A group of people putting their hands together


Equality Outcomes & Mainstreaming Report

2024-2028

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# Foreward

The integration of health and social care saw the establishment of the

Falkirk Health & Social Care Partnership (HSCP) with its own Integration

Joint Board in 2016. Since then, the Partnership has worked hard to deliver fair and equitable services. Equality is at the heart of everything we aim to

achieve. The vision of our Strategic Plan ‘creating a healthier Falkirk’ (2023 -2026) is to enable people in Falkirk HSCP area to live full and positive lives within supportive and inclusive communities which are driven by a human rights-based approach to service delivery.

We recognise that by promoting equality, dignity and human rights, our person-centred services will enable our service users and their carers to meet their personal outcomes and support communities.

Many challenges lie ahead for the HSCP and advancing equality and human rights is a means of meeting those challenges. That is why we have changed our approach to setting our Equality Outcomes. Our services users, stakeholders and partners have participated in shaping the scope of this work, which will ensure that our aims and objectives meet their most pressing needs. I would like to extend my thanks to all of those who have participated in developing our Equality Outcomes, and as a Partnership, we look forward to working with you to help deliver them.

**Patricia Cassidy**

**Chief Officer**

**Falkirk Health and Social Care Partnership**

# 1. Introduction

Falkirk Health and Social Care Partnership (HSCP) is fully committed to promoting fairness, dignity and respect while delivering services which provide equal opportunity for all in the Falkirk area. To help us achieve this vision, we must set Equality Outcomes and demonstrate how we mainstream Equalities every four years, and report on our progress every two years.

The draft Outcomes presented in this report will cover the period 2024 – 2028. Our Outcomes will be kept under review and there may be an opportunity to develop additional Outcomes during this period. The Equality Outcomes are developed by considering evidence, examining the positive and negative impacts on Protected Characteristics, and engaging with our stakeholders and service users on the issues most pertinent to them.

Our Outcomes will help us take actions which will reduce discrimination, advance equality of opportunity and foster good relations between persons with Protected Characteristics. This will ensure that the services we deliver and the care we provide is person-centred, human rights based, and places Equality at the heart of everything we do.

We will provide an update on how we met our last set of Equality Outcomes during the period 2022 – 2024 in our Annual Performance Report, which is due to be published in July 2024.

1.1 What does the law say?

Every public body in Scotland, including Integration Joint Boards (IJBs) must comply with the Public Sector Equality Duty (PSED) set out in the Equality Act (the Act) 2010.

A public body, or in our case the Falkirk Integration Joint Board must, in the exercise of its functions have due regard to the need to:

* Eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
* Advance equality of opportunity between persons who share a relevant Protected Characteristic and persons who do not share it.
* Foster good relations between persons who share a relevant protected characteristic and persons who don’t share it.

This essentially means we need to fully consider (give due regard to) our duties every time we review or develop a new policy or service. This will ensure we meet the needs of all our service users and protect them from some of the disadvantages they may experience because of their protective characteristics. We can do this in several ways, including by setting Equality Outcomes which we will cover later in the report.

But that’s not all. We also have Scottish Specific Duties. The Scottish Government introduced a set of specific duties to support the better performance of our general duty (which we outlined above). But only some of them are relevant to IJBs, which we will explain shortly. The Scottish Specific Duties which are relevant to us are, we must:

* Publish a report on mainstreaming the equality duty.
* Publish Equality Outcomes and report on progress.
* Assess and review policies and practice.
* Publish in a manner that is accessible.
* Gather and use Board member information.

Alongside our Equality Duties, we also have Duties set out in the Human Rights Act 1998. We must treat everyone equally, with fairness, dignity, and respect. In delivering services we will continue to be committed to undertaking human rights-based approach in line with PANEL principles (Participation, Accountability, Non-discrimination, Empowerment and Legality).

1.2 What are Protected Characteristics?

All of us share one or more of the characteristics. They are protected by the Act, which in turn protects us all from unfair treatment. The Protected Characteristics are:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnership
* Pregnancy and maternity
* Race and ethnicity
* Religion or belief – this includes people who do not have a religion or belief
* Sex
* Sexual orientation

Unfortunately, some people may experience discrimination or disadvantage based on these characteristics. The Equality Outcomes ensure that we meet our legislative duties, meet the differing needs of our service users and their carers and protect them from experiencing discrimination or disadvantage when engaging with our services.

1.3 What is an Integration Joint Board and why are only some of the Duties relevant?

The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on Councils and Health Boards to delegate health and social care functions to an Integration Joint Board (IJB). This is where the partners agreed to utilise a body corporate model. Falkirk Council and NHS Forth Valley formed the Falkirk Health and Social Care Partnership, overseen by the IJB.

The IJB is responsible for planning, commissioning, and overseeing the delivery of health and social care services in Falkirk. The main purpose of integration is to improve the wellbeing of people who use health and social care services. Setting Equality Outcomes and delivering on our Equality Duties will help us achieve that purpose.

As mentioned earlier, the IJB has limited responsibility in terms of the Scottish Specific Duties as the Board is not an employer. Falkirk Council and NHS Forth Valley continue to be the employers of staff who work for the Falkirk HSCP.

This means the Scottish Specific Duties relating to the publishing of gender pay gap information, publishing statements on equal pay, gathering and using employee information and considerations relating to public procurement are the responsibility of Falkirk Council and NHS Forth Valley.

1.4 So why do we do this? What are the benefits setting outcomes and mainstreaming equality?

The law recognises that people might experience discrimination or disadvantage in their daily lives based on their characteristics. So, what are the benefits of complying with our duties?

We all share some of the Protected Characteristics and it is likely that some of us have experienced some form of disadvantage – with some of us experiencing greater levels of discrimination and disadvantage than others.

Complying with our Duties – or *mainstreaming* our Duties - has a number of benefits, including:

* Equality becomes part of everything we do, within our structures, behaviours, and culture.
* We are more transparent and can demonstrate how, in carrying out our functions, we are promoting and embedding equality.
* Mainstreaming equality contributes to continuous improvement and better performance.

The result? Better services which meet the differing needs of our diverse communities and service users.

1.5 Integration Joint Board Membership

Falkirk Integration Joint Board (IJB) is currently made up of 20 members (10 females and 10 males). You can find a list of our members here: [Falkirk HSCP – Integration Joint Board](https://falkirkhscp.org/falkirk-integration-board/).

