

Equality Impact Assessment Tool: Policy, Strategy and Plans

(Please follow the EQIA guidance in completing this form)

1. Name of Strategy, Policy or Plan

Inverclyde HSCP Strategic Plan

Please tick box to indicate if this is: Current Policy, Strategy or Plan New Policy, Strategy or Plan

2. Brief Description – Purpose of the policy; Changes and outcomes; services or activities affected

Inverclyde HSCP is built on established integration arrangements (through the former CHCP), and has been set up in response to the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014, often referred to as the integration legislation. The HSCP Strategic Plan is a 3 year plan which sets out the vision and future direction of Health and Social Care in Inverclyde. It is based on delegated functions from both Inverclyde Council and NHS GGC; national and local outcomes; and the HSCP vision of Improving Lives which is underpinned by the values that:

- We put people first;
- We work better together;
- We strive to do better;
- We are accountable.

This Plan aims to set out the improvements we hope to make, based on these key values through a commissioning approach with a range of key partners and stakeholders.

3 Lead Reviewer

Andrina Hunter HSCP Service Manager Inequalities

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

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5. Impact Assessment

A Does the policy explicitly promote equality of opportunity and anti-discrimination and refer to legislative and policy drivers in relation to Equality

Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act (Specific Duties) (Scotland) Regulations 2012. We take these responsibilities seriously and over the next three years will seek to identify and deliver improvements in our integrated services to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between different groups of people and work in a way that fosters good relations within the communities of Inverclyde.

The Strategic Plan has an overall vision of Improving Lives across and within Inverclyde and in order to help deliver on this vision the HSCP have identified key themes that run through all of our planning. There are five of these themes, which we term as our strategic commissioning themes:

- Employability and meaningful activity
- Recovery and support to live independently
- Early intervention, prevention and reablement
- Support for families
- Inclusion and empowerment

These themes have been brought to life through an inclusive approach to shaping our priorities.

Inverclyde HSCP's integrated workforce brings together staff from two public sector organisations, with a range of health and social care backgrounds. Staff understand that working together in a single organisation is far more effective in responding to the causes of poor health and social care. However, Inverclyde HSCP sits in a rich landscape of local statutory, independent, voluntary and third sector organisations, all of whom make a significant contribution to making Inverclyde a safe, secure healthy and equitable place to live.

B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?		
		Source
All	<p>According to the latest official statistics from the Census 2011 the population of Inverclyde is 81,485 people. Inverclyde's population is an increasingly older population as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland. There are more women than men in every age group except for those aged 0-15.</p> <p>Premature mortality is a measure of the number of deaths that occur under the age of 75 and can be used as an indicator of poor health of a population. The fewer deaths that occur under the age of 75, the healthier the population are judged to be. In 2014 there were 385 deaths under the age of 75 across Inverclyde, 41.1% of the total deaths. This is higher than the Scottish figure in 2014, which was 36.8%.</p>	<p>Census 2011</p> <p>SNA 2016</p>
Sex	<p>Discrimination based on the physical characteristics of men and women are arguably rarer than in previous decades though there is significant evidence to suggest that the gender socialisation is still value-laden and leads to disproportionately poorer health and social outcomes for women. Women remain underpaid when employed in comparable jobs with men and continue to experience a disproportionate allocation of caring responsibilities. Women represent 90% of all single parent families and are more likely to experience poverty as a single parent compared to male single parents. Women are more likely to experience in-work poverty and are less likely to have access to private savings.</p> <p>Women continue to represent 80% of all cases of domestic violence with at least</p>	<p>ONS 2015</p>

