



CÙRAM IS SLÀINTE NAN EILEAN SIAR

WESTERN ISLES HEALTH AND SOCIAL CARE PARTNERSHIP

ADVOCACY PLAN: CONSULTATION PAPER

The Western Isles Advocacy Planning Group has been developing a local advocacy plan for health and care services. We are now in position to ask the local population for comment and ideas about what independent advocacy should aspire to in the Western Isles. We would be grateful if you could respond by Friday 9th November to hsc@cne-siar.gov.uk or by paper copy to the Health and Social Care Partnership, Sandwick Road, Stornoway, Isle of Lewis, HS1 2BW

Consultation Questions

1. Are there elements of our local plan you disagree with or would like to see changed? If so, please specify

a) Yes

b) No





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2. Are the proposals set out in the local plan likely to have an adverse impact on any of the protected characteristics set out in the Equality Act 2010? (Please tick one option only)

For reference, the nine protected characteristics are: Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion and belief, Sex, Sexual orientation

a) Yes

b) No

If yes, please state the group or groups and provide comment on how these adverse impacts could be reduced or alleviated.





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3. Is there an opportunity to better promote equality of opportunity or good community relations?

a) Yes

b) No

If yes, please give details as to how





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Please use the space below for any further comments you would like to make about the need for or delivery of independent advocacy in the Western Isles:-



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Equality Monitoring Information

As part of our commitment to equality we monitor our consultation processes. Your co-operation in completing this form to help us do this would be greatly appreciated. Any information you give will be confidential and no individual will be identifiable in any analysis of this information.

Sex

Male	
Female	
Prefer not to say	

Marriage/or Civil Partnership

	Yes	No.	Prefer not to say
Are you married or in a civil			

Disability

Disabled	
Not Disabled	
Prefer not to say	

Age

16-24 years		25-29 years	
30-34 years		35-39 years	
40-44 years		45-49 years	
50-54 years		55-59 years	
60-64 years		65 years or over	
Prefer not to say			





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Ethnicity

What is your ethnicity?

Asian or Asian British - Bangladeshi		Mixed – White and Asian	
Asian or Asian British – Indian		Mixed – White and Black African	
Asian or Asian British – Pakistani		Mixed – White and Black Caribbean	
Asian or Asian British – any other Asian background		Mixed – any other Mixed background	
Black or Black British – African		White – British (English, Scottish or	
Black or Black British – Caribbean		White – Irish	
Black or Black British – any other Black background		White – any other White background	
Chinese		Prefer not to answer	
Any other (please state)			

Pregnancy and maternity

Are you pregnant or had a baby in the last 12 months?

Yes		No	
		Prefer not to answer	

Gender Reassignment

Does your gender differ from your birth sex?

Yes		No	
		Prefer not to answer	

Sexual Orientation

What is your sexual orientation?

Heterosexual		Gay	
Bisexual		Lesbian	
		Prefer not to answer	

Religion

What is your religion?

Christian		Hindu	
Muslim		Sikh	
Jewish		No religion	





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Buddhist		Prefer not to answer	
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