The Board membership is prescribed within the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 (the IJB Regulations). The Board has 6 voting members – 3 Falkirk Council elected members and 3 NHS Forth Valley non-executive Board members.

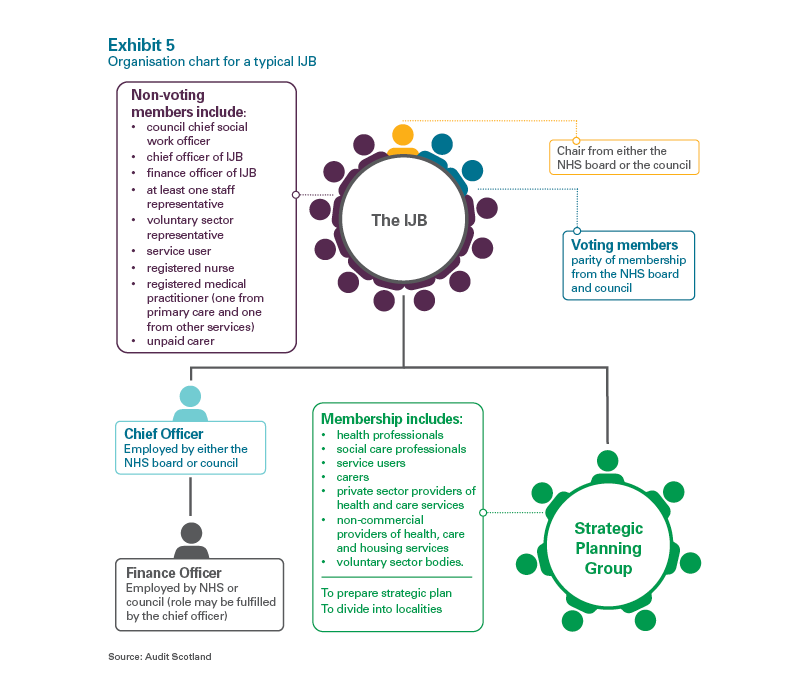


Figure 1.

The IJB Regulations state that membership of the Board must include the following representation:

By virtue of role:

* Chief Officer
* Chief Finance Officer
* Chief Social Work Officer
* Chief Executives
* Registered medical practitioner
* Registered nurse
* Registered medical practitioner employed by the Health Board and not providing primary medical services

By stakeholders:

* Service user representative
* Carer representative
* Staff representatives of Falkirk Council and NHS Forth Valley
* Third Sector representative

The IJB has an approved process to identify stakeholder members who are interested in becoming a member of the Board. Positions for service user representatives, carer representatives and Third Sector representatives are widely advertised, and information is shared through respective forums.

For example, when we started the process to identify a new Third Sector representative in 2022, we worked with CVS Falkirk to develop the advert for the role, led a presentation at the CVS Third Sector Health & Wellbeing Forum and supported a fair and open nomination and voting process through CVS Falkirk. Staff representatives are selected through the Joint Staff Forum.

# 2. Mainstreaming

Mainstreaming the Public Sector Equality Duty means that Equality is central to the development of our policies, services and all our decision-making.

The Integration Joint Board has embarked on improvement work to mainstream our Duties. From developing new processes on impact assessments and creating an internal staff working group for Equalities, to working in partnership with our service users and stakeholders so that they help shape the scope of the Equality Outcomes.

Here are some of the ways we currently mainstream our Equality Duties:

2.1 Leadership & accountability

*Integration Joint Board*

Mainstreaming the Equality Duty is an organisational responsibility to which the Integration Joint Board is fully committed. The IJB is committed to integrating equalities into our business, using tools such as Equality and Poverty Impact Assessment (EPIA), and by ensuring that equalities feature proportionately in business planning, Board meetings or other decision-making, and reports and through all other policy development and review mechanisms.

*Chief Officer*

The Chief Officer is accountable for ensuring equality legislation is upheld and services are designed and delivered in a way that meets the general duty and those specific duties that are the responsibility of the HSCP.

*HSCP Senior Leadership Team*

This responsibility is delegated in part to the HSCP Senior Leadership Team (SLT) who will:

* Collectively ensure that service planning and delivery evidences compliance with legislation.
* Monitor implementation of Equality Outcomes.
* Ensure that future HSCP Annual Performance Reports to the IJB include specific reference to progress in delivering the outcomes.

The lead officer for equality and diversity within the HSCP Senior Leadership Team is the Senior Service Manager – HSCP.

2.2 Strategic Plan

Our Strategic Plan, *Creating a Healthier Falkirk,* sets out our vision and priorities for the three-year period between 2023-2026*.* The plan delivers a person-centered, human rights-based approach to the provision of health and social services which improves people’s health and wellbeing. We are achieving this by providing services that support recovery, reablement and rehabilitation and support more people to remain independent in their own homes. Our services are high quality, responsive, promote independence, improve national health and wellbeing, and promote equality of access.

The Strategic Plan recognises that there are inequalities within our local communities, and we are addressing this by working with our partners to prevent and reduce the impact of poverty, promote equality of access, and improve health and wellbeing. Addressing inequalities is a key priority for the Strategic Plan.

Equalities underpin our strategic vision and the priorities for the Strategic Plan are reflected in the development of our Equality Outcomes. For example, the issue of the digital exclusion of older people was brought to our attention through the development of the Strategic Plan and formed the basis of one of our proposed Equality Outcomes.

**2.3 Mainstreaming within strategic planning**

The Partnership’s commitment to fulfilling its Equality Duties, and promoting wider inclusion and diversity aims, has been demonstrated within the draft Partnership Funding Investment Plan; Participation and Engagement Strategy, and Communication Strategy – three strategic documents due for renewal covering the next 3-year period (2024-2027).

Throughout these strategic documents, the Partnership has considered how project funding, communication, and engagement practices can impact people with Protected Characteristics, and how these activities can promote equality and inclusion. Particularly, the plans promote the aims of the General Duty (to eliminate discrimination, advance equality of opportunity, and foster good relations) within the Partnership’s everyday work. Examples of how this will be achieved include:

* Partnership Funding: Considering and addressing the equality impact on people with Protected Characteristics is one of the funding principles agreed by the Project Funding Group. Projects seeking funding must also support at least one of the Public Health Priorities for Scotland (which cover inclusivity and equality), and where equality impacts are identified, projects must demonstrate how they will address issues.
* Participation and Engagement: Inclusion is identified as one of the key standards of the Partnership’s engagement activities, with commitments made to improve understanding of which groups are currently engaging with participation activity – and how to increase successful participation from those currently not represented.
* Communication: The promotion of diversity and raising understanding of the barriers and needs has been identified as one of four communication priorities, as it is recognised this will foster a culture of understanding which leads to equitable access to services. The strategy also makes commitments to improve the accessibility of its communication to improve equitable access to services – embedding standards for accessible formats.

