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NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool

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

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

Glasgow City HSCP Participation and Engagement Strategy

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

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

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

Glasgow City Health and Social Care Partnership's (HSCP) Participation and Engagement Strategy aims to:

- set out the HSCP's approach to participation and engagement with stakeholders across the city
- define the principles of the approach to engagement
- acknowledge the different communities within the city and the need to tailor our approach to maximise engagement opportunities and impact
- define the different levels of engagement with the HSCP
- outline the local and citywide engagement structures and how people can engage with these structures
- present an action plan to implement and improve our approach to participation and engagement.

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

Glasgow City Integration Joint Board/HSCP is required to have a Participation and Engagement Strategy that is reviewed periodically. The HSCP has initiated a review of all participation and engagement structures to ensure they continue to be fit for purpose to meet the needs of the people of the city. The Participation and Engagement Strategy is a key element of the IJB/HSCPs overall approach to engagement. The review and revised Strategy has included and been informed by a wide range of internal and external stakeholders, including members of groups with protected characteristics. The EQIA has been completed to identify any adverse impacts on protected groups of the revised Strategy and, where identified, to mitigate those impacts and to ensure that the HSCP/IJB is compliant with its obligations under the Equality Act 2010.

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

<b>Name:</b> Craig Cowan: Business Development Manager (Governance & Strategic Planning)	<b>Date of Lead Reviewer Training:</b> 7 <sup>th</sup> May 2019
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**Please list the staff involved in carrying out this EQIA**

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

Allison Eccles: Head of Business Development Steven Blair: Principal Officer Business Development Jason Mokrovich: Business Development Manager
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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<b>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> <p>The review of the Participation and Engagement Strategy and its subsequent revision was informed by a consultation exercise using a survey that sought to understand the views of respondents in relation to:</p> <ul style="list-style-type: none"> <li>• Our stated principles of engagement</li> <li>• The commitments regarding our approach to engagement</li> <li>• The approach to engagement within localities</li> <li>• The approach to citywide engagement</li> <li>• Engagement with the Integration Joint Board</li> <li>• Engagement with community planning structures</li> <li>• Our approach to consultation and</li> <li>• Our approach to promoting equality in engagement activity.</li> </ul> <p>The survey was made available via a variety of methods</p>	None identified

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			<p>including; through Locality Engagement Forums; via social media; through use of email distribution lists and; promotion through equalities organisations.</p> <p>The primary method of requesting feedback on the existing Strategy was by electronic survey, with paper copies also available where more appropriate.</p> <p>A link to the survey was sent to an existing distribution list of individuals and organisations across the city with an interest in participating in such activity with the HSCP.</p> <p>Locality Engagement Forums were asked to co-ordinate efforts to engage with individuals known within the localities and did so via a series of local events where community members were invited to attend and provide their views on the Strategy, as well as other elements of the wider review.</p> <p>Individuals across the city that were not currently known to the HSCP or included on distribution lists were invited to participate via social media and information contained on the HSCP website.</p> <p>In order to ensure the revised Strategy has a stronger focus on meeting the public sector duties under the Equalities Act 2010, separate discussions took place with equalities organisations to understand, outwith the formal feedback submitted, where the Strategy needed to be strengthened with respect to equalities and human rights.</p>	
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	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
<p><b>2.</b> Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The data captured in the consultation phase of the review of this Strategy has been used to ensure the approach to participation and engagement employed by the HSCP takes greater account of the different and changing needs of the various different communities of interest, place and identity that live in the city.</p> <p>Through the survey findings the Strategy has strengthened its definition of these communities to illustrate our understanding that engagement cannot be a one size fits all approach.</p> <p>The findings have also led to the Strategy improving the approach to involvement of the various communities within the city. We have added a level of engagement which offers empowerment to communities in engagement activity where appropriate and ensure that as part of the decisions about engagement methodologies the HSCP considers whether empowering others with greater expertise, knowledge and experience will provide a more rounded and complete perspective of those potentially affected by service reviews/development.</p> <p>In considering our principles and approach the Strategy has strengthened its commitment to ensuring the opportunities to engage on policy or service review and redesign takes place <b>at an appropriate time</b> to offset feedback that engagement is often too late to influence change.</p> <p>More generally the feedback has resulted in a much greater emphasis throughout the Strategy on ensuring that there is equality of opportunity to engage with the HSCP and that engagement from different communities is given equal status to ensure we do better at including groups that have previously</p>	<p>Although the survey to gather feedback on the Strategy, and the associated events/discussions that took place, were open to members of the community representing all protected groups, and although attempts were made to ensure as representative a response as our engagement channels could achieve, it is acknowledged that the consultation exercise will not have reached all communities.</p> <p>This is not just a matter of lack of time or resources within the HSCP but reflects a broader need to develop our approach to participation and engagement and communications. The revised Strategy, as well as the revised Communication Strategy, are designed to improve the performance of the HSCP in this area.</p> <p>As a result there is a potential that the updated Strategy does not entirely comprehensively reflect the needs and wishes of all communities of the city.</p> <p>Through ongoing scrutiny of implementation of the Strategy</p>