	<p>one in five women in Scotland experiencing domestic violence in their lifetime. A 2005 study of young men's attitudes (Burman and Cartmel) found 20% of young men felt women's behaviour often provoked violence. A 2007 Scottish survey by the Scottish Government found 27% of Scots felt a woman bore some responsibility for being raped if they wore 'revealing' clothing. The collective cost of responding to domestic violence in the UK is £23 billion (S Walby – the Cost of Domestic Violence). Only 35% of domestic violence incidents are reported to the Police (Stanko 2000, Home Office 2002).</p> <p>Against this backdrop, women are more than twice as likely to be treated for depression and anxiety, are more likely to self-harm in younger years and more likely to have an eating disorder. Two thirds of people with dementia are women (due to the relationship between longer life expectancy and sex and increasing age and dementia). (Mental Health Foundation 2015).</p>	
<p>Gender Reassignment</p>	<p>Although there is no definitive figure for the number of transgender people living in Inverclyde anecdotal evidence suggests that a greater percentage of trans people in NHSGGC will live in Glasgow, being drawn by better access to general services, better trans-specific services, greater anonymity, less stigma & discrimination etc.</p> <p>Although limited research is available, trans support groups and aligned organisations offer compelling evidence that trans people will have significantly poorer health outcomes primarily as a result of:</p> <ul style="list-style-type: none"> • Inconsistent funding and access to gender reassignment services throughout Scotland • Lack of access to essential medical treatment for gender identity issues, i.e. electrolysis for trans women • Lack of awareness and understanding of care providers so that transgender people are inappropriately treated in single gender out-patient and in-patient services • Lack of social work service to support children, young people, adults and 	

	<p>point that they had needed to seek help or support urgently. When asked for more information about their experiences, 35% of those individuals had avoided seeking urgent help due to being trans or having a trans history. When participants did need urgent support they were most likely to contact their friends, followed by their GP or partner. Relatively few chose to use other NHS support, choosing helplines or online groups over these. 18% also stated that they did nothing when in need of crisis support.</p> <p>53% of the participants had self-harmed at some point, with 11% currently self-harming. The majority of participants, 84%, had thought about ending their lives at some point. 35% of participants overall had attempted suicide at least once and 25% had attempted suicide more than once.</p> <p>High rates of homelessness were evident in the sample, with 19% reported having been homeless at some point, and 11% having been homeless more than once. Of 188 participants who were parents, 19% reported seeing their child(ren) less, 18% lost contact with their children, and 8% had custody issues. Only 17% found telling their children to be a positive experience. 51% felt that the way trans people were represented in the media had a negative effect on their emotional wellbeing.</p>	
<p>Race</p>	<p>Inverclyde has one of the lowest ethnic populations in Scotland. Recent Census results (2011) indicate that only 3.2% of the total population (81,485) considers itself to be of an ethnic origin, other than White British.</p> <p>The breakdown consists of 0.9% Irish, 0.9% Asian, 0.1% Polish, 0.8% other white and 0.4 other ethnic groups.</p> <p>In terms of identifying their nationality only 1.1% of the population considers itself to have a nationality, other than an UK identity.</p>	<p>Census 2011</p>