2.4 Impact assessments

We are required to assess the impact of our decisions, changes to policies and practices and services against the requirements of the Public Sector Equality Duty. We do this through an equality impact assessment process. This is a helpful tool that examines new and existing services, policies, and strategies, to assess what impact they could have on all the Protected Characteristics. We can do this by consulting and engaging with the people who will be impacted, as well as look at existing service level and national data.

When we are assessing impact, we are not just looking for negative impacts – we want to assess if there will be a positive impact too, as this assessment tool helps us to improve services. If a policy, service, or strategy is assessed as having a negative impact on any of the Protected Characteristics, then we must put *mitigating actions* in place. This means we must make sure that people are not negatively impacted by our decision-making.

While the equality impact assessment process only concerns the Protected Characteristics, we do have an additional Duty to actively consider how we can reduce inequalities of outcome caused by socio-economic disadvantaged. This is called the Fairer Scotland Duty. In Falkirk, we recognise that inequality in relation to a Protected Characteristic and inequality in relation to poverty intersect. Inequality cuts across different themes and categories, which means we do not just assess one type of inequality in isolation – inequalities are linked.

That’s why the Partnership agreed to use Falkirk Council’s Equality and Poverty Impact Assessment (EPIA). When we use this tool, we not only assess any impact relating to the Protected Characteristics, but we also assess impact on socio-economic status. You can check out some of our completed EPIAs on our website.

To complete an impact assessment, we apply learning from engagement with the local community and service users, alongside emerging national evidence to determine any impacts on the Protected Characteristics. In redesigning services in response to changing demand, we will ensure EPIA’s are completed and considered by the HSCP Senior Leadership Team and IJB.

2.5 Participation & engagement

The new Participation and Engagement Strategy 2024-2027, along with the Communication Strategy, promotes and supports how we carry out community engagement across the HSCP. The new strategy is currently under-development and will be seeking IJB approval in June 2024.

The Partnership is committed to meaningfully involve people and groups affected by the focus of engagement as well as ensure our engagement processes are accessible, inclusive, and reflect our communities. It is important for the Partnership to better understand who is participating in our engagement activities so we can identify underrepresented groups and improve how we target participation from those groups as well as ensure that no one is excluded or discriminated against from participation.

A key action of the new strategy is to improve how we gather equalities data and embed it into all engagement practices from consultation surveys to in person engagement events. By developing a standard set of equalities questions and guidance for staff, we can improve the consistency of data gathered to ensure that participation is representative of people who are accessing our services as well as our local population.

Other key actions in the strategy include increasing our representation of service users and carers and providing opportunities for them to get involved in strategic and operational meetings to help shape services. The recent Equalities Outcomes consultation highlighted the importance of building relationships with third sector partners to support diversity of participation and going directly into communities to engage rather than organising centralised events. The new strategy is keen to continue building on this learning and embedding this approach further into our engagement practices.

2.6 Procurement

Procurement will be undertaken by Falkirk Council or NHS Forth Valley in line with their respective procurement strategies and policies.

# 3. Consultation

Consultation for this report was conducted in two phases. The first phase was between September and November 2023 and asked individuals for their views on proposed Equality Outcomes. The second phase of consultation took place during January and March 2024 and asked individuals for their views on the proposed actions to help us achieve the Equality Outcomes.

Both phases of consultation involved officers attending in-person meetings with local community groups and organisations, and an online survey hosted on the Falkirk Council engagement platform Participate+.

A detailed report on the consultation process and its findings is presented in the appendix to this report.

# 4. Equality Outcomes 2024 – 2028

4.1 Setting the Outcomes

During the process to develop the Outcomes, we reviewed good practice guidance issued by the Equality and Human Rights Commission (EHRC). We also considered the number of Outcomes we should focus on. The minimum legal requirement is to set two Outcomes. Previously, we have set several Outcomes. We have set two Outcomes which focus on the most important issues to our service users and communities which will enable us to target resources to make greater improvements.

Following both stages of the public consultation, we have considered the feedback which has confirmed that we are focussing on the right priorities for our service users. The wording of Equality Outcome 1 has been amended to reflect language that older people would use or understand.

4.2 Draft Equality Outcomes

The Equality Outcomes for 2024 – 2028 are presented below:

Equality Outcome 1

Older people who experience barriers to accessing internet-based health & social care services have alternative ways to access services.

Equality Outcome 2

People from Black & Minority Ethnic backgrounds with cultural and language differences have improved experiences accessing health & social care services.

4.3 The Delivery Plan

|  |
| --- |
| Equality Outcome 1: Older people who experience barriers to accessing internet-based health & social care services have alternative ways to access services |
| General Equality Duty: Eliminate unlawful discrimination; Advance equality of opportunity. |
| Protected Characteristic covered: Age |
| HSCP Strategic Priority: Priority – ‘Accessible care’; Workstream – ‘Technology’ |
| National outcomes/strategies alignment:   * National Performance Framework – human rights (We respect, protect and fulfil human rights and live free from discrimination); * National Health and Wellbeing Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected. * Scottish Government: [Care in the Digital Age Delivery Plan 2023 - 24](https://www.gov.scot/publications/care-digital-age-delivery-plan-2023-24/) |
| Actions:   * Communicate and promote traditional methods of accessing services with older people. * Involve older people in the design of future services to ensure they are fully accessible. * Work with our staff so that technology is used appropriately with our service users. |

Table 1.

|  |
| --- |
| Equality Outcome 2: People from Black and Minority Ethnic backgrounds who experience language and cultural barriers have improved access to services |
| General Equality Duty: Eliminate unlawful discrimination; Advance equality of opportunity; Foster good relations. |
| Protected Characteristic Covered: Race/Ethnicity |
| HSCP Strategic Priority: Priority – ‘Accessible care’ |
| National outcomes/strategies alignment:   * National Performance Framework: culture (We are creative and our vibrant and diverse cultures are expressed and enjoyed widely); Human rights (We respect, protect and fulfil human rights and live free from discrimination). * National Health and Wellbeing Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected. * Scottish Government: [Race Equality Framework for Scotland 2016 - 2030](https://www.gov.scot/publications/race-equality-framework-scotland-2016-2030/) |
| Actions:   * Ensure that formal communication regarding health and care needs is provided in preferred formats. * Work with staff to improve access to translation and interpretation services. * Work closely with our Black & Minority Ethnic communities to ensure our services understand and are responsive to different cultures. |

Table 2.

