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

1. Name of Strategy, Policy or Plan

Participation and Engagement Strategy

This is a : Current;#Current Policy

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

Our Participation and Engagement Strategy is informed by a review of participation and engagement structures and approaches in planning across health and social care, and has been developed in consultation with community groups across the city. The Strategy outlines the principles and approach we will adopt in Glasgow to ensure that our Participation and Engagement activities meet local expectations, national standards and the needs of everyone in Glasgow who has an interest in the development and delivery of health and social care services in the city. In our engagement with the people with protective characteristics on the Integration strategy, we were in contact with 32 people completed an electronic survey with specific questions. 162 people participated in larger sector and Glasgow citywide HSCP equalities consultation events 87 people participated in targeted meetings with specific interest groups e.g. Waverley Care, Corner Stone, LGBT Youth and a handful of written responses were received from individuals and organisations. (Source: https://www.glasgow.gov.uk/CHttpHandler.ashx?id=33417&p=0). In consulting on this strategy (Participation and Engagement), 67 organisations were consulted using a variety of methods from e-survey, hard paper copies, public meeting, focus groups and others. This should reflect the practices that GCHSCP intend to maintain.

3. Lead Reviewer

Donald, Stuart

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

McCarthy, Julie (Health Improvement Lead); Martin, Lisa (Community Engagement Development Officer); Devine, Tony (PPF Development workers); Hewson, Laurina (Information & Publicity Officer); Taylor, Sofi (Health Improvement Lead); Mcginley, Anne (Team leader); Shields, Noreen (Planning & Development Manager); Anne MacDonald (Healthcare Chaplain)

5. Impact Assessment

A. Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality
The Integration Joint Board, along with the Council and Health Board, are committed to promoting equality across Glasgow City. We will build engagement with equalities groups and networks such as the Glasgow Equalities Forum into our Participation and Engagement structures and approach, and ensure all of our equalities engagement follows the principles outlined in this strategy. This is in line with the Equality Act 2010 and Human Rights Act 1998.

B. What is known about the issues for people with protected characteristics in relation to the services or activities affected by the policy?

		Source
All	Glasgow City Health and Social Care Partnership (GCHSCP) will take an Inclusive approach to participation and engagement, and promote opportunities for individuals and groups from all walks of life to engage with the Glasgow City Integration Joint Board and Glasgow City Health and Social Care Partnership. GCHSCP are responsible for health and social care services in Glasgow delivered to people of all ages and from all backgrounds, and GCHSCP want to give all of our service users and patients the opportunity to influence those services. In particular GCHSCP is keen to develop their engagement with young people, recognising our existing engagement networks with young people are evolving, but less developed than with other groups.	Glasgow City Health and Social Care Partnership Participation and Engagement Strategy
	Cross reference to Sexual Orientation, Race, Disability, Gender Reassignment, Pregnancy and Maternity and Marriage and Civil Partnership sections. A review of the Participation and Engagement Strategy for Glasgow City Health and Social Care Partnership (GCHSCP)	Sources embedded in this section