	<p>92.9% of the Inverclyde population was born in Scotland, 0.8% born in other European Union countries and 1.8% born in other countries outwith of the EU.</p> <p>In the 2011 Census results, 1.3% of the population reported using a language, other than English at home, with 0.7% stating that they do not use English well and 0.1% of the population that they do not speak English at all.</p> <p>Research indicates that people from ethnic groups and in particular, South Asia are more likely to be at risk of cardiovascular disease and Diabetes type 2 (MECOPP, Briefing Sheet) Evidence from NHS Scotland 2008 suggests that there is a strong link between socio economic status and health inequalities experienced by people from ethnic minority backgrounds stemming from poor housing conditions, low paid employment, social isolation and barriers to services through language difficulties.</p> <p>It is important that we acknowledge barriers around accessing services, particularly in respect of women from different minority ethnic backgrounds and religions who have a lower uptake of cancer screening services.e.g. breast cancer and bowel cancer screening. Women from ethnic minority groups also can have a distinct and isolated experience of domestic violence, influenced by their tradition and culture and more unlikely to seek support due to language barriers and lack of informal support.</p> <p>The Disability Rights Commission 2006 reported that people from Ethnic Minority Groups often experience higher rates of mental health issues as a result of feeling more vulnerable, at risk of hate crime or experienced some form of discrimination and isolation. This can also be linked to the issue of stigma, facing individuals from different ethnic groups within their own community, which stops them from seeking support. In many ethnic and religious traditions it is not acceptable for individuals to seek support out with of the family network. Support is often expected to be provided by female members of the family and issues around Mental Health,</p>	<p>NHS Scotland 2008</p> <p>Gryffe Womans Aid</p>
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	<p>was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect their quality of life</p> <p>People who experience mental health issues or illness –</p> <p>Wellbeing is linked to mental health in that it attempts to measure how happy and content people are in their everyday lives. The average scores for Inverclyde and Scotland for 2014 and 2015 shows that on average people in Inverclyde have slightly poorer mental health wellbeing compared to the Scottish average.</p> <p>In the 2011 Census there were 5205 people who identified themselves as having a mental health issue. This is 6.4% of the total population in Inverclyde compared with the Scottish average figure of 4.4%.</p> <p>Research evidence indicates the prevalence rate of people with a new diagnosis of depression is slightly higher than the Scottish average. Inverclyde 8.36% as compared with Scotland 6.28%.</p> <p>There is increasing research that demonstrates the strong links between mental health and material deprivation. The poorest fifth of adults are at double the risk of experiencing a mental health problem as those on average incomes. The impact of welfare reform has compounded this further where 98% of respondents in a recent report Worried Sick: Experience of Poverty and Mental Health Across Scotland (2014) indicated their mental health had suffered.</p> <p>Dementia presents a significant challenge to individuals, their carers and health and social care services across Scotland. Data from the Quality Outcomes Framework demonstrates that the rate of individuals in Inverclyde with dementia has fallen slightly from 0.9 in 2010/11 to 0.7 in 2014/15. This estimated prevalence is</p>	
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	<p>marginally less than the Scottish figure of 0.8 people per 100 of the population.</p> <p>The Census 2011 estimated that 34,492 people in Scotland were living with sight loss. Over half are registered as blind, with 2 in 5 male, and the remainder female. 74% over 65, a third have additional disabilities. However, it must be noted that the report suggests there is a significant number of people who are not represented within the statistics, yet if tested would be classified as blind or partially sighted.</p> <p>Looked after and accommodated children figures for March 2016 indicated that there were 238 children who had an additional support need. This was an increase from 190 children in November 2014 (the earliest available figures).</p>	
<p>Sexual Orientation</p>	<p>Confirming an accurate figure for the LGB population has proved difficult particularly given that the national census and other large scale population surveys do not include categories allowing LGB people to identify. Without a more robust measure it is estimated that between 5% - 7% of the UK population identify as Lesbian, Gay or Bi-Sexual. By applying this estimate to Inverclyde it can be assumed that there are approximately 4,700 LGB people living in Inverclyde.</p> <p>Research suggests that many LGB people will move to larger towns and cities in order to access peer social networks and services. Given this it is likely that many LGB people will move to Glasgow which is seen as a relatively LGB friendly centre.</p> <p>The Scottish Health Survey, (2010) found that LGB health & well-being outcomes have been shown to be notably poorer than in the heterosexual community. LGB people are more likely to have higher alcohol use, smoke and have poorer psychological well being with less LGB people reporting Good / Very good health</p>	<p>Scottish health Survey 2010</p>

	<p>A Call to Action: A Report on the Health of the Population of NHS Greater Glasgow and Clyde (2007-2008) suggested that lesbian, gay, bisexual and transgender (LGBT) people are concerned that there is an added dimension of discrimination which can make the difference between good and bad health. Problems associated with homophobia in early life such as bullying and low self-esteem can continue into adulthood and have serious long term negative effects on health. This is reflected in higher suicides rates amongst gay men than in the heterosexual population and higher rates of anxiety, depression, self-harm and attempted suicide have been linked with experiences of prejudice and discrimination.</p>	
<p>Religion and Belief</p>	<p>From the Census results (2011) we know that 33% of the Inverclyde population consider themselves to be members of the Church of Scotland, 37% Roman Catholic church members and 4.1% of population belonging to other Christian denominations. 0.2% identified themselves as being of the Muslim faith and 0.5 of another faith. 19.2% stated that that they had no religion and a further 5.9% did not state anything.</p> <p>Evidence has been found that discrimination based on religion in the past, may be a contributing factor in ill health amongst the catholic community in the West of Scotland, due to increased stress levels, limited employment opportunities and leaving the labour market at an early age due to ill health. (Gordon et al., 2010)</p> <p>Concerns around services being culturally sensitive, respecting people's faith and religion, facing language difficulties have been expressed by carers in the past and may be a barrier to individuals from different backgrounds accessing services.</p> <p>Positive messages around Person centred care and self directed support may help to overcome this and efforts made to recruit carers, who have an understanding of the individual's first language and religious needs.</p> <p>Evidence exists to show that religion and spirituality can have a positive effect on people's health and wellbeing particularly in later life it will be essential for the Strategic plan to reflect a partnership approach to working with people from minority groups in order to meet their individual needs in a holistic way and pull resources to</p>	<p>.(Gordon et al, 2010; Holloway et al 2011)</p>

