportunity for face to face training or discussions on training and protected time to attend training.
- **Access to Information** – There was a number of comments that staff would like easier access to information and guidance to support addressing inequalities.
- **Support for Staff** – Support for staff was also a strong theme, in particular; staff with disabilities including mental health and neurodiversity, reasonable adjustments and the Access to Work Fund. Sexual Orientation, Gender Identity, Support for Women, including specific asks around Menopause support were also raised in a number of comments.
- **Access to Interpreters and Translations** – Information in non-English languages was raised. Comments included; an ask for double appointments with Interpreters, appointment letters in other languages and increased confidence on accessing materials in other languages.
- **Equality Data** – Increased flexibility and fields on recording systems.
- **Anti-Discrimination Support** – This was mentioned in a variety of ways with suggestions including anti-racism campaigns and encouraging a zero tolerance policy for tackle discrimination.

Appendix 5: Equality Outcome Development Session 2023

Introduction

The involvement and commitment of our partners is essential in tackling inequalities. The Equality Outcome Development Session formed part of a programme of research and engagement activity undertaken to help to gather views on our progress to date and to help to identify priorities for the next set of Equality Outcomes. A key aim of the development process was to ensure we worked with our partners and supported our partners to have a voice in shaping our Equality Outcomes.

Methodology

The event invitation was issued by email to a range of stakeholders including; Equality related staff across the partnership organisations, Glasgow Community Planning Partnership Equality Group Members, Glasgow Equality Forum Members, HSCP Equality Group Members and Equality specific organisations, with particular attention given to ensure a number of organisations representing each protected characteristic were invited.

The event was held on 31ˢᵗ October 2023, with 46 participants attending on the day.

The session consisted of two sections;

Section 1: Good Practice Presentations:

- Support for Autism: NE Improvement plan
- Alcohol and Drug Partnership Women's Reference Group
- Culturally Informed, Anti-Racist Practice in Children and Young People's Mental Health Care
- Reflections and Next Steps from Partner Organisations

Special thanks to Glasgow Disability Alliance, Wise Women and Urban Youth Project, for sharing their reflections.

Section 2: Discussion Groups – How Do We Make Glasgow HSCP Fairer?

Findings

As part of the discussion section, participants were asked a series of questions to consider how we can make Glasgow City HSCP fairer. A rich source of information

and suggestions were shared and will be used to influence equality actions. Key themes from the discussion included;

- **Workforce** - Importance of our workforce and investing in them. This included recruitment practices, diversity of our workforce, training to ensure everyone has awareness of equalities, ensuring we support our workforce and opportunities for staff to share their lived experience.
- **Consultation and engagement** – The importance of involving those with lived and living experience was a common theme, although there is need to balance this with consultation fatigue and to ensure it is meaningful. Specific suggestions included; involving people from very initial stages, plan ahead, increase coordination, internally and with partners to allow for collective support and effort. Ensure community engagement reflects the needs of communities to support participation
- **Ways of working** - Share good practice and promote reflective practice. Encourage an open dialogue with partners and service users. Commitment to learning together and improvement.
- **Accountability** – Commitment to measurable outcomes, consider how we can increase staff confidence and scrutiny in EQIA process and ensure it is meaningful. Improved collection of equalities data. Increase in equality indicators as part of reporting.
- **Communication** – Increase awareness of the services we provide, consider how we can ensure we are reaching the right people.
- **Targeted Activity** – Targeted activity to support Hate Crime recognition and activity against microaggressions. Targeted approach to ensure there is a representative uptake across various protected groups.