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			<p>been harder to gather feedback from.</p> <p>A focus on equalities and human rights has been threaded through the Strategy, including updated principals and commitments and the Strategy now includes specific actions in relation to the promotion of our equalities approach within the main strategy as opposed to the action plan.</p> <p>It has also been suggested that in addition to the Strategy being overseen by the Public Engagement Committee the HSCP Equalities Group has a role in scrutinising implementation of the Strategy and the actions contained within it. This will ensure ongoing and frequent scrutiny from a range of equalities-minded internal and external experts.</p> <p>Another area of the Strategy which has been significantly developed as a result of the feedback is with regards completion of Equalities Impact Assessments. The Strategy contains an action to develop our approach to EQIA to encourage external participation in the completion of EQIAs, the potential for external training for Lead Reviewers to improve our approach, and the potential for retrospective review of completed EQIAs by external partners to encourage debate and learning, and consequent improved practice in this respect.</p>	<p>through the Public Engagement Committee, HSCP Equalities Group, and ongoing dialogue with colleagues representing equalities organisations the HSCP commits to taking on board any feedback received and mitigating and lack of representativeness to update the Strategy and our approach as the Strategy is implemented.</p> <p>When designing participation and engagement exercises counsel will be sought from partners as to the best approach to ensure we do not inadvertently omit communities from the chance to get involved and we will, where possible and appropriate, identify where certain elements of engagement might be best delegated to those with better contacts, more experience, and greater expertise than the HSCP. This may involve groups with protected characteristics engaging with one another on behalf or in collaboration with the HSCP and could lead to improved relations between groups with protected characteristics.</p>
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
3.	How have you applied learning from research evidence about the	<i>Looked after and accommodated care services reviewed a</i>	Our consultation exercise, specifically involving the survey referred to above, enabled us to gain insight into the ways in which the previous Participation and Engagement Strategy	None identified

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	<p><b>experience of equality groups to the service or Policy?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>required to be strengthened and where elements of it were no longer fit for purpose. This enabled the HSCP to revise its Strategy and better reflect the needs and preferences of communities and organisations across the city in relation to engaging with the IJB/HSCP.</p> <p>As part of reviewing and analysing the feedback received a comprehensive Feedback Log was developed which captured the relevant comments and suggestions made by those who engaged with the consultation exercise. Officers reviewed each comment and proposal and developed possible responses or suggestions for how these could be accommodated within the new Strategy. The Log contains details of the subsequent action taken in relation to these suggestions and the reasons, if relevant, for not taking a suggestion forward.</p> <p>This has enabled the HSCP to clearly demonstrate the impact of engagement in the consultation exercise and demonstrate what changes were made to the Strategy as a result of the suggestions made. This makes a clear connection for participants to demonstrate the added value of engagement and that the Strategy has been updated to reflect what people wanted it to look like. The Feedback Log will be presented to the IJB and therefore publically available.</p>	
	<p><b>Example</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>4.</p>	<p><b>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information</b></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop</i></p>	<p>The consultation activity that informed the revised Participation and Engagement Strategy included engagement with a variety of stakeholders, including members of groups representing those with protected characteristics and associated equalities networks.</p> <p>In addition to the main consultation activity the HSCP sought advice independently from Glasgow Equality Forum on</p>	<p>How the Strategy has evolved in relation to equalities and human rights has been informed by the involvement of individuals representing their own areas of interest and cannot therefore be considered entirely representative of all protected characteristics.</p>