Sex	will take account of the many different way in which women and men may want to be consulted. It will plan for inclusive methods of consultation and approaches across the GCHSCP. Men and women may need different services from the HSCP and all will have an interest in how these are developed and delivered to provide the best possible services for themselves and their families. (source: http://www.racialequitytools.org/resourcefiles/fifecouncil.pdf) It is helpful to remember that when engaging men or women they are not a homogenous group of people and not everyone has the same interests or priorities. How would you like to be consulted? Men and woman may require different consultation methods in order to express their honest views on HSCP Services. They should be consulted using methods they believe are robust and are comfortable with. Consultation methodologies can be varied and these may include verbal or written communication. They may also include different styles from questionnaires – paper or electronic, via one to one interviews or in a group setting, during a facilitated focus group, at an open day, using participatory appraisal methods, etc. Digital consultation has become a very popular way to consult people, i.e. by e-mail or by survey monkey and via social media. It is a quick way to reach many people at one time, however perhaps not the best way to reach those who are most excluded in our communities. (source: http://www.digitalengagement.info/topic/consultation/ and https://methodsdigital.co.uk/) Women and men may have literacy and language issues and when preparing consultation sessions this does need to be considered and prepared for. Interpreters may be required to support consultation events with people who do not have English as their first language. Where people are being consulted who are deaf or are hearing impaired, sign language staff will be required or support offered via a loop system should be booked for sessions required.(Source: http://www.healthscotland.com/uploads/documents/7833-Nowwe'retalkinginterpretingguidelines.pdf) It is not unusual for discussions attended by men and women to become dominated by men and the issues that matter most to them. Active intervention may be required to identify the issues that are important to women and to make sure they are given equal opportunity to speak. Women from particular communities, e.g. South Asian may want to be consulted on their own. Mothers may require a crèche facility so they can spend time concentrating on the consultation while their children are being cared for. In order for the people of the city to flourish and live healthier lives an important focus for the HSCP will be on many of Glasgow's communities and vulnerable groups where health is poorest. Often the phrase "hard to reach" is used during consultation periods in the most deprived communities we serve or with the most vulnerable of people. It is important to prepare and develop suitable consultation methods to engage and speak with those in all targeted communities in a way that is suitable and appropriate to their need and requirements whether they are a man or women.	
Gender Reassignment	Cross reference to Sexual Orientation, Race, Sex, Disability, Pregnancy and Maternity and Marriage and Civil Partnership sections. In Scotland, the terms transgender people and trans people are used as equivalent inclusive umbrella terms encompassing a diverse range of people who find their gender identity does not fully correspond with the sex they were assigned at birth. Every day, trans people are exposed to the risk of being treated less favourably simply because of prejudice against our gender identities. Information on public attitudes toward transgender people was collected in the 2010 Scottish Social Attitudes Survey. More than half (55%) said they would be unhappy about a family member forming a relationship with someone who cross-dresses in public. 49% said the same of someone who has had a sex change operation. The research found that context is important when understanding public attitudes. Whilst almost half (49%) of people would be unhappy with a family member forming a relationship with someone who has had a sex change operation, 31% felt someone who has had a sex change operation would be an unsuitable primary school teacher. Source: Scottish Social Attitudes Survey 2010: Attitudes to Discrimination and Positive Action In view of the Trans communities' experiences Scottish Transgender Alliance and Equality Network suggested that partnership working with LGB and Trans organisations remain positive routes for engagement. Attending Trans focus groups, organised group meetings (e.g. LGBT health and wellbeing age reference group) and conferences/ seminars where Trans people can feel safe remain one of the main point of contacts with the Trans communities.It is also useful to include Trans organisations in all our consultations. Social media is also an important media to consider being in touch with trans people.	Scottish Transgender Alliance
	Cross reference to Sexual Orientation, Sex, Disability, Gender Reassignment, Pregnancy and Maternity and Marriage and Civil Partnership sections. The Race Equality Framework for Scotland sets out the Scottish Government's approach to promoting race equality and tackling racism and inequality between 2016 and 2030. The Framework is based on the priorities, needs and experiences of Scotland's minority ethnic communities, with expertise contributed by the public and voluntary sectors and academia to ensure that the Framework is practical and deliverable; and to create measurable progress on race equality (Scottish Government 2016a). Increasing social and community participation is a key focus for Scottish Government. The Programme for Government 2015-16 set out our ambitions for strengthening the influence of communities on decision making processes. This agenda has been taken forward in a number of ways, for example the Fairer Scotland discussions which went out to communities, the implementation of the Community Empowerment Act 2015, investment in participatory budgeting and the Empowering Communities Fund. Beyond the Scottish Government policy development, however, the evidence gathering activities identified a wide range of areas where minority ethnic people require greater	Sources embedded in this section