	meet their needs.	
Age	<p>The Inverclyde Joint Strategic Needs Assessment (2016) recognises that Inverclyde’s population is an increasingly elderly one as the percentage of the population in older age groups is higher in Inverclyde compared to the rest of Scotland. In addition, there are more women than men in every age group except for those aged 0-15 as stated above.</p> <p>The projections show that the percentage of the population in older age groups is due to rise, with those aged 75 and above going from about one in ten in 2012 to nearly one in five of the population by 2037. There will be more people in older age groups than in younger age groups for both men and women.</p> <p>Inverclyde is one of the few council areas where the population numbers are falling meaning that it is estimated there will be just over 65,000 people in Inverclyde in 2037. This is a challenge for Inverclyde as it will have a large proportion of the population seen as economically ‘dependant’ upon the working age population. It is also recognised that disabilities and long term health conditions are more common among older people. Older people quite often experience more than one condition for which they require support from health or social care services</p> <p>The majority of people who have a physical disability in Inverclyde are over the age of 50. Only 1% of the population aged 16-24 had a physical disability in 2011, compared to 34.4% for those aged 85 and over. This has implications for budgets and future planning which is recognised by the commissioning themes in the HSCP Strategic Plan. By commissioning against our five themes, we will be in a stronger position to ensure that our commissioning is based on person-centred outcomes, particularly in those cases where individuals have characteristics relating to more than one care category or need.</p> <p>There is also the issue of social isolation and loneliness in relation to age. The</p>	<p>Census 2011</p> <p>Inverclyde Joint Strategic Needs Assessment (2016)</p> <p>Age and</p>

	<p>recent Age and Social Isolation report by the Equal Opportunities Committee (EOC) recommends that these issues are built into the plans and strategies of HSCPs across Scotland. Older and younger people particularly experience stigma when experiencing loneliness linked to social isolation. If there are other protected characteristics in addition to being young or old then the potential impact is greater</p>	<p>Social Isolation (EOC 2015)</p>
<p>Pregnancy and Maternity</p>	<p>There were 725 births in Inverclyde in 2015. Although this was the fewest births since 1998, the actual rate of births per 1,000 women aged 15-44 has not changed significantly over that 18 year period. The 2015 rate, 50.7, was slightly under the Scottish figure of 52.0. The birth rate in Inverclyde has been lower than the Scottish average since 2006. One of the major challenges affecting Inverclyde is depopulation which is being addressed by the SOA 1 Repopulation group the outcome of which is to have a stable population with a balance of socio economic groups.</p> <p>At a national level there is a focus on Pregnancy and Parenthood in Young People which aims to drive actions that will decrease the cycle of deprivation associated with pregnancy in many young people under 18. In addition the strategy aims to provide extra support for young parents, particularly those who are looked-after up to age 26 in line with the Children and Young Peoples (Scotland) Act 2014.</p> <p>In terms of the age of the mother, the percentage of maternities for women under 20 was marginally lower in Inverclyde than Scotland in 2015. Although this is a marginal difference it is important to acknowledge that reducing levels of pregnancy in young people helps to reduce the likelihood of poverty and a recurring cycle from one generation to the next. Partnership working to reduce teenage pregnancy has been in place for many years in Inverclyde as it was recognized that teenage mothers:</p>	<p>Inverclyde Strategic Joint Needs Assessment (2016)</p> <p>Pregnancy and Parenthood in Young People Strategy</p>