# 5. Next Steps

Following the development of the Equality Outcomes, the work begins to achieve them. We will consider how we will continue to involve the community groups and services users we engaged with during the consultation in the work to achieve our Outcomes. We will also work closely with our staff to ensure that the actions we have proposed are implemented across our services.

We will report on the progress of our actions to achieve our Equality Outcomes through our Annual Performance Report.

Consultation Report: Equality Outcomes and Mainstreaming Report 2024-2028

# Introduction

The consultation report outlines the engagement process undertaken in the development of the Equality Outcomes 2024-2028. It will describe the process for each consultation phase, provide a breakdown of who responded, and an analysis of the responses received.

# First Stage Public Consultation

The consultation was conducted through two phases of public engagement. Prior to the beginning of the public consultation, initial engagement took place between June and July 2023 where we met with local community groups to sense check the information that we had received from previous engagement events and partner organisations. This engagement activity verified that our understanding of the key equalities issues was accurate and could be used to form the basis of our Equality Outcomes.

A wider-scale public consultation took place between September and November 2023 lasting seven weeks. The primary engagement tool for this phase was an online survey hosted on the new Falkirk Council platform Participate+. In addition, officers had 30 hours of face-to-face contact with service users and stakeholders across 14 community groups. This allowed for a flexible approach to recording feedback. For example, some groups were social opportunities for older people to have lunch, therefore it was more appropriate to note-take and have discussion as opposed to asking individuals to complete a survey.

In this phase, we asked for views on the Equality Outcomes that had been developed. This allowed us to refine the wording of our Outcomes and consider what actions we will take to help achieve our outcomes. We also invited respondents to identify other issues of relevance that should be addressed by the Outcomes.

Throughout the two phases of consultation, engagement sessions were tailored for each session depending on those in attendance. Where possible, we took groups through our survey to allow them to fill out individual responses. In some cases, we asked representatives of an organisation or community group to fill out an organisation's response on behalf of their service users.

The survey was also translated into five different languages (Ukrainian, Russian, Urdu, Arabic and Polish) to ensure that the survey was accessible to people who do not have English as a first language. On some occasions, an interpreter was used to help individuals to respond to the survey.

2.1 Initial phase consultation (May - August 2023)

During the initial phase of consultation, we met with six local community groups, three groups relating to each Outcome.

Older People:

* Older People’s Network
* Scottish Seniors Computer Club
* Grangemouth Old People Welfare Committee

BME:

* Al Masaar
* Rainbow Women’s Muslim Group
* Central Scotland Regional Equality Council (CSREC)

Officers met with the groups either in-person or online. We shared the information that we had received regarding the main equality issues of digital exclusion and language and cultural barriers. We discussed the issues with the groups and invited them to shape our understanding of them and to raise other issues which we may not have considered.

*Older people*

For groups representing older people, the consensus was that they believed digital exclusion was an issue for their service users. However, it was stressed to us that many do not have the capabilities to access online services, hence the reason for them being digitally excluded. For example, many older people that we spoke to either did not have broadband at home, have a smart device or laptop, or lacked the skills to use a smart device or laptop. They also stated that many older people do not have an interest in technology or accessing online services and would rather use traditional methods such as in-person meetings, telephone conversations and filling out paper forms. They reiterated that the Outcome should look to accommodate those individuals.

*People from BME backgrounds*

The opportunity to discuss our work with groups representing people from a BME background during this phase was incredibly helpful as it allowed us to formulate a process to undertake engagement when completing our wide-scale consultation. For example, it was highlighted to us that for some BME groups, having group discussions may result in limited feedback being provided as individuals do not feel comfortable speaking out in big groups. Of the groups we spoke to, many of them shared that they felt that it was not their place to provide feedback. Many of the people we spoke to, who had migrated to the UK, feel grateful for the services, so they do not feel they can or should communicate complaints and issues, and provide feedback, when in fact they have every right to.

Without having this initial phase, we would not have been aware of the potential barriers to engaging with people from BME backgrounds during our public consultation. This underscores the importance of involving our stakeholders and service users at the earliest stages of any consultation work. The feedback provided was used to form our engagement strategy for the public consultation.

There was broad agreement that language and cultural barriers were the most significant equality issues faced when accessing services. However, many of the stakeholders said that they did not feel discriminated against because of their race or ethnicity. This phase of the consultation highlighted the multiple factors that result in language and cultural barriers being an issue. This included English not being their first language, not being provided with an interpreter, forms and letters not being provided in their first language, and not having access to a female practitioner when requested.

Internal stigma was also presented as an issue specifically when it came to mental health services due to a cultural view that they do not deem mental health support as important, or mental health was not discussed or addressed within certain communities. Attitudes towards health and care are different within some BME communities. For example, when individuals are ill, they do not want to ‘exaggerate’ their symptoms and therefore, do not fully share the extent of their illness with GPs. Self/patient advocacy is sometimes an important tool when accessing health services to ensure people can get the treatment that they need, but this is something that some BME groups are not inclined to do.

The initial phase of consultation also highlighted that other issues both groups faced were a result of the significant pressures that health and social care services are experiencing, specifically in being able to access services and waiting times for appointments, for example, mental health referrals.

2.2 Public consultation (September – November 2023)

The wider-scale public consultation launched on 18 September 2023 and closed on 3 November, lasting seven weeks. The primary engagement tool for this phase was an online survey hosted on the new Falkirk Council engagement platform Participate+. In addition, officers had 30 hours of face-to-face contact with service users and stakeholders across 14 community groups. We had defined two draft Equality Outcomes that we shared with the public, which were as follows:

* Older people who experience digital exclusion have alternative ways to access services.
* People from Black and Minority Ethnic Backgrounds, with cultural and language differences have improved experiences accessing health and social care services.