Race	representation and participation to ensure individuals and communities are recognised and their voices are present and heard, and to achieve equality with the majority ethnic population in opportunities such as public appointments. The government must take part to help minority ethnic communities have equal chances to participate across civic and creative life in Scotland. This is an essential part of making a better Scotland which values and benefits from the creativity and involvement of all its people (Scottish Government 2016b). Source: http://www.equalityhumanrights. com/ about-us/our-work/key-projects/britain-fairer/supporting-evidence/ participation-influence-and- voice-domain 12 Sources: http://www.scottish.parliament.uk/parliamentarybusiness/28683. aspx; http://www.scotlandscensus.gov.uk/documents/censusresults/ release2a/rel2asbtable2.pdf Minority ethnic communities have proportionately lower levels of representation throughout Scotland's political, governance and decision making structures. This ranges from representation as elected politicians to representation on public boards and through community planning structures. It is important that the individuals and communities who are at greatest risk of poor outcomes are enabled to contribute to decision making in order to reach relevant solutions and build capacity and wellbeing. Improving community engagement in Scotland is a long standing priority of the Scottish Government. Legislative developments including the Scottish Specific Public Sector Equality Duties and the Community Empowerment (Scotland) Act 2015 have reflected the need to better involve communities, including communities of interest and minority ethnic communities, in policy and decision making processes. The Community Empowerment Act will strengthen the voices of communities. The provisions of the Community Empowerment Act 2015 have increased this focus considerably. However, as the Act is implemented, it will be vital for community planning partners to ensure that minority ethnic communities are engaged effectively. This can be a challenge for organisations and structures which are used to operating with a focus on communities defined by locality or geography, so additional action will be required to ensure community planning effectively engages communities who can be excluded by 'top down' processes that start with the agenda of the public organisations. There is a need to promote race equality so that minority ethnic individuals can take a proactive role in neighbourhood improvements. To achieve this goal, we will need to take into consideration the needs, circumstances and aspirations of minority ethnic communities, further encourage Community Planning Partnerships to embed effective minority ethnic community participation as part of good community planning. Tackling inequalities in our area and action to deliver improvement on these priorities. There is a strong need to review the role of third sector interfaces in linking minority ethnic community groups into community planning structures, with recommendations for improvements based on the findings of the review, to inform future development. Work with stakeholders with expertise in race equality and community engagement to develop a relevant resource to sit alongside the National Standards for Community Engagement which addresses the issues raised in the framework development process around public sector engagement with minority ethnic communities. Locally in Greater Glasgow and Clyde, a recent multi-cultural and race consultation event: North East Framework for Dialogue on the 3rd August 2016 shared that Asylum seekers and Refugees do not feel they are able to participate or engage due to knowledge and communication issues. They did like the idea of having a large event for all to participate and play their part in the engagement process and they indicated that the GP/Clinic and surgeries are the best place for information display/suggestions. They felt that the Health visitor can play a part in engaging people with Health matters. For young people, communication through social media may fit best. The consultation event also shared that they felt no one will listen or care about them or their opinions, they felt it difficult to engage or participate due to knowledge and language constrain . There was feedback to suggest they have no knowledge about the existing engagement structure or what Health Services can offer and prefer someone to go to their group meeting and tell them what is happening. Many people are not computer literate and prefer traditional way of communication such as flyers and poster display/suggestion box at the clinic and they have ongoing concerns about hospital transport and long journey to hospital. To summarise, they felt lack of skill or opportunities to participate in any form of consultation. In accordance with the law, NHSGGC has developed an Equality Scheme. This includes how the organisation will assess the impact of the measures it puts in place to ensure race equality for service users and staff. Current areas of work include: Interpreting service. The Interpreting services address a number of risks for both service users and staff. For example, patients who have a limited understanding of English: may not be able to give informed consent, may not be able to ask questions or seek assistance, may not be aware of what services are available to them, may not be able to use medication properly or follow care plans, may come from cultures with different understandings of health and illness, may not understand how to use NHS services, may not understand their rights and responsibilities within the healthcare system. The service was launched by NHSGGC In October 2011 to provide a new, in-house interpreting service to NHS patients on request at any time day or night, 7 days a week. Interpreters may be required to support consultation events with people who do not have English as their first language. Where people are being consulted who are deaf or are hearing impaired, sign language staff will be required or support offered via a loop system should be booked for sessions required.(Source:http://www.healthscotland.com/uploads/documents/7833-Nowwe'retalkinginterpretingguidelines.pdf) The service is available to ensure we further engage and involve people of all ages, gender and Race to meet and design services as there are notable health differences across race. Some of the include; The 2011 Scottish Census revealed that Scotland became more ethnically diverse from 2001 to 2011, with the non-white minority ethnic population doubling from 2% to 4% of the total population, or		