	<ul style="list-style-type: none"> • Are less likely to finish their education • Are more likely to bring their child up alone and in poverty • Are three times more likely to smoke during their pregnancy • Are 50% less likely to breastfeed • Have 3 times the rate of post natal depression of older mothers • Have a higher risk of poor mental health for 3 years after the birth. <p>There is good evidence demonstrating the short and long term health benefits of breastfeeding for both mothers and infants, including a reduced risk of infection and childhood obesity. The percentage of breast fed babies (both mixed and exclusively breastfed) is lower in Inverclyde than the Scotland average. Breastfeeding in Inverclyde has fallen slightly from the 2005/06 levels, but has been rising in the last few years from lows in 2012/13.</p>	<p>Health Scotland</p> <p>ISD</p>
<p>Marriage and Civil Partnership</p>	<p>Not applicable as related to workforce</p>	
<p>Social and Economic Status</p>	<p>Inverclyde is considered one of the most deprived local authorities in Scotland. Just over 40% of the population of Inverclyde (33,501 people) are in the top 20% most deprived data zones in Scotland. The rest of the population is relatively evenly spread across the other deciles, except in the least deprived decile where there is one data zone in Inverclyde in the top 10% least deprived in Scotland. Both male and female life expectancy at birth is lower in Inverclyde than the Scottish average and within Inverclyde a 14 year difference in life expectancy can be seen across our most deprived to least deprived areas. In terms of healthy life expectancy there is 23 years difference between those living in most and least deprived areas.</p>	<p>SIMD 2012</p> <p>National Records for Scotland 2012</p> <p>Long Term Monitoring of Health</p>