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	<p><b>used?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>specifically how the revised Strategy could better reflect the equalities and human rights dimension of engagement in the city. A meeting was arranged with GEF members to discuss this and the feedback from that meeting was applied, alongside the specific feedback received during the consultation, to completely re-draft the section of the Strategy that refers to equalities and human rights. The principles and commitments sections were also reviewed and updated to make a much more clear commitment within the Strategy to meeting our obligations under the Equality Act 2010 and more generally, and importantly, to ensuring the HSCP ensure there is equity of access to our engagement structures and the opportunities to influence the future of services and policies that affect them.</p> <p>Early sight of the draft actions proposed in relation to our approach to equalities and human rights was shared with GEF to circulate amongst those who attended the meeting to sense-check and ensure they reflected the comments made at the meeting.</p> <p>How the feedback from equalities organisations throughout the consultation affected the final Strategy and specifically the equalities elements of it have been recorded in the Feedback Log.</p>	<p>Through ongoing scrutiny of implementation of the Strategy through the Public Engagement Committee, HSCP Equalities Group, and ongoing dialogue with colleagues representing equalities organisations the HSCP commits to taking on board any feedback received and mitigating and lack of representativeness to update the Strategy and our approach as the Strategy is implemented.</p>
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>5.</p>	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A</i></p>	<p>N/A</p>	<p>N/A</p>

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	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>		
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
<p>6.</p>	<p><b>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other</i></p>	<p>The improvements made to the revised Participation and Engagement Strategy reflect the preferences and needs of those who participated in the consultation exercise. The method for consulting, and the limitations referred to above, is one of the elements addressed through the revised Strategy. At all times the HSCP will include as part of decisions as to the best way to engage, will consider the different needs of communities and work with external and internal colleagues and partners to understand the most effective and inclusive approach.</p> <p>Through reviewing our engagement activity afterwards, using the <a href="#">Consultation and Engagement Guidelines</a> approved by the Public Engagement Committee, we will learn from our activity</p>	<p>The revised Participation and Engagement Strategy could have the effect of increasing expectations in relation to engagement with the IJB/HSCP and the possibility of therefore falling short of those expectations.</p> <p>Through our improved approach to engagement we will use effective communication and transparency about what we can do and where there are limits that are outwith our</p>



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	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>and improve our approach.</p> <p>We will utilise the approaches to communication that have been outlined within the revised Communications Strategy for the IJB/HSCP, which has also been revised to reflect the needs and the feedback of a wide range of service users, patients, carers and organisations.</p> <p>The Communications Strategy includes a communications matrix that informs how to ensure non-discriminatory and inclusive communications with stakeholders.</p> <p>Through following the P&amp;E Strategy, Communications Strategy, and Consultation guidelines we will ensure that communication with service users and staff on changes that impact on them will promote equality of opportunity, reduce discrimination, victimisation and harassment and foster good relations between people with protected characteristics.</p>	<p>control.</p> <p>Where we fall short of expectations or where the Strategy does not cater for the needs of a particular group, community or individual we will work with the relevant community, group or individual to manage their needs and expectations on an ad hoc basis to resolve any deficits as effectively as possible to meet their needs and we will learn from any such issues for future engagement activity.</p> <p>At all times we will keep in mind our responsibility to meet all 3 parts of the general duty.</p>
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
(a)	Age	<p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the</p> <p>The Participation and Engagement Strategy outlines our approach to using a wide range of engagement methods and channels to ensure stakeholder groups' engagement needs are met in a manner that suits their preference. Whilst we did not attempt to stratify responses in the consultation exercise</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to</p>	