The survey was divided into three sections: a section for each of the Equality Outcomes and a section on Equality Monitoring. The questions relating to both Outcomes were the same. Respondents were asked if they were adversely impact by digital exclusion and language and cultural barriers. Respondents were also invited to answer how strongly the agreed with the following statements:

* This is an important Equality Outcome.
* This Outcome meets the needs of Older People/BME People.
* This Outcome is easy to understand.

Individuals answered the questions on a linear scale of 1-5, with 1 being strongly disagree and 5 being strongly agree. The survey also asked the following questions:

* Do the outcomes target the areas of most relevance for Falkirk Health & Social Care Partnership? If you answered “No,” what further Outcomes would you suggest and why?
* Do you feel there is something that has not been covered by the outcomes that should be included?

Questions asked in the survey were used during face-to-face meetings to encourage discussion with groups which meant they had the same opportunities to provide a response.

# 3. Findings

3.1 Demographics

In total, 76 responses were received for the online survey. Out of the 76 responses, 4 were organisational responses and 72 were responses from individuals. The Equality Monitoring data captured from respondents is presented in the tables below:

|  |  |
| --- | --- |
| Age | % |
| 16 – 24 | 2.5 |
| 25 – 34 | 21 |
| 35 – 44 | 21 |
| 45 – 54 | 17.1 |
| 55 – 64 | 10.5 |
| 65+ | 27.9 |

Table 1.

|  |  |
| --- | --- |
| Do you have caring responsibilities? | % |
| Yes | 25 |
| No | 71.1 |
| Prefer not to say | 3.9 |

Table 2.

|  |  |
| --- | --- |
| Gender | % |
| Male | 32.8 |
| Female | 67.2 |

Table 3.

|  |  |
| --- | --- |
| Sexual Orientation | % |
| Heterosexual/straight | 82.9 |
| Gay/Lesbian | 5.3 |
| Bi/Bisexual | 2.6 |
| Prefer not to say | 9.2 |

Table 4.

|  |  |
| --- | --- |
| Ethnicity | % |
| Asian/Asian British | 15.9 |
| Black, African, Caribbean, or Black British | 3.9 |
| Mixed or multiple ethnic groups | 1.3 |
| White | 60.5 |
| Other ethnic group | 14.4 |
| Prefer not to say | 4 |

Table 5.

|  |  |
| --- | --- |
| What is your religion or belief? | % |
| No religion or belief | 30.3 |
| Christian | 39.5 |
| Muslim | 21.1 |
| Other | 3.9 |
| Prefer not to say | 5.2 |

Table 6.

|  |  |
| --- | --- |
| Do you consider yourself to have a disability or health condition? | % |
| Yes | 38.2 |
| No | 56.6 |
| Prefer not to say | 5.2 |

Table 7.

|  |  |
| --- | --- |
| Does your disability or health condition impact your daily activities? | % |
| A little | 25 |
| A lot | 30.5 |
| Not at all | 14.5 |
| Prefer not to say | 7 |

Table 8.

3.2 Reaching communities & improving representation

A significant amount of work was undertaken to improve the representation of BME people participating in public consultations. This was particularly important as one of the proposed Outcomes focuses on issues experienced by BME people. In total, 35.5% of our responses were received by people who identify as either Asian/Asian British, Black African/Caribbean, or Black British, Mixed or Multiple Ethnic Groups or Other Ethnic Groups.

Throughout this process, we have understood the importance of reaching people in community settings as opposed to organising centralised events where stakeholders approach us. This approach allowed us to build relationships with third sector partners and community groups and have open and frank discussions which have yielded enriched feedback. By approaching people in community settings, we have been able to engage with a more diverse range of service users. In addition, we have sought to improve the accessibility of the consultation by translating the survey into five different languages.

3.3 Older people & digital exclusion

The table below shows that overall, 42.1% of respondents stated that they are adversely affected by digital exclusion and 52.6% are not. However, 56.5% of respondents over the age of 65 said that they were impacted by digital exclusion, reaffirming our understanding that older people are at greater risk of not being able to access services online.

|  |  |
| --- | --- |
| Are you adversely impacted by digital exclusion? | % |
| Yes | 42.1 |
| No | 52.6 |
| Don’t know | 5.3 |

Table 9.

|  |  |
| --- | --- |
| This is an important equality outcome | % |
| 1 (Strongly disagree) | 3.9 |
| 2 |  |
| 3 (Don’t know) | 11.9 |
| 4 | 22.4 |
| 5 (Strongly agree) | 61.8 |

Table 10.

|  |  |
| --- | --- |
| This Outcome meets the needs of older people | % |
| 1 (Strongly disagree) | 14.5 |
| 2 | 3.9 |
| 3 (Don’t know) | 17.1 |
| 4 | 13.2 |
| 5 (Strongly agree) | 51.3 |

Table 11.

|  |  |
| --- | --- |
| The Outcome is easy to understand | % |
| 1 (Strongly disagree) | 11.8 |
| 2 | 15.8 |
| 3 (Don’t know) | 23.7 |
| 4 | 15.8 |
| 5 (Strongly agree) | 32.9 |

Table 12.

An overwhelming majority of all respondents (84.2%) either said they ‘strongly agree’ or ‘agree’ that ensuring older people who experience digital exclusion have alternative ways of accessing services is an important Equality Outcome. Similarly, a majority of respondents (64.5%) either ‘strongly agreed’ or ‘agreed’ that this Outcome will meet the needs of older people.

However, respondents to the online survey and the stakeholder groups we spoke to suggested that the wording of the Equality Outcome was difficult to understand. Many older people said that they do not know what ‘digital exclusion’ means and expressed that the phrase was too technical, making it difficult to relate to the Outcome. Furthermore, the word ‘digital’ is not a word that is often used in the daily language of some older people, as many do not have access to broadband or smart devices. Once the meaning of ‘digital exclusion’ was explained during face-to-face discussions, respondents better understood the aims of the Outcome.

In response to this feedback, we are changing the wording of the Equality Outcome so that the language of our aim is easier to understand and reflects language and terminology that older people are more familiar with.

The initial proposed Outcome was: “Older people who experience digital exclusion have alternative ways to access services.” The new proposed Outcome is: “Older people who experience barriers to accessing internet-based services have alternative ways to access services.”