	<p>People within deprived communities also have higher rates of coronary heart disease; some cancers; mental health problems and alcohol and drug problems.</p> <p>In Inverclyde between 2012/13 and 2014/15 2.6% of all babies had a low birth weight. This was a reduction in the percentage from the previous year but was higher than the Scottish figure of 2.0%.</p> <p>The percentage of people who are economically active is about 64% of the population in Inverclyde. The percentage of the population who are economically inactive in Inverclyde is lower than the Scottish average. However nearly 9% of those who are inactive are those who are long-term sick or disabled, and this is greater than the figure for the whole of Scotland.</p> <p>One in five of the working age population (aged 16-64) made a benefit claim, or were receiving benefit, in August 2015, the majority were for out of work benefits. Main out-of-work benefits include the groups: job seekers, ESA and incapacity benefits, lone parents and others on income related benefits.</p> <p>The Institute for Fiscal Studies research indicated the cost of benefit claims in Scotland in 2011 – 2013 was £17.2bn with £1.9bn attributed to disability allowance and attendance allowance. Within Scotland, disability benefits per person equates to £593, 22% higher than GB average (£485).</p> <p>The data suggests that the percentage of Scots claiming health benefits is, proportionally speaking, higher than the rest of the UK</p> <p>Financial issues and concerns can cause health and social problems. Job insecurity, redundancy, debt and financial problems can all cause emotional distress, affect a person's mental health and contribute to other health issues. Information from the survey has shown that over 70% of respondents had a positive</p>	<p>Inequalities SG 2013</p> <p>Census 2011</p> <p>DWP 2015</p> <p>NHS GG&C Health and Wellbeing survey</p>
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	<p>view of the adequacy of household income; however this has steadily declined in Inverclyde since the survey began. The Health and Wellbeing survey also reported that 9% of respondents in Inverclyde said they were affected by welfare reform. The majority of those who had been affected (87%) said that they had been affected adversely by reforms in welfare. The group who responded the most that they were affected were those aged between 35 and 44. Those in the bottom 15% deprivation areas were more likely to have difficulties meeting costs (29%) than other less deprived areas. This includes costs associated with rent/mortgage payments, fuel bills, phone bills, council tax/insurance, food or clothes/shoes. Additionally, those in the younger age groups were more likely than older age groups to have difficulty with household costs.</p> <p>Child Poverty rates are high with more than 1 in 4 children in Inverclyde are living in poverty. The ward with the highest percentage of children living in poverty is Inverclyde East Central (29.3%) whilst the ward with the lowest percentage is Inverclyde West (15.47%).</p> <p>There were 624 adults with a learning disability in Inverclyde in 2014. Half of them lived in areas with high levels of multiple deprivation and the largest single group was those aged 21-34 who made up over a third of the total. As this group ages, they are likely to develop multiple morbidities which will affect quality of life</p> <p>This has an effect on demands on health and social care services as those in the most deprived areas are more likely to have greater need and use of services. It is therefore imperative that the HSCP through it's Strategic Plan has a clear remit to work towards reducing inequalities arising from social and economic deprivation. The strategic plan requires to take a localities approach to ensure targeted universalism to ensure these inequalities are reduced.</p>	<p>End Child Poverty: Children in poverty Oct-Dec 2013 estimates</p> <p>Learning Disabilities Statistics Scotland,</p>
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	<p>The Local Housing Strategy includes themes addressing homelessness and housing for particular needs which are informed by a significant body of policy, legislation and research. Therefore, the strategic outcomes already reflect and align across the published National Health and Wellbeing Outcomes framework.</p> <p>The Health and Social Care Partnership and local housing providers will work together with care leavers to promote independence and enable tenancy sustainment. This will include working in partnership to investigate the options for providing a supported housing development for vulnerable young people. This will allow young people who have been in care or have experienced homelessness to gain the skills required for independent living in a safe and supported environment reducing the recurrence of repeated homelessness presentations.</p> <p>Inverclyde has developed an online Housing Options Guide and a Housing Advice Hub (one-stop-shop). The increased use of housing options for waiting list applicants, in particular those who are potentially homeless, has helped to ensure that people are aware of all the housing options available to them. This enables them to make informed decisions regarding their housing options.</p> <p>Criminal and community Justice</p> <p>Inverclyde HSCP Strategic Plan 2016-2019 incorporates the HSCP's Transition plan for a new model Community / Criminal Justice service development programme. It is recognised Offenders are marginalised and face long term discrimination and stigma due to passed and spent convictions.</p> <p>Inverclyde has a prison based population at HMP Greenock that includes both male</p>	<p>Source: Scottish Government, Operation of the Homeless Persons Legislation in Scotland: 2014-15</p> <p>Inverclyde Housing Contribution Statement 2016-2019</p> <p>The Scottish Government's Future Model for Community Justice in</p>
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	<p>and female prisoners.</p> <p>Two thirds of young offenders were under the influence of alcohol at the time of committing their offence and a significant number of prisoners report having problems with alcohol and drugs outside prison. All of these criminogenic conditions impact on community justice and highlight the multi-layered and complex nature of issues facing our community. Importantly the profile also speaks to the variety of community assets that may be utilised in developing community capacity to facilitate the desistance of offenders.</p> <p>Studies have found that mental health problems are much more common in prisoners than in the general population. As much as 9 out of 10 prisoners report some kind of mental health problem and the most commonly reported symptoms in prisoners are sleep problems.</p> <p>Traveller communities Roma communities are the most deprived and vulnerable ethnic group within Europe as highlighted in the report by Poole and Adamson (2007). Many of the problems of the Roma community stem from their deliberate exclusion from citizenship in the EU countries from which they originate. It is recognised that This exclusion is a result of deep-rooted racism at all levels of society, which impacts on their health, access to service, unemployment, housing issues, poverty etc. Roma communities are particularly vulnerable to private sector dependency, given their high levels of unemployment, temporary or low paid employment. As a result, they experience high rents, sub-standard conditions and non-existent tenancy agreements. These factors also force Roma families to move frequently from one tenancy to another. It has been difficult to estimate how many families are</p>	<p>Scotland consultation paper (2014)</p> <p>Alcohol and Inverclyde: Impact, Services and Strategy, Report prepared for the Inverclyde Alliance Board, 2007.</p> <p>RCN website:https://www.rcn.org.uk/development/practice/social_inclusion/gypsy_and_traveller_communitiessuggested Poole and Adamson</p>
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	<p>living locally, due to the transient nature of the population (both via inward and outward migration).</p> <p>The July 2009 Gypsy and Traveller count in Scotland found a population of around 2,120 (Scottish Government Social Research 2010) and in Wales it is around 2,000 (Equality and Human Rights Commission 2009).</p> <p>A research study, published by the Equality and Human Rights Commission in 2009, presents evidence of Gypsies' and Travellers' experiences of inequalities in a wide range of areas and has highlighted "the extent to which many of their experiences remain invisible and ignored within wider agendas" (Cemlyn et al 2009, p.252). The report covers the experiences of Gypsies and Travellers in England, Scotland and Wales.</p> <p>Gypsies and Travellers were highlighted as the minority group about which people felt least positively in a survey profiling the nature of prejudice in England (Stonewall 2003). Media reporting of stories about Gypsies and Travellers have usually reinforced negative stereotypes, a situation exacerbated by figures of authority (Power 2004, Commission for Racial Equality 2006). In their media analysis, Amnesty International in Scotland found a disproportionate amount of scrutiny of Scottish Gypsy Travellers in the Scottish media (Amnesty International 2012b).</p> <p>The culture of travelling present challenges in providing services to these communities that may be overcome with flexibility and person central approaches.</p> <p>People seeking asylum and refugees</p>	<p>(2007).</p> <p>Equality and Human Rights Commission in 2009</p> <p>Stonewall 2003).</p> <p>Power 2004, Commission for Racial Equality 2006</p>
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	<p>Inverclyde is participating in 2 refugee resettlement schemes and now has an increasing population of Afghan and Syrian nationals. Inverclyde at present does not have any asylum seekers dispersed through the national dispersal scheme.</p> <p>Supporting new communities, NHS GGC (2005) suggested that language and communication have been identified as key findings in this research. This is despite a massive investment in and development of translation services in the NHSGGC area. There is evidence to suggest that health status of new entrants may worsen in two or three years after entry to the UK because of a complexity of pre-migration and post-migration factors.</p> <p>Mental health appears to be the biggest health issue affecting asylum seekers and refugees once in this country. Many studies have documented the high prevalence of trauma, post-traumatic stress disorder (PTSD) and depression within this community. There is very little information on the health needs of disabled asylum seekers and refugees. There is very little known about drugs and alcohol issues within the asylum seeker and refugee community; inaccurate figures from drug services and relatively low numbers of asylum seekers and refugees accessing addiction services prevents an accurate assessment of these issues. However, research suggests that this community is at risk of developing addiction problems because of unemployment, poverty and exposure to drugs and alcohol in the areas where they live.</p> <p>A number of studies have demonstrated that asylum seekers and refugees experience particular problems in accessing and using health services because of language and a lack of information.</p>	<p>Glasgow Caledonian University, 2012</p>
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	<p>Asylum seekers and refugees are not a homogenous group, coming from different countries, cultures, religions and experiences. They have different health needs as a result.</p> <p>Asylum seeker and refugee women and children are particularly vulnerable to developing poor physical and psychological health. Women may have a specific range of health problems related to their experience of migration and possible rape or torture experienced in their home country.</p> <p>Children are at risk of undergoing physical and psychological disturbances due to malnutrition, exposure to violence, forced displacement and multiple familial losses.</p> <p>There are a number of key methodological issues which may arise when researching the health needs of asylum seekers and refugees related to the diversity of this community, trust and confidentiality.</p>	
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C Do you expect the policy to have any positive impact on equalities or on different equalities groups?