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<p><b>service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>learning from the feedback to the survey in relation to the review of the IJB Communications Strategy showed older people prefer communications in writing or face-to-face. Our approach seeks to avoid making any assumptions regarding the best way to engage to reduce the likelihood of discrimination, promote equality of opportunity and fosters good relations between protected characteristics.</p> <p>We have also considered Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which provides an overview of the age demographics of people in Glasgow and details research around this protected characteristic.</p> <p>Around 82,000 people (13.9% of the population) are aged 65 and over, and around 403,000 (67.9% of the population) are between 18-64 years old. Between 2016 and 2026, the population of Glasgow City is projected to increase from 615,070 to 639,657. This is an increase of 4.0% (Glasgow City Population Profile).</p> <p>Section 5.B of the paper <a href="#">EQIA Older People's Transformational Change Programme 2018-21</a> documents the significant challenges that older people face.</p> <p>Other key sources in relation to Older People: include:</p> <ul style="list-style-type: none"><li>• <a href="#">Dementia: Equity and Rights</a></li><li>• the 2011 census research briefing on <a href="#">Growing Older in Scotland: Health, Housing and Care (2015)</a> and</li><li>• the Government paper on the <a href="#">Future of Ageing</a> looks at attitudes to ageing.</li></ul>	<p>heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to age this may take the form of reduced face to face engagement due to resource or time constraints and a reliance for engagement on digital or web-based engagement methods.</p> <p>In situations where we don't meet</p>
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			<p>the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
<p>(b)</p>	<p><b>Disability</b></p> <p><b>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>The Participation and Engagement Strategy took into consideration those with the protected characteristic of disability by considering Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which provides details in relation to the proportion of people with a disability and the number of carers in Scotland. The Equality Act 2010 imposes a duty on service providers, including Local Authorities, to make reasonable adjustments to their policies, practices and premises and provide auxiliary aids to improve accessibility of services for disabled people. People with disabilities have important rights of access to everyday public services. Access to services is not just about installing ramps and widening doorways for wheelchair users – it is about making services easier to use for all people with disabilities. So, in addition to physical access, disabled people can also face issues with engaging with service providers.</p> <p>Taking into account the above, our commitment to the equalities and human rights element of engagement ensures that active consideration will be given when designing participation and engagement activity to ensure the methods maximise accessibility and opportunity for involvement</p> <p>Reports and documents considered include:</p> <p>Intersectionality between disability and other protected characteristics – further information:</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders’ needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This</p>

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		<ul style="list-style-type: none"> <li>• Around 21,000 people over 65 in Glasgow consider themselves to have a physical disability, and around 5,400 consider themselves to have a mental health condition (Social Work Demographics Report 2014)</li> <li>• <a href="#">Ageing with Disability</a>: What do they expect after all these years? (Zarb, G. and Oliver, M. (2003)</li> <li>• <a href="#">Ageing &amp; Disability</a> – UN Division for Social Policy and Development United Nations - Ageing and Disability</li> <li>• People with learning disabilities face many disadvantages in relation to health, Emerson and Baines 2011: <a href="#">Health Inequalities and People with Learning Disabilities in the UK</a></li> <li>• Alzheimer Scotland Statistics: <a href="#">Alzheimer Scotland: Estimated numbers with Dementia 2017</a> and</li> <li>• The LSE has published a review paper on LGBTQI+ Disabled people and self-directed social care support: <a href="#">LGBTQI+ Disabled People and self- directed social care support.</a></li> </ul>	<p>Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to disability this may take the form of ensuring that venues for face to face engagement do not present a physical barriers to people due to not being sufficiently accessible.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Identity</b></p> <p><b>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p>	<p>The development of the Strategy considered referral statistics in relation to Scottish Gender Identity Clinics (GICs) and the findings of the 2017 Stonewall LGBT Survey are detailed in Section 5.B the Glasgow City IJB Strategic Plan 2019- 2022 EQIA.</p> <p>The HSCP supports some of Glasgow's most vulnerable people with health and social care needs, and the people who we support and work with in partnership include people from</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or</p>