Qualitive data was also captured during the consultation period which provided insight into individuals experiences in using technology and accessing online services. Ten recurring themes emerged from the data which are:

* Access to services
* Access to information
* Support
* Alternative support
* Access to technology
* Assumptions
* Concerns using technology
* Knowledge
* Wording of the Equality Outcome

Feedback:

* “Don't know where to find information online or where to start looking for it.”
* “The outcome should state a definition of what digital exclusion means and provide examples such as having no access to computer, mobile phone etc.”
* “Older People fear going online that they will make a mistake or do something wrong, and it will have repercussions on them.”
* “I find it difficult to access services using the internet e.g., library, prescriptions, bins...Increasingly access to these services are through apps and websites which I find difficult to use.”
* “A lot of people that use our service do not have access to laptops/other forms of technology and would struggle to know how to use them.”
* “Don’t know what alternative ways are. Living on my own, no family to be shown what to do, nobody to ask for help.”

*Access to services*

Respondents had difficulties in accessing services when technology was involved. Some do not have access to a phone, laptop or internet therefore are unable to access services via online techniques. Organisations and community groups also noted that they need to support service users to make bookings and fill out online forms.

There was significant frustration towards some services moving to online practices meaning individuals were no longer able to access them. For example, GP surgeries requiring repeat prescriptions to be made online and certain GP practices introducing queuing on their phone systems and individuals not being aware of the change and used to the original system.

Overall, there was agreement with the Outcome that anyone who is unable to access services online should have alternative ways access to services, echoing the action the Equality Outcome aims to address and achieve.

*Access to information*

Respondents suggested that information is often only shared online, meaning those who do not have access to the internet do not receive it. Others also shared the difficulty they have in trying to find information online which in turn pushes them further away from wanting to use technology and online services.

*Support*

Friends and family are often required to support individuals to use devices such as phones, laptops, downloading apps and to show them what to do with technology. Often, friends or family do all that is required for the individual when it comes to technology and accessing online services. However, some individuals do not have friends or family who can support them meaning they do not have any form of support available.

There was a willingness from some respondents to learn about technology and accessing online service as they understood the benefits of it. They also believed that by learning more it would make them feel like less of a burden on the support around them. Suggestions were provided about how this support could be offered, including more awareness in the community with support from local community groups, offering training classes in partnership with community groups or even commissioning training programmes for people to sign up to. It was also suggested that having a booklet with basic instructions that older people could refer to when using technology and accessing services online would be useful.

*Alternative support*

Throughout the consultation it was repeatedly stated the need for alternative support and alternative ways to access services to be available. This viewpoint brought agreement for the Outcome since it aims to address this issue, however it was stressed that the Outcome would only be achieved if the alternative ways to access services are promoted.

*Access to technology*

Certain respondents classed themselves as digitally excluded due to not having access to any technological devices. Some community groups stated that their service users do not have access to any devices and would struggle to know what to do if one was presented to them. One suggestion was to provide laptops and tablets at a cost price to encourage those digitally excluded to receive a device.

*Assumptions*

There was concern that it was assumed all people have access to online services, which is not the case.

*Concerns using technology*

There was concern from individuals about using technology due to being unsure what they are doing on it and worried about possible repercussions if they make a mistake on it. This concern also refrains individuals from learning more and developing an understanding of how to use it.

*Knowledge*

Relating to the need for support and training, respondents suggested the reason they do not use technology is because they do not have the knowledge to use it correctly. Often, respondents would know the fundamentals for using a device, such as using a phone to text or call, but nothing more. The process and knowledge required for using technology can be too fast and confusing to follow.

*Cost*

The cost and financial burden from having technology and internet within the home was also an issue that led to individuals being digital excluded. Furthermore, when they do not see a benefit or need to have digital access, or the correct information to use it, they are unwilling to invest in it. It was suggested that providing discount opportunity for devices or internet access may help to encourage and support those individuals to access it.

*Wording of the Equality Outcome*

The wording of the outcome and specifically the term “digital exclusion” confused several individuals in the online survey and in-person meetings. Officers were regularly asked for a definition of what the term meant.

This was echoed in responses to the online survey, suggesting the term should change but also include examples of digital exclusion (not having access to internet, mobile phone, laptop etc). It was also unclear to some respondents what services were being referred to and what services would they not have access to if they were digitally excluded. It was requested that the outcome included that the alternative ways to access services will occur in the same timescale as digitally.

3.4 BME people and language & cultural barriers

Similarly, to the Outcome regarding exclusion from internet-based services, respondents were asked if they were adversely impacted by language and cultural barriers to accessing services. Overall, 39.5% of respondents said ‘yes’, 51.3% stated ‘no’ and 9.2% indicated that they didn’t know.

When this information is broken down by ethnicity, 59.3% of respondents who identified as either: ‘Asian/Asian British’; ‘Mixed or Multiple Ethnic Groups’, or ‘Other Ethnic Groups’ stated that they are adversely impacted by language and cultural barriers.

When the responses are broken down within each ethnic group, 66.7% of ‘Asian/Asian British’ respondents and 63.6% of people who identified as ‘Other Ethnic Group’ said that they were adversely impacted by language and cultural barriers. For context, the ‘Other Ethnic Group’ category captures people mostly from an Eastern European background, meaning that people from Asian or Eastern European background were the most likely ethnic groups to experience language and cultural barriers.

All respondents who identified as ‘Black, African, Caribbean or Black British’ said that they were not adversely impacted by language and cultural barriers.

|  |  |
| --- | --- |
| Are you adversely impacted by language & cultural barriers? | % |
| Yes | 39.5 |
| No | 51.3 |
| Don’t know | 9.2 |

Table 13.

|  |  |
| --- | --- |
| This is an important Equality Outcome | % |
| 1 (Strongly disagree) | 3.9 |
| 2 | 1.3 |
| 3 (Don’t know) | 10.5 |
| 4 | 23.7 |
| 5 (Strongly agree) | 60.6 |

Table 14.

|  |  |
| --- | --- |
| This Outcome meets the needs of BME people | % |
| 1 (Strongly disagree) | 17.3 |
| 2 | 7.8 |
| 3 (Don’t know) | 21 |
| 4 | 19.7 |
| 5 (Strongly agree) | 34.2 |

Table 15.

|  |  |
| --- | --- |
| The Outcome is easy to understand | % |
| 1 (Strongly disagree) | 11.8 |
| 2 | 5.2 |
| 3 (Don’t know) | 21 |
| 4 | 14.5 |
| 5 (Strongly agree) | 47.5 |

Table 16.