	Highly Likely	Probable	Possible
General	Inverclyde Health and Social Care Partnership (HSCP) is fully committed to delivering services that are fair for all and uphold our responsibilities as detailed in the Equality Act 2010 and the Equality Act		

	(Specific Duties) (Scotland) Regulations 2012.		
Sex	The strategic sets out its focus in terms of ensuring it delivers services that are fair to all. No services are delivered that are likely to impact upon gender.		
Gender Reassignment		The strategic plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers to access experiences by trans people. Our equality outcomes will ensure that trans people will not be discriminated against because of their protected characteristic.	
Race		The Equality outcomes highlighted in the Strategic Plan may raise the importance of our organisation's need to	

		engage more directly with individuals from different ethnic backgrounds. Although Inverclyde has a low ethnic population, it is all the more important that our services and plans are sensitive to the needs of minority groups and staff know how to access additional support such as interpreters.	
Disability		Inverclyde HSCP Strategic Plan 2016-2019, Strategic Needs Assessment and Housing Contribution statement demonstrates that it has taken cognizance of inequalities and needs of people with disabilities. The overarching Strategic Plan links to 26 existing strategic plans which in the main have been the subject of an independent EQIA review. This ultimately ensures positive outcomes for Service users, carers, and employees with protected characteristics.	
Sexual		The strategic plan sets out an	

Orientation		<p>organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers to access experiences LGB people. Our mainstreaming aspirations and evolving equality outcomes will ensure that LGB people will not be discriminated against because of their protected characteristic.</p>	
Religion and Belief			<p>As the focus of our services should be on a person centred approach and self- directed care, this could have a positive impact on the take up of services with people of different faiths and beliefs. We need to promote this in a positive way and increase the understanding of staff around respecting the needs of individuals in relation to their spiritual, cultural and dietary needs.</p>