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<p><b>1) Remove discrimination, harassment and victimisation</b></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>protected characteristics groups such as gender identity.</p> <p>We are explicit in our Strategy and approach to engagement opportunities should be open to all and there should be no barrier to engaging on the basis of membership of a protected group.</p> <p>How we plan engagement and how we develop any materials that support engagement with stakeholders must be cognisant of the latest information and understanding of preferred engagement methods and appropriate use of language to ensure that people do not feel alienated from the process.</p> <p>The Strategy is explicit in referencing its obligations under the Equalities (Scotland) Act 2019 and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the HSCP's/IJB's Equalities Mainstreaming Outcome Plan, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p> <p>Reports and documents also considered include:</p> <ul style="list-style-type: none"> <li>• Age UK factsheets 16 (2019) Web Link: <a href="#">Transgender Issues and Later Life</a></li> <li>• <a href="#">The Dementia Challenge for LGBT Communities (2014)</a> and</li> <li>• <a href="#">Improving the Lives of Transgender Older Adults (2012)</a>.</li> </ul>	<p>an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to gender identity, where engagement may be difficult due to a traditional lack of engagement with this group, or because it is an area where people may not feel inclined to identify themselves as being part of this group, this may involve close working relationships with the relevant groups or organisations with experience or expertise in working with the group to ensure</p>
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			<p>willing participants have access and the required support to engage.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics</b> <input checked="" type="checkbox"/></p>	<p>The Strategy considered in its development Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which details research and demographic information in relation to Marriage and Civil Partnership.</p> <p>Same-sex unions as a new social form may also pose a challenge for health and social care staff, who may require new knowledge and training in order to provide compassionate and comprehensive care to same-sex partners.</p> <p>However, currently it appears that there is limited research exploring discrimination and inequalities faced by same-sex couples entering a civil partnership.</p> <p>The Strategy is inclusive is committed to providing opportunities engage with the IJB/HSCP in ways that are inclusive and do not use methods or techniques that may</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible</p>

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	<p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>exclude particular groups of people. This approach reduces the likelihood of having a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership.</p>	<p>efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to marriage and civil partnership, unintentionally exclusionary practice in engagement may include seeking demographic information on participants that fails to take account of marital/civil partnership status and causes a feeling of exclusion or gives an impression of ignorance. This would be mitigated by seeking advice from the relevant groups or organisations with experience or expertise in working with the group to ensure willing participants have access and the required support to engage.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in</p>
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			<p>a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
<p><b>(e)</b></p>	<p><b>Pregnancy and Maternity</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>The Strategy considered in its development Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which provides information about the birth rate in Glasgow and notes that health care experiences and outcomes for pregnant women can differ on the basis of their youth/age, ethnicity, migrant or asylum-seeking status, mental health or learning disabilities.</p> <p>Statistics are also provided in relation to the prevalence of smoking in pregnancy and obesity. Information is also provided in relation to the pregnant women seeking asylum in the UK who may be particularly vulnerable.</p> <p>Research and statistics are also cited in relation to pregnancy discrimination in the workplace. Source: <a href="#">Equality and Human Rights - Pregnancy and Maternity Discrimination Research Findings</a>.</p> <p>The Strategy makes provision for engaging with those who have limited access to the HSCP or availability, for example due to pregnancy, maternity and childcare commitments, by offering engagement opportunities through a variety of methods, subject to their needs and preferences.</p> <p>The Strategy is committed in its engagement approach to using multiple engagement channels where required and appropriate using a range of tools and methods to engage with target audiences so that they are more likely to be able to participate. Having a better understanding of the other groups and engagement vehicles across the city that can support better</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups.</p> <p>This Participation and Engagement Strategy refers to the need to</p>

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		engagement is included within the actions plan for the Strategy.	<p>utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to pregnancy and maternity, access to engagement may be hindered by organising activity at venues that are difficult to reach and may therefore suggest a preference for digital involvement. This would be mitigated by ensuring the needs of this group are accommodated and their preferences are understood, to ensure willing participants have access and the required support to engage.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(f)	<b>Race</b>  <b>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</b>	The Strategy considered in its development that Glasgow has the most ethnically diverse population in Scotland. Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019-2022 EQIA</a> details the potential issues that act as barriers to the BME community in accessing services and highlight some of the results in relation to the BME community from	Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may