Similarly, to Older People and Digital Exclusion, qualitative data was captured throughout the consultation at in-person events and through the online survey. With support from translators, Falkirk Council Resettlement Officers and individuals running in-person meetings we were able to capture this vital data. Seven themes emerged from the consultation which are:

* Language
* Culture
* Service design
* Access to services
* Mental health & wellbeing
* Stigma
* Fear

Feedback:

* “People like me should not be relying on the help of friends to translate when going to see a doctor.”
* “Always need assistance as services are not geared up to assisting people whose English is the second language. Need assistance from support worker and interpreter.”
* “Difficulty to make an appointment as people do not understand what to do.”
* “No interpreter within mental health services is a significant problem. It means individuals cannot be referred to for support. It is available in Stirling but not in Falkirk.”
* “Going to the GP is a last resort for them, there is a fear to go to the doctors.”

*Language*

Language was the most common and recurring theme to emerge from both in-person meetings and the online survey. A multitude of issues relating to language was highlighted such as English not being the individuals first language, lack of an interpreter when accessing health services especially for mental health, letters not provided in other languages and letters not written in plain English.

Individuals believed they would have a better experience and feel more comfortable accessing health services if translation services were provided. The lack of translation in mental health services was a significant problem and meant people could not be referred for support. There was also frustration that friends and family often had to be translators, which resulted in discussions with health professionals not being held in privacy or in confidence. However, there was still appreciation in the effort made by services to reduce barriers, however this view was more limited to those who live in Falkirk via the refugee resettlement scheme.

*Culture*

Culture plays a role in the expectation that individuals have on the health service and the treatment they expect to receive from it. Their expectation is based on treatment they have received in their native country. Officers were made aware through discussions with organisations that more people now travel home to receive support rather than through our health service.

Furthermore, culture expectation for some individuals is to not challenge authority, whereas in the UK it is expected that you challenge authority if you are not happy with the treatment you receive. Therefore, it is assumed you are okay if you do not speak up about it.

*Service Design*

The service design of health and social care services does not accommodate those with language and cultural barriers. For example, a GP appointment takes twice as long for those with a language barrier, however they are not provided this extension when booking an appointment. Furthermore, services are not always prepared with extra assistance, such as an interpreter, for individuals whose English is a second language.

There was also an issue when documentation is received from the health service in English, even though service users' private information will state that English is not the individuals first language. This was concerning for individuals due to the potential of damaging consequences if people were to misinterpret what is being said in a letter. This was highlighted as an issue for over 50’s in particular who become inundated with information and requirements to fill out online applications in English.

New patients are also required to fill out a form in English with no alternative option available, which again is difficult for individuals to do if their first language is not English.

*Access to services*

Individuals often miss out on accessing services because they are not aware of where the service is available or shown how to access the services. This emerged as a significant problem especially accessing GP and mental health services. Furthermore, because of the barriers presented with language and cultural expectation individuals often do not access services when they should or are required to do so.

*Mental health & wellbeing*

Accessing mental health support was highlighted as a major issue for people from BME backgrounds. Individuals feel they will not be taken seriously when trying to access mental health services and due to stigma towards mental health in some cultures people will not access the support. Having no interpreters available within the service as well hinders individuals' ability to receive support.

Migrants do not associate problems they face when moving to a new home as mental health issues and feel it is something they should deal with internally. Furthermore, there is an assumption that you will not be taken seriously by mental health services unless it has become a serious problem with police involvement. It was suggested that greater awareness should be provided about mental health support available locally and it should be promoted within local community groups and places of worship.

*Stigma*

Stigma was presented as a problem BME people have when accessing health services. This is due to the stigma some cultures have towards certain health issues but also the assumptions of some cultures, including if you are unwell the individual is at fault.

*Fear*

Concerns were raised about the fear some BME people have in accessing health services and they often use the health service, such as the GP, as a last resort. This is due to the barriers they expect to face especially when accessing the service with a language barrier. Individuals also feel more comfortable accessing health services in their native country rather than where they reside currently.

There is also a fear to challenge authority and to complain about treatment they have received over concerns of possible perceived backlash.

# 4. Second Stage Public Consultation

The second wider-scale public consultation took place between 25 January and 7 March 2024, lasting six weeks.Again, the primary engagement tool for this phase was an online survey hosted on the Falkirk Council engagement platform Participate+. In addition, officers again had over 25+ hours face-to-face contact with service users and stakeholders across 12 community groups. Officers had kept in contact with the community groups throughout the transition period from between the first stage and second stage public consultation. This ensured the groups were kept updated with the progression of work ongoing and maintained the connection and trust built between the community groups and officers.

In this phase, we asked for views on the actions that the Partnership could take to help us achieve our Equality Outcomes. This allowed us to sense check the actions with the public, inviting them to share their views on any other actions we should consider taking. Involving people in shaping the scope of the Equality Outcomes and the actions to achieve them is integral to the success of this work. We wanted to ensure that the proposed actions were not viewed as token gesture but are deliverable actions which will make tangible improvement to peoples’ lives.

Flexible approaches to engagement and data collection used during the first of public consultation with community. Efforts to improve representation and the participation of underrepresented groups was continued.

A summary document which outlined the feedback received during the first stage of public consultation was developed and presented how the feedback shaped the proposed actions. The document was distributed to community groups prior to meetings and was also hosted on the Participate+ platform. The document and survey were translated into six languages (Ukrainian, Russian, Polish, Urdu, Arabic and Spanish) to ensure they were accessible for people who do not have English as a first language.

The actions that respondents were asked about were:

**Equality Outcome 1 Actions:**

* Communicate and promote traditional methods of accessing services with older people.
* Involve older people in the design of future services to ensure they are fully accessible.
* Work with our staff so that technology is used appropriately with our service users.

**Equality Outcome 2 Actions:**

* Ensure that formal communication regarding health and care needs is provided in preferred formats.
* Work with staff to improve access to translation and interpretation services.
* Work closely with our Black & Minority Ethnic communities to ensure our services understand and are responsive to different cultures.
* The survey asked the following questions for the proposed actions for each Equality Outcome:
* Do you agree with the following proposed actions to achieve the Equality Outcome?
* Do you believe the actions will help us achieve our Equality Outcomes?
* Are there any actions that you feel should be included to help address the Equality Outcome?
* Do you have any other comments or suggestions that you would like us to consider?