	210,996 people.24 25 Furthermore, 221,620 individuals identified as being non-British white (including white Irish, white Gypsy/Traveller, white Polish and 'other' white) accounting for approximately 4% of the population.26 Glasgow and the City of Edinburgh are the largest Scottish local authorities, with approximately 20% of Scotland's population. Collectively, they house 51% of the minority ethnic population, with Glasgow having a minority ethnic population of 12% and Edinburgh 8%. Aberdeen City (8%) and Dundee (6%) also have a higher percentage of minority ethnic communities than other areas of Scotland.(Race Equality Framework 2015). Furthermore, according to the 2011 Scottish Census, minority ethnic households overall are more likely to be in urban areas in Scotland, with 85% of African households, 78% of Pakistani households and 77% of Chinese households living in large urban areas compared to 40% of all households. The 2010 Annual Population Survey reported that 0.8% of the population in rural areas were from a minority ethnic background compared with 4% of the population in urban areas. It is important to note an increase in the numbers of minority ethnic individuals who were born in the UK, rather than being recent migrants. The effects and impact of some aspects of race inequality for this group will differ in ways to that of recent migrants. According to the Scottish Government's analysis of the 2011 Scottish Census, half of Pakistani and Caribbean or Black groups were born inside the UK and over a quarter of Chinese, Indian and Bangladeshi individuals were born inside the UK. Only the white Polish group indicated that less than 80% (71%) spoke, read, and wrote English well. All other ethnic groups reported above 80% speaking, reading and writing English well. When asked about barriers to engagement: almost 75% stated that the main barrier was not knowing enough about community planning; 52% did not see community planning as relevant to their needs; and, 46% did not understand enough about the issues they were dealing with. It was felt there were barriers such as a lack of dedicated support for engagement of minority ethnic communities, lack openness to new views and lack of time among those who were employed. A report by the Scottish Government found an insignificant difference between individuals from white ethnic backgrounds and non-white ethnic backgrounds who volunteer – 19.8% compared to 18.1%. In 2012, 1% of volunteers for third sector organisations were from a non-white ethnic background. According to a report published by BEMIS: Volunteering as a concept exists within minority ethnic communities, particularly among younger generations; A high level of informal volunteering takes place within minority ethnic communities that is not recognised or recorded by mainstream volunteering organisations; Minority ethnic individuals may feel as though it is easier to volunteer among those of the same background, as in some cases, they will not need to make requests for specific provisions according to their culture or faith and they are able to share experience with their own community; Training that is only offered in the English language may be a barrier; and, Motivations for minority ethnic individuals to volunteer are not dissimilar to those of the whole population, although links to faith and family values are stronger. Female service users from several minority ethnic groups have strong preferences for dealing with only female health care staff. Gender issues can play an important factor in the uptake of services. A survey on psychiatric illness rates amongst ethnic minorities found that depression was most common among Indian and Pakistani people. The death rate from strokes among adults born in the Caribbean is more than 50% higher than the Scottish average. Perinatal mortality among Pakistani-born mothers is nearly twice the UK national average. One study showed the uptake of cervical screening amongst eligible South Asian women to be about half that of the majority population. Infant mortality for gypsy/traveller children has been found to be around five times the national average. The average life expectancy of the gypsy/traveller is shorter than for the general population, particularly for men. High hospitalisation rates for schizophrenic disorder amongst the African-Caribbean population have been a consistent research finding over many years. Minority ethnic communities also experience the highest rates of poverty in Scotland. The potential routes out of poverty for minority ethnic families and individuals are reduced by barriers, many of which are connected to structural and direct forms of racism. It is essential that these barriers are tackled, and that the impacts of living on a low income are mitigated as much as possible. Scotland's new powers on social security under the Scotland Bill 2015-16 may enable further action on this and we will consider the potential to use these powers to tackle racial inequality once they are in place. The importance of addressing structural factors, such as poverty, racial discrimination and alienation, in enabling individuals to adopt healthier lifestyles should not be under-estimated. Such factors call for targeted action at the grassroots level as well as high-level, strategic initiatives.	
Disability	Cross reference to Sexual Orientation, Sex, Race, Gender Reassignment, Pregnancy and Maternity and Marriage and Civil Partnership sections. Over a 6 month period, between October 2015 – March 2016, Glasgow Disability Alliance ran multiple consultation events on Health and Social Care Integration to hear the voices of over 1000 disabled people across Greater Glasgow. One of these was specifically for disabled people who live in the North East locality on 23rd February 2016, 137 disabled people attended. Matching service user's comments against the Scottish Government 9 national health and wellbeing outcomes highlights the importance service users place on social interaction with their peers, advocacy support services, and training. Specific budgetary decisions such as the reductions in the grants given to local community groups, lunch clubs, social participation, events will have a greater negative impact on the disabled given their reliance on these services. Outcome 1: People are able to look after and improve their own health and wellbeing and live in good health for longer Outcome 2: People, including those with	Are you being served? Glasgow Disability Alliance (2016)

	disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. "Embed the principle of services users- including disabled people- being at the heart of all planning, policy making, service review and reform and delivery" "Called doctor due to a flare up, spoke to him on the phone and was told they'd leave a prescription for me to collect at reception in GP surgery. How was I supposed to get there to collect it? Not everyone has ability to do this. The home carers are not allowed to collect it either and as it's not on my repeat prescription list, the pharmacy couldn't deliver it. I give up!" "There are no weekend support services. What do I do if I need someone at a weekend due to a crisis?" Outcome 3. People who use health and social care services have positive experiences of those services, and have their dignity respected Outcome 4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services several comments about visually impaired people receiving written information and/or appointment letters that they cannot access, with typical comments being, "they know I am blind – why can't they make a quick call to let me know about my appointment?" Similarly, deaf or hard of hearing people felt they were not able to access information, support or basic healthcare due to lack of communication support, such as BSL interpreters. There were seemingly simple queries, such as "why can't all health centres supply batteries for hearing aids and simple maintenance services? Why should I have to trail all the way up to the hospital for these?" Outcome 5. Health and social care services contribute to reducing health inequalities "Having places to go, things to do and people to see. These are critical to people avoiding being or feeling isolated, disconnected or out of touch, all of which can have serious consequences for people's health and wellbeing" "I do not think they (social workers) know the damage that is being done to people who are alone with nothing to do and no places to attend where they could be meeting other people in the same situation "Since Scotia Clubhouse closed I've hardly been out of the house. The people making these decisions don't understand what a lifeline these services are." "Cordia are only allowed the time to heat up microwave meals. This gives me no choice in following a healthy nutritious diet as I would like to" "My husband used to attend a day centre and there was no cost. Gradually we've had to pay more and more for the service to the point that he can only go once a week as we just can't afford it now." "There should be easy to access information about where to get financial support in every health centre, medical establishment and hospital. I'd also have regular drop in sessions run by CAB or a similar organisation, in health centres." Outcome 8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. Invest in training for staff at all levels so they better understand the barriers faced by disabled people when accessing services and how best to remove or reduce such barriers enhancing dignity and respect. Outcome 9. Resources are used effectively and efficiently in the provision of health and social care services "There seems to be a lack of understanding of the essential, preventative nature of good foot care across NHS services. these services are being reduced, limited and in some cases scrapped altogether. There's people struggling to walk and getting infections, all because these services are being cut. Who decided this was a good idea?!" "Social Work has changed the eligibility criteria so I wouldn't qualify. I understand that money is tight but surely they must understand that supporting me now would save money in the long term- they need to start thinking longer term" The above responses demonstrate the diverse issues that affect people with disabilities. This means that a person-lead engagement strategy is pivotal to meet their needs.	
Sexual Orientation	Cross reference with sex, gender reassignment, marriage and civil partnership, Pregnancy and maternity, disability and race sections. Stonewall Scotland in their good practice guide, Engaging Lesbian, Gay and Bisexual (LGB) people in your work suggested that LGB people might have the same views however LGB people can often have different experiences or be affected disproportionately by the way public services are delivered. Engaging with LGB people can help identify any distinct experiences and requirements, will enable service providers to better understand the reason for any differences, and help develop innovative and cost-effective solutions to respond to them. The methods of engaging the LGB communities can be through general engagement exercises with the whole local population or different groups within the local community Or through specific engagement exercises with LGB service users. Direct engagement helps organisations identify any different requirements LGB people may have and think about how they engage the wider LGBT population through other services. Other methods to consider: • Citizens' panels consist of a large, representative group of people who participate in regular surveys. These surveys can be online, by telephone or paper versions that are mailed out. • Focus groups are in-depth small group conversations where participants talk to each other as well as to the facilitator. They can capture detailed data on people's attitudes, perceptions and opinions, particularly from less confident people who otherwise might not make their voice heard at larger consultation events. • Open public meetings are often used for engaging with a broad range of people on a specific issue. These can provide a big picture, but organisations should be aware that LGB people may not feel prepared to out themselves in a public forum by raising issues relevant to LGB people. • Monitoring sexual orientation and gender identity on existing anonymous questionnaires that people are invited to complete at the point where they receive a service. • Online surveys/ using social media provide a cheap and simple method of quickly capturing people's views and opinions online. They are distributed as a link that can be emailed or posted on a website or social media. Including monitoring questions on these surveys can provide additional insights as described above.	Stonewall Scotland good practice guide: Engaging LGBT people at work