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<p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>the Scottish Health Survey (2015).</p> <p>Demographic information in relation to race and ethnicity in Glasgow and Scotland can be accessed via the following links: <a href="#">GCHSCP Demographics Report 2020</a> and <a href="#">Scotland's Census - Ethnicity, Identity, Language and Religion</a> respectively.</p> <p>Scottish Government: Ethnic Group Demographics web link: <a href="https://scotland.shinyapps.io/sg-equality-evidence-finder/">https://scotland.shinyapps.io/sg-equality-evidence-finder/</a></p> <p>Additional reports that document the challenges BME citizens may experience in accessing health, social care and housing services include:</p> <ul style="list-style-type: none"> <li>• <a href="#">Joseph Rowntree Foundation Report on BME People's Views on Research Findings and Current and Future Challenges of Family Care in the UK (2015)</a> – reports that people over 65 years old from Black and Asian communities are disproportionately affected by poorer health and higher rates of limiting long term illness.</li> </ul> <p>Taking into account the above, our Strategy considers that a number of service users are non-English speakers or may not have English as their first language and understands the need and commitment required to provide translation and/or interpreting services where required to promote and facilitate engagement.</p> <p>The Strategy and approach to engagement includes a commitment to ensuring opportunities to engage are accessible (in terms of language used and different methods), are provided in a culturally sensitive manner wherever possible and are adapted to meet the needs and preferences</p>	<p>result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to Race, access to engagement may be hindered by a failure to take account of cultural sensitivities or failing to understand the impact of language used, or by simply not taking account of factors which would potentially exclude people from engaging on the grounds of their race. This would be mitigated by working with</p>
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		<p>of different audiences including those with protected characteristics such as race.</p> <p>The Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the <a href="#">HSCP's/IJB's Equalities Mainstreaming Outcome Plan</a>, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>relevant partners to ensure our method of raising awareness or of facilitating engagement takes account of potentially exclusionary factors and seeking to remove such barriers.</p> <p>The Partnership works with approved translation and interpretation providers in order to meet the communication and engagement needs of these service users.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
<p>(g)</p>	<p><b>Religion and Belief</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input data-bbox="790 1321 848 1377" type="checkbox"/></p> <p>2) Promote equality of opportunity <input data-bbox="790 1417 848 1473" type="checkbox"/></p>	<p>The Strategy considered in its development Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which references the Equality and Human Rights Commission (EHRC) report that highlights the complexity and cross-cutting relationships between religious prejudice and 'protected characteristics'. Where there is a concentration of particular religious groups, this reinforces the need for religious and cultural sensitivity in the provision of services and initiatives. Demographic information in relation to religion in Glasgow and Scotland can be accessed via <a href="#">GCHSCP Demographics Report 2020</a> and key statistics from Scotland's Census (2011), <a href="#">Religion Demographics: 2011 census</a>, are also reported.</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred</p>

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	<p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>A breakdown of the 2011 Scotland Census figures by religion and by local authority can be accessed via the following link: <a href="#">Scotland's Census</a>.</p> <p>The Strategy and approach to engagement includes a commitment to ensuring opportunities to engage are accessible (in terms of language used and different methods), are provided in a culturally sensitive manner wherever possible and are adapted to meet the needs and preferences of different audiences including those with protected characteristics such as religion and belief.</p> <p>The Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the <a href="#">HSCP's/IJB's Equalities Mainstreaming Outcome Plan</a>, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to Religion and Belief, access to engagement may be hindered by a failure to take account of cultural sensitivities or failing to understand how religion and belief can affect individuals' ability or willingness to engage.</p> <p>The Partnership works with approved translation and interpretation providers in order to meet the communication and engagement needs of these service users.</p> <p>This would be mitigated by working with relevant partners to</p>
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			<p>ensure our method of raising awareness or of facilitating engagement takes account of potentially exclusionary factors and seeking to remove such barriers.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<p><b>Sex</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>Information about inequality in relation to sex is given in Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019-2022 EQIA</a>. Demographic information in relation to sex in Glasgow and Scotland can also be accessed via <a href="#">GCHSCP Demographics Report 2020</a>.</p> <p>The Strategy considered in its development the above, and as such offers a variety of engagement methods and channels that are more likely meet the needs of men and (mainly) women who have restricted availability due to caring responsibilities and other commitments.</p> <p>The Strategy is committed in its approach to using multi-channel engagement, where a range of tools and methods should be used to engage with target audiences so that barriers are more likely to be removed or mitigated.</p> <p>The HSCP supports some of Glasgow's most vulnerable</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible</p>