Age		<p>The Strategic Plan highlights opportunities to work with our partners to commission related services across care groups.</p> <p>It does not always make sense for us to commission services to support recovery on behalf of older people, people with mental ill-health etc. separately. As it is the older population who often require most access to more than one service this is highly likely to benefit them.</p> <p>However outcomes based commissioning is an aspirational approach at the moment so remains to be further evidenced</p>	
Marriage and Civil Partnership		<p>The strategic plan sets out an organisational commitment to tackling discrimination in all forms and as part of that commitment staff will receive additional learning opportunities to better understand the barriers.</p>	
Pregnancy and Maternity		<p>The Strategic Plan highlights various plans targeted at</p>	

		<p>young people in particular and their health and wellbeing as a priority. This includes a Looked After Children's strategy currently being developed. There is a focus on the early years and getting it right.</p> <p>Traditionally planning for hospital services has been separate from community-based health and social care planning, but the logic for having them integrated is apparent. To support a move to developing more sophisticated whole-system planning that helps reduce unequal outcomes for those accessing maternity services.</p>	
Social and Economic Status		<p>The Strategic Plan has identified 3 localities within Inverclyde which have differing characteristics related to deprivation. If services are planned and delivered on a locality basis this should have a positive impact.</p>	
Other			

marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)		The HSCP Strategic plan outlines its commitment to reducing inequalities within the strategic plan mainstreaming statement which includes all marginalised groups.	
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D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	Probable	Possible
General			If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect. Staff require to be fully conversant with the equalities legislation and

			understand their role in tis
Sex			If the HSCP services don't take the monitoring seriously and we are unable to see progress across the Equality Outcomes then there may be a detrimental effect.
Gender Reassignment			If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect.
Race			It is essential that the delivery of the actions outlined in the Equality Outcomes section are implemented and monitored. Staff in all sectors need to be more aware of the need to engage with the ethnic minority groups in Inverclyde and involve them in the shaping and planning of services to make sure we get it right.
Disability			Inverclyde HSCP has equality at the heart of its commitments as stated in the mainstreaming equalities section within the strategic plan. Significant priority has been given to the needs of service users, carers and paid and

			<p>voluntary staff evidenced through the workforce development planning (referred to as the people plan) and the anticipatory strategic needs assessment process.</p> <p>These processes together with wider locality engagement provide opportunities for feedback, review and change as necessary or on the implementation and renewal the 26 existing plans which interface with the overarching planning arrangements in Inverclyde.</p>
Sexual Orientation			<p>If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect.</p>
Religion and Belief			<p>If the HSCP does not monitor and see progress across the Equality Outcomes then there may be a detrimental effect.</p>
Age			<p>There is a focus in the plan on the older and younger populations. This may be to the detriment of those age groups in neither category.</p> <p>However by taking a “bottom-up approach” – the HSCP will work with</p>

			individual and local people, groups, communities, neighbourhoods and partners to identify need, outcomes and to influence commissioning priorities within available resources.
Marriage and Civil Partnership			
Pregnancy and Maternity			Whilst a focus on young people and teenage pregnancy is important there are other socio economic factors affecting outcomes for people and they need to be addressed otherwise there may not be evidence of improvements in outcomes for this group.
Social and Economic Status			Tackling inequalities and improving social economic status requires a community planning partnership rather than in the singular structure of the HSCP. If this CPP approach is not taken then there may not be improvements in outcomes.

<p>Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)</p>			<p>If the HSCP services don't take the monitoring seriously and we are unable to see progress across the Equality Outcomes then there may be a detrimental effect.</p>
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E Actions to be taken		
		Responsibility and Timescale
<p>E1 Changes to policy</p>		
<p>E2 action to compensate for identified negative impact</p>	<p>Undertake a robust Staff training programme to raise awareness of equalities for all staff.</p>	<p>Quality and Development.</p> <p>Service managers to ensure staff release.</p>

E3 Further monitoring – potential positive or negative impact	Ensure every HSCP strategy, plan and procedure that is new or reviewed is assessed to identify whether a full EQIA is required.is	Quality and Development to identify strategies/plans /procedures. Service Managers re undertaking the reviews.
E4 Further information required		

6. Review: Review date for policy / strategy / plan and any planned EQIA of services

A monitoring framework will be agreed and implemented in place this will include protected characteristics. Agreed quarterly/annual reports are planned.

Lead Reviewer: Name: Andrina Hunter
Sign Off: Job Title Service Manager
Signature
Date: 19/4/16

Please email copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk

All other enquiries please to:

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