# 5. Findings

In total,79 responses were received via the online survey. The Equality Monitoring data captured from respondents is presented in the tables below:

|  |  |
| --- | --- |
| **Age** | **%** |
| 16 – 24 | 3.8 |
| 25 – 34 | 13.9 |
| 35 – 44 | 18.9 |
| 45 – 54 | 11.5 |
| 55 – 64 | 12.6 |
| 65+ | 36.8 |
| Prefer Not to Say | 2.5 |

Table 17.

|  |  |
| --- | --- |
| **Do you have caring responsibilities?** | **%** |
| Yes | 15.2 |
| No | 81 |
| Prefer not to say | 3.8 |

Table 18.

|  |  |
| --- | --- |
| Gender | % |
| Male | 32.9 |
| Female | 63.3 |
| Prefer Not to Say | 3.8 |

Table 19.

|  |  |
| --- | --- |
| Sexual Orientation | % |
| Heterosexual/straight | 86 |
| Gay/Lesbian | 5.1 |
| Bi/Bisexual | 3.8 |
| Prefer not to say | 5.1 |

Table 20.

|  |  |
| --- | --- |
| Ethnicity | % |
| Asian/Asian British | 1.2 |
| Black, African, Caribbean, or Black British | 1.2 |
| Other Ethnic Group | 1.2 |
| White Ethnic Group | 34.4 |
| White Scottish/White British | 59.5 |
| Prefer not to say | 2.5 |

Table 21.

|  |  |
| --- | --- |
| What is your religion or belief? | % |
| No religion or belief | 33 |
| Buddhist | 1.2 |
| Christian | 57 |
| Muslim | 2.5 |
| Other | 2.5 |
| Prefer not to say | 3.8 |

Table 22

|  |  |
| --- | --- |
| Do you consider yourself to have a disability or health condition? | % |
| Yes | 42 |
| No | 55.5 |
| Prefer not to say | 2.5 |

Table 23.

|  |  |
| --- | --- |
| Does your disability or health condition impact your daily activities? | % |
| Yes | 69.2 |
| No | 20.5 |
| Not at All | 2.6 |
| Prefer not to say | 7.7 |

Table 24.

5.1 Older people Accessing Internet-Based Services

The table below shows that overall, almost 90% of respondents agreed with the proposed actions to achieve Equality Outcome one. When the figure is broken down into age groups, 86% of respondents aged 65+ agreed with the proposed actions, with 10% saying 'don’t know’. The feedback confirms that the proposed actions are the appropriate actions that should be implemented to support older people who experience barriers to accessing internet-based health and social care services.

|  |  |
| --- | --- |
| **Do you agree with the following proposed action to achieve the Equality Outcome?** | **%** |
| Yes | 86.1 |
| No | 1.2 |
| Don’t Know | 12.7 |

Table 25.

|  |  |
| --- | --- |
| **Do you agree with the following proposed action to achieve the Equality Outcome?** | **% 65+** |
| Yes | 86.2 |
| No | 3.4 |
| Don’t Know | 10.4 |

Table 26

Overall, respondents believe that the proposed actions will help us achieve our Equality Outcomes. However, although the majority of those aged 65 and over agreed that the proposed actions would help us achieve the Equality Outcomes, they were less likely to agree than respondents overall. One reason for this is perhaps due to the pessimism that many shared over the actions being delivered and positive change coming from them. Officers reassured respondents that regular updates on progress for the Outcomes and proposed actions would be reported on and shared with the community groups consulted throughout the process.

|  |  |
| --- | --- |
| **Do you believe the actions will help us achieve the Equality Outcome?** | **%** |
| Yes | 58.2 |
| No | 3.8 |
| Don’t Know | 38 |

Table 27.

|  |  |
| --- | --- |
| **Do you believe the action will help us achieve the Equality Outcome?** | **% 65+** |
| Yes | 62 |
| No | 3.4 |
| Don’t Know | 34.6 |

Table 28.

5.2 BME people and language & cultural barriers

With respect to Equality Outcome two, over around 90% of respondents agreed with the proposed actions and agreed that they believe they will help achieve the Equality Outcome.

|  |  |
| --- | --- |
| Do you agree with the following proposed action to achieve the Equality Outcome? | % |
| Yes | 91.1 |
| No | 2.5 |
| Don’t Know | 6.4 |

Table 29.

|  |  |
| --- | --- |
| Do you believe the actions will help us achieve the Equality Outcome? | % |
| Yes | 88.6 |
| No | 1.2 |
| Don’t Know | 10.2 |

Table 30.

100% of all respondents from Asian/Asian Scottish/Asian British, Black, African, Caribbean or Black Scottish/Black British and White Ethnic Group agreed the proposed actions would help achieve our Equality Outcome and believed they would help us achieve it. This confirms that BME respondents believe that the proposed actions will improve their experiences of accessing Falkirk HSCP services.

5.3 Suggested actions from the public

Respondents were asked for their suggestions for actions that should be included. Below are some of the suggestions that were provided and will be taken into consideration in the development of an Equality Outcome Action Plan.

Older people who experience barriers to accessing internet-based health and social care services have alternative ways to access services.

* Training in technology would be a really good idea and something to be implemented with the actions.
* An action could be included to suggest that people are asked what is more suitable to them so they are not referred to an online service if they cannot use it.
* Have a place to access information in a more suitable way, especially for people who have disabilities.
* Leaflets/Brochures provided to help them understand the information.
* I help a lot for people in a computer club and feel clubs like these should be more accessible and easier for people to attend.
* Offering support to people who do not know how to use technology or a place they can go to learn more.
* Not everyone of age has the ability to understand technology therefore there still needs to be ways for these persons to obtain the necessary help.
* Have a place where people can go to get help, for example a library. A place to go where if you are struggling you will be helped.
* Advertise more. It is hard to get into services online because they are not accessible and difficult to get through.

People from Black and Minority Ethnic Backgrounds, with cultural and language differences have improved experiences accessing health and social care services.

* Include responsive to religious belief as well as culture. Essential when supporting people with their daily routines and needs.
* Instructions should be provided on how the health service works here as it is different from native countries and difficult for people to understand.
* Increase awareness of what is available to help with translations.
* Not only language but also print size and the option of having it enlarged if you struggle to see.
* Instructions clear on how the health service works here as it is different from native country and can be difficult for people to understand.
* The question should be asked when they either phone or request for appointment at reception if they require translation services and have it organised then.