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		<p>people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including sex.</p> <p>The Strategy and approach to engagement includes a commitment to ensuring opportunities to engage are accessible (in terms of language used and different methods), are provided in a culturally sensitive manner wherever possible and are adapted to meet the needs and preferences of different audiences including those with protected characteristics such as sex.</p> <p>The Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the <a href="#">HSCP's/IJB's Equalities Mainstreaming Outcome Plan</a>, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In relation to Sex, access to engagement may be hindered by the fact that men and women who have restricted availability due to caring responsibilities may encounter difficulties when trying to engage. This may be found to impact disproportionately on women who are still more likely to be the main carer for dependent children in families, impacting on their ability to engage unless the correct measures are in place to facilitate engagement.</p> <p>However it is also important to be aware of ensuring our approach enables parents or carers to engage, irrespective of sex.</p> <p>This would be mitigated by being sensitive to the fact that</p>
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			<p>engagement opportunities must be planned to ensure they are open to all.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
(i)	<p><b>Sexual Orientation</b></p> <p><b>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</b></p> <p><b>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</b></p> <p><b>1) Remove discrimination, harassment and victimisation</b> <input checked="" type="checkbox"/></p> <p><b>2) Promote equality of opportunity</b> <input checked="" type="checkbox"/></p> <p><b>3) Foster good relations between protected characteristics.</b> <input checked="" type="checkbox"/></p> <p><b>4) Not applicable</b> <input type="checkbox"/></p>	<p>The Strategy considered in its development Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which provides research that details the prejudice, discrimination, isolation and disadvantage that Lesbian, Gay, Bisexual and Transgender (LGBT) people may experience. Demographic information in relation to sexual orientation in Glasgow and Scotland can be accessed via <a href="#">GCHSCP Demographics Report 2020</a></p> <p>The HSCP supports some of Glasgow's most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including sexual orientation.</p> <p>The Strategy and approach to engagement includes a commitment to ensuring opportunities to engage are accessible (in terms of language used and different methods), are provided in a culturally sensitive manner wherever possible and are adapted to meet the needs and preferences of different audiences including those with protected characteristics such as sexual orientation.</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g.,</p>

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

the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.

The Sexual orientation of the audience is not necessarily known. This may be because in some cases individuals have decided not to disclose it. Engagement activity will not be done in a way that prevents us reaching or getting the views of people who are unable or unwilling to disclose their sexuality. If engagement activity required disclosure/identification, then we would seek advice from relevant groups/organisation to ensure we did it sensitively.

This would be mitigated by being sensitive to the fact that engagement opportunities must be planned to ensure they are open to all.

In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how

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			improvements can be made and learns how to deal with similar engagement needs in the future.
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</b></p>	<p>The Strategy considered in its development Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which details research in relation to social and economic status and discrimination, and the barriers to accessing services. Demographic information in relation to socio-economic status in Glasgow and Scotland can be accessed via <a href="#">GCHSCP Demographics Report 2020</a></p> <p>Links to reference documents include:</p> <ul style="list-style-type: none"> <li>• The Joseph Rowntree Foundation <a href="#">Poverty in Scotland 2018</a> suggests that close to one in four children in Scotland are in poverty</li> <li>• The Poverty Overview by <a href="#">Understanding Glasgow</a> suggests that Glasgow remains the most deprived city and local authority area in Scotland and</li> <li>• <a href="#">Migrant Health Report (2016)</a> (Scottish Public Health Network, 2016).</li> </ul> <p>As such, the Strategy is committed to engagement in a variety of formats/channels taking into account the challenge of digital exclusion and lack of access to IT facilities and support to use them.</p> <p>The HSCP supports some of Glasgow’s most vulnerable people with health and social care needs, and the people who we support and work within in partnership include people from protected characteristics groups including socio-economic status and social class.</p>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders’ needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a ‘larger reach’ engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the</p>