	• Online forums can allow people who are concerned about outing themselves or are too busy to attend meetings to contribute. People engage in dialogue online, through posting comments on a particular topic. Organisations should: • Initiate trust building exercises with the local community first, to quell assumptions that engagement is just a 'box-ticking' exercise. • Work in partnership with other local public bodies, to ensure wide participation. • Manage the expectations of participants. • Ensure a diversity of views is captured. • Enable participants to challenge and criticise. • Offer feedback to participants.	
Religion and Belief	Cross Reference with age, sex, disability, sexual orientation, gender reassignment, marriage and civil partnership, Pregnancy and maternity, disability and race sections. The population which is served is religiously and culturally diverse. 54% of the population of Glasgow report Christianity as their religion, 31% of the population report they belong to no religion. Commitment to providing good spiritual care, which includes religious care, in an equal and fair way to those of all faith communities and of none is necessary. The religious views of those we are working with has an important bearing on care: • Beliefs about the beginning of life influence attitudes towards abortion, reproductive medicine and contraception. • Views on dying and death influence attitudes towards determining the moment of death, organ donations and the care of the dead body. • Meeting the needs which arise from religious belief will assist those being cared for and their families to have a sense of peace, hope and security/safety. Being aware of such views and the beliefs which underpin them is an important part of effective care. The different contexts in which care is being delivered will influence what information is required or is useful for staff. For example, time of day or dates of Holy Days or Festivals might affect the planning of appointments; religious beliefs about food are often important; issues of modesty can be relevant in therapy centres and other care settings. It is important to recognise that within each of the established religions there is considerable diversity. For example, not all Christians are the same there may be considerable variation regarding belief and practice. Staff will at times notice that other family members and friends may have a different outlook from those they are caring for. It is vital that each person is regarded as an individual and that those responsible for their care and treatment try to establish what their views, preferences and needs are. We should not assume that we know what a person believes or requires. It is always good practise to ask. Good communication is essential in order to establish the needs of the individual and have them met. Respect for the individual and the maintenance of dignity are crucial to holistic care and promoting a sense of well-being. Care planning ought to take into account needs arising from faith and belief. Healthcare chaplains are a resource in meeting the spiritual and religious needs of those being cared for.	Faith and Communities Belief Manual and Spiritual Care Matters publication
Age	Cross Reference with sex, disability, sexual orientation, gender reassignment, marriage and civil partnership, Pregnancy and maternity, disability and race sections. The 2011 census confirmed the population of Glasgow as 513, 245. Projected changes in the population until 2017 are as follows: • Increase in children in young people by 2.4% • Increase in people aged 65+ years by 1.8% however a marked increase in those aged 85+ years • General population rise of 2.5% Approx two fifths of people living in Glasgow live in an area identified as deprived according to the Index of Multiple Deprivation. People living in North East Glasgow are most affected. Life expectancy for both males and females in Glasgow is still below the Scottish average. Age is a key factor when engaging communities in decisions about health and care. Other factors such as deprivation have an impact on how involved and empowered people feel to get involved in discussing and making decisions on their own health and social care needs, or that of their communities. Different approaches are required to ensure that a wide range of people have an opportunity to participate. An evaluation of both health and social care engagement structures carried out in November 2015 highlighted that the biggest care groups represented were older people, carers and disability groups. Over 35% of members recognised that the structures did not reflect the diversity of the broader population very well. A lack of engagement with young people and the broader population under 60 years was cited as a particular challenge. During a consultation exercise on the Strategic Plan and Locality Plan (South) for the HSCP in February 2016 people told us that there hadn't been enough public facing information about integration, the new HSCP or the Participation and Engagement Strategy. The consultation process on the Strategy itself has highlighted the following additional issues in relation to age: • How we engage older people in care settings/nursing homes • How we work alongside partners in the third sector who are already engaged with older people, such as Community Connectors and young people, such as Everyone's Children • How we support children and young people to be involved in decisions about their care • Young people fed back that they want an interesting and innovative approach that builds on what is already there – youth clubs, work in schools and in particular through social media • Locality engagement is important but on its own it risks overlooking the complexity of multiple barriers to participation, including age which is relevant for both older and younger people • Involvement and engagement methods must be 'appropriate' to the needs of the both service and the patient/service user. No one type of engagement suits all services/circumstances. It is clear that there are some positive examples of engagement with older people and younger people in particular however how we share and learn from those examples as an HSCP is not clear. Part of the implementation plan for the P and E Strategy should include a process for doing this.	2011 Census, Glasgow City HSCP Strategic Plan Feb 2016, South Locality Plan Sep 2016, Analysis of P and E Engagement Survey Nov 2015, P and E Strategy Consultation Feedback Sep 2016
	Cross Reference with age, sex, disability, sexual orientation, gender reassignment, marriage and civil partnership, disability and race sections. Between 2014 and 2015	Sources embedded in

Pregnancy and Maternity	Glasgow City experienced a 5.1 per cent decrease in the number of births, dropping from 7,465 in 2014, to 7,086 in 2015. The number of births in Scotland fell by 2.9 per cent. Fertility in Glasgow City decreased from 53.2 births per 1,000 women aged 15 to 44 in 2014, to 50.0 in 2015. For Scotland as a whole, the general feritlity rate decreased from 54.7 births per 1,000 women aged 15 to 44 in 2014, to 53.2 in 2015. Source http://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/births/births-time- In 2015 there were 12,200 maternities in the NHS Greater Glasgow & Clyde Area and 12,339 live births in Scottish Hospitals. Source ISD Scotland Women who are pregnant and users of maternity services are in regular contact with a community midwife to receive care and information, One way of making sure we include pregnancy and maternity in our community engagement process is by using the groups with pregnant women access during their maternity. There are also a number of Breastfeeding Support groups run by our Health Improvement Staff which allow direct access to service uses plus groups run by organisations such as the National Childbirth Trust. We also have access to clients via services provided by health visiting staff and Triple P Trainers. Education sevices – nursery and primary are another way of making sure information gets to users of pregnancy and maternity services. A refreshed maternity framework for Scotland- Principle 8 states “Public involvement in maternity care services planning, and women and their families experience of maternity care, is proactively and routinely sought and utilised to improve services”. Source : http://www.gov.scot/Publications/2011/02/11122123/7	this section
Marriage and Civil Partnership	Cross Reference with age, sex, disability, sexual orientation, gender reassignment, Pregnancy and maternity, disability and race sections. Marriage is no longer restricted to a union between a man and a woman but now includes a marriage between same-sex couples. Same-sex couples can also have their relationships legally recognized as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act). Source: Section 1, Marriage (Same Sex Couples) Act 2013, Marriage and Civil Partnership (Scotland) Act 2014 and Equality and Human Rights Commission. For issues that have environmental and social impacts, consultation will not be a single conversation but a series of opportunities to create understanding about the project among those it will likely affect or interest, and to learn how these external parties view the project and its attendant risks, impacts, opportunities, and mitigation measures. (Source: Methods of Stakeholder Consultation). For people within civil partnership, imaginative methods were suggested: focus groups or workshops at events, postal surveys and opinion polls: face to face, web-based or conducted via telephone, one to one meetings with stakeholders can be a useful and partnership with Lesbian, Gay, Bisexual, Transgender, intersex and queer organisations can also provide the contacts. (Source: Code of Good Practice for Consultation of Stakeholders European Commission). Compared to other Scottish cities, Glasgow has the highest percentage of single parents (48%).	Sources enbedded in this section
Social and Economic Status	Cross Reference with age, sex, disability, sexual orientation, gender reassignment, marriage and civil partnership, Pregnancy and maternity, disability and race sections. Relative poverty is defined here as households who are living on less than 60% of the median income for Scotland, after housing costs (AHC). There was no statistically significant change in relative poverty levels between 2007/08 and 2012/13 – with 18.3% of adults living in relative poverty AHC in 2012/13. However, some groups – including children, disabled people and ethnic minorities – were significantly more likely to live in relative poverty AHC than others. While in 2007/08 men (16.1%) were less likely to live in relative poverty AHC than women (19.1%), by 2012/13 this situation had reversed (19.8% and 17.0% respectively). Just over half (52%) of working age adults in poverty are in ‘in-work poverty’, that is they are living in households with at least one adult in employment (Scottish Government, 2015). Scottish Government (2015f) identified three main inter-related factors that influence the amount of income a household receives – low pay, the number of hours of paid work done, and income gained and lost through the welfare and tax systems. Source: EHRC (2015); Is Scotland Fairer? For issues that have environmental and social impacts, consultation will not be a single conversation but a series of opportunities to create understanding about the project among those it will likely affect or interest, and to learn how these external parties view the project and its attendant risks, impacts, opportunities, and mitigation measures. (Source: Methods of Stakeholder Consultation). For people impacted by poverty, imaginative methods were suggested: focus groups or workshops at local events, postal surveys and opinion polls: face to face, web-based or conducted via telephone, one to one meetings with stakeholders can be a useful and partnership with organisations e.g. Poverty Alliance, Citizen Advices Bureau can also provide the contacts. (Source: Code of Good Practice for Consultation of Stakeholders European Commission).	Sources embedded in this section
	Cross Reference with age, sex, disability, sexual orientation, gender reassignment, marriage and civil partnership, Pregnancy and maternity, disability and race sections. Gypsies/Travellers are people who are committed to a nomadic or travelling lifestyle and see travelling as an important part of their ethnic or cultural identity. There is a lot of diversity amongst Gypsy/Traveller communities in Scotland, with different groups speaking a variety of languages and holding to distinct customs and traditions. Many Gypsies/Travellers place great importance on family networks, and on passing down their culture and traditions through the generations: European Roma is Gypsies/Travelers who	Sources embedded in this section

Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders	have moved here from Central and Eastern Europe, and are also a recognized ethnic minority group. New Age or New Travellers choose to live an alternative travelling lifestyle for ideological reasons, for example, because they want to live in a more 'green' way. New Age Travellers have existed since the 1970s, so some are now second or third generation Travellers. When Gypsies/Travellers are on the road, they may stay in: • sites provided by local councils • privately owned sites run by Gypsies/Travellers or holiday caravan sites • unauthorised sites on unused land. GHSCP should involve members of the Gypsy/Traveller community when drawing up plans and strategies that affect them. They may do this by, for example: • putting a poster up on your site notice board, inviting them to a meeting • working with Gypsy/Traveller liaison organisations or other voluntary agencies to recruit representatives • consulting the site's residents' association, if there is one Source: Shelter Scotland Route out of prison is one of the many organisations working with ex-offenders. They are working with prisoners before they are released from Addiewell, Barlinnie, Cornton Vale, Dumfries, Polmont Young Offenders Institution, Kilmarnock and Greenock, and for a number of weeks after, the Wise Group's Routes out of Prison project helps prisoners acquire the life, social and employment skills they need to rejoin society. The Wise Group employs Life Coaches, many of whom themselves has a background of offending, and are using their experiences in turning their lives around to help other ex-offenders. It is important that GCHSCP work in partnership to reach out to ex-offenders to seek their views. Source: Route out of prison Scottish Refugee Council is one of the many organisations working with refugees and asylum seekers across City of Glasgow. It is important for Glasgow City Health and Social Care Partnership to work in partnership with organisations: Scottish Refugee Council, Migrant Voices, NHS Asylum services, Compass and others to seek the views of asylum seekers and refugees. Many work to: • Offer direct advice services to people seeking asylum and refugees. • Conduct detailed policy work, which aims to influence policy makers in both Scotland and the UK and bring the issues that matter to those seeking refuge in Scotland to the fore. • Produce regular research, co-ordinating both in-house projects and collaborations with leading researchers in the field of asylum. • Support organisations in the community working with, or run by, refugees and asylum seekers, enabling them to have a voice at all levels in Scottish society. • Co-ordinate a variety of arts and cultural events throughout the year including the annual Refugee Festival Scotland celebrations in June. • Raise the profile of asylum in Scotland and in the UK through our communications work, which includes supporting asylum seekers and refugees to have a voice in the media. • Organise a comprehensive programme of training events for individuals and organisations working with refugees or people seeking asylum. Source: Scottish Refugee Council These sessions, events, gatherings working in partnership can provide opportunities to consult 'hard to reach' communities.		

C. Do you expect the policy to have any positive impact on people with protected characteristics?

	Highly Likely	Probable	Possible
General			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Sex			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
			Yes, possible, depending on how Glasgow

Gender Reassignment			City Health and Social Care Partnership carry out its consultations and engage the city population.
Race			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Disability			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Sexual Orientation			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Religion and Belief			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Age			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its

			consultations and engage the city population.
Marriage and Civil Partnership			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Pregnancy and Maternity			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Social and Economic Status			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Other marginalised groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
D. Do you expect the policy to have any negative impact on people with protected characteristics?			
	Highly Likely	**Probable**	**Possible**
General			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its

			consultations and engage the city population.
Sex			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Gender Reassignment			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Race			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Disability			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Sexual Orientation			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.

Religion and Belief			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Age			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Marriage and Civil Partnership			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Pregnancy and Maternity			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Social and Economic Status			Yes, possible, depending on how Glasgow City Health and Social Care Partnership carry out its consultations and engage the city population.
Other marginalised			Yes, possible, depending on how Glasgow

groups (homeless, addictions, asylum seekers/refugees, travellers, ex-offenders			City Health and Social Care Partnership carry out its consultations and engage the city population.