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		<p>The Strategy and approach to engagement includes a commitment to ensuring opportunities to engage are accessible (in terms of language used and different methods), are provided in a culturally sensitive manner wherever possible and are adapted to meet the needs and preferences of different audiences including those who experience disadvantage on account of socio-economic disadvantage.</p> <p>The Strategy references this within the wider context of equalities and human rights as set out by the Equalities (Scotland) Act 2019, and that the HSCP is committed to the legislation and meeting requirements to eliminate unlawful discrimination, advance equality of opportunity and promote good relations. Reference is also made to the <a href="#">HSCP's/IJB's Equalities Mainstreaming Outcome Plan</a>, which set out the equalities mainstreaming outcomes that the HSCP seeks to achieve and embed with associated performance measures.</p>	<p>city to offset difficulties we may have reaching certain groups.</p> <p>Those who experience poverty in particular may not have access to the appropriate IT equipment in order to receive notification of engagement opportunities or indeed to take part engagement..</p> <p>Having a variety of engagement channels will help to ensure service users are not disproportionately impacted on the grounds of their social class or experience of poverty.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
(k)	<p><b>Other marginalised groups</b></p> <p><b>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</b></p>	<p>The Strategy considered in its development Section 5.B of the <a href="#">Glasgow City IJB Strategic Plan 2019- 2022 EQIA</a>, which details research in relation to discrimination and the barriers to accessing services. Demographic information in relation to homelessness and addiction in Glasgow and Scotland can be accessed via <a href="#">GCHSCP Demographics Report 2020</a></p> <ul style="list-style-type: none"> <li>• <a href="#">Migrant Health Report (2016)</a> (Scottish Public Health Network, 2016)</li> </ul>	<p>Offering engagement opportunities in a variety of different formats at the same time to meet stakeholders' needs/preferences can lead to heightened expectations and may result in a disappointment should circumstances result in lower than expected levels of engagement or</p>

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		<ul style="list-style-type: none"> <li>the Age UK briefing <a href="#">Working with Older Travellers</a> reports that this community has significantly poorer health outcomes than the general population of older adults. Their experiences of stigma, poverty and illiteracy have placed them in a disadvantaged position in seeking support from services. They also felt that services, as a whole, are not sensitive to their culture and</li> <li>According to the Scottish Parliament Equal Opportunities Committee report on <a href="#">Gypsy/Travellers and Care</a> there is a link between living conditions that affect the overall physical wellbeing and mental health. Policy recommendations suggests that addressing the social determinants of health and health outcomes can play an important part in improving health of the population by reducing health inequalities among different groups of the population.</li> </ul>	<p>an inability or decision not to seek engagement with all groups.</p> <p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' engagement channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups. This Participation and Engagement Strategy refers to the need to utilise our colleagues across the city to offset difficulties we may have reaching certain groups.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>
8.	<p><b>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on</b></p>	<p>There are no cost-saving implications</p>	<p>N/A</p>

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	<p><b>protected characteristic groups?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
		<p align="center"><b>Service Evidence Provided</b></p>	<p align="center"><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>9.</p>	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>	<p>As a Partnership we are committed to regularly training and empowering staff on equalities issues in order to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups.</p> <p>The Strategy contains within its action plan a commitment to evaluate the training needs of staff in relation to equalities and human rights and source appropriate training solutions in partnership with our third and independent sector partners to ensure a well-trained staff, sensitive to the needs of protected groups and able to offer advice to the wider staff group where required.</p>	<p>None identified</p>

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

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

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

There are no reported risks in relation to human rights.

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

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

\*

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

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

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

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

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

	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<p>In cases where the preferred engagement method/channel for any protected characteristic group is not the primary method employed (e.g., due to time or resource constraints), all feasible efforts will be made to ensure that group is reached. This could be through a 'larger reach' communication channel or engagement with partners (e.g., the third and independent sectors) with knowledge and experience of or access to such groups.</p> <p>HSCP staff will utilise and work with our partners across the city to offset difficulties we may have reaching certain groups. This also includes engaging where required with appropriate translation and interpretation services to communicate with service users for whom English is not their first language.</p> <p>In situations where we don't meet the engagement needs of a stakeholder group, across all protected characteristics and taking into account intersectionality between groups and their needs, we will work to manage this on an ad-hoc basis in a way that identifies how improvements can be made and learns how to deal with similar engagement needs in the future.</p>	Summer 2021 (CC)	

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**Ongoing 6 Monthly Review** please write your 6 monthly EQIA review date:

March 2021

**Lead Reviewer:** Name Craig Cowan  
**EQIA Sign Off:** Job Title Business Development Manager  
Signature  
Date 30/06/20

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

**Quality Assurance:** Name  
Job Title  
Signature  
Date

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

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

--

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

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

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

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

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

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

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

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

--

Name of completing officer:

Date submitted:

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

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