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 CHCP & Inverclyde Council Sexual Health Action Plan 2011 - 2013

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

1. The Action Plan has been developed to improve the sexual health of people living in Inverclyde.
2. The Action Plan is informed by national and local priorities and seeks to reduce sexual health inequalities by addressing the identified needs of specific groups of people within the community of Inverclyde.
3. The Action Plan details programmes of work designed to address 1 & 2 above and is a live document, requiring updating by staff responsible for / involved in progressing the actions, and providing current status at any given time.

3 Lead Reviewer

Jan Graham, Health Improvement Lead, Inverclyde CHCP Health Improvement Team

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

Health Improvement Senior – Inverclyde CHCP Health Improvement Team
Health Improvement Practitioner – Inverclyde CHCP Health Improvement Team
Health & Wellbeing Development Officer – Inverclyde Council Education Services
Health Development Officer – Inverclyde Council Community Learning and Development Team
Team Leader for Children & Families (School Nurse Coordinator) – Inverclyde CHCP
Health Improvement Principal – NHSGGC Sexual Health Improvement Team
Advice from and attendance at meeting by:-
Planning & Development Manager – Corporate Inequalities Team

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		
Reference to legal and policy drivers in relation to Equality is implicit in the range of outcomes and specific actions listed in the Action Plan.		
B What is known about the issues for different equalities groups in relation to the services or activities affected by the policy?		
		Source
All	The Action Plan has been developed in response to the identified needs of people with protected characteristics as specified within the Equality Act 2010, as well as other marginalised groups identified at risk of poorer sexual health outcomes, as detailed below.	As noted under each characteristic.
Sex	Young men are less likely to engage with all health services, including sexual health services. In Inverclyde in 2010 there was more than five times the amount of 13 – 15 year old females attending sexual health services than males of the same age. However, Inverclyde ratios for males accessing sexual health services are above the NHSGGC average.	NHS GG&C Annual CH(C)P Sexual Health Update, 2010.

	Women and men are exposed to various risk factors to different degrees due to differences in gender roles and living and working conditions. There is overwhelming evidence from all fields of health research that women and men are different as regards their biology (sex differences), their access to and control over resources and their decision-making power in the family and community, as well as the roles and responsibilities that society assigns to them (gender differences). The Girl Power Programme is cited as evidence of good practice of gender based work taking place locally.	Ostlin et. Al., Gender and Health Promotion: A multisectoral policy approach, 2006. De Caestecker, An Unequal Struggle for Health, 2009
Gender Reassignment	Feeling uncomfortable and confused about your identity can affect mental wellbeing. People can often feel isolated and can face discrimination and harassment. This can lead to low self esteem and a higher risk of mental health problems, which can impact on health behaviours. Transgender people and people undergoing gender reassignment have higher rates of smoking, alcohol and drug use. One survey found that 34% of respondents had attempted suicide as a result of being transgender/ transsexual or because of other people's reactions to them.	Scottish Government, Equally Well, 2008. Whittle et. Al, Legal Survey and Focus on the Transgender Experience of Health Care, Press for Change, 2008
Race	BME people can experience difficulties due to explicit racism and implicit or hidden	Waverly Care,

	discrimination or barriers through issues like language and communication. A survey with Africans living in Scotland with HIV reported that many of the respondents found their GPs unhelpful and sometimes racist. Many also reported that they had received limited information on the treatment that they were receiving.	HIV becomes your name:A report on the issues facing Africans living in Scotland who are HIV positive, 2005.
	People from high areas of prevalence of HIV, notably African countries, are at highest risk of contracting HIV.	Scottish Government, The Sexual Health and Blood Borne Virus Framework 2011 – 2015,
	There has been a sharp increase since 2002 in new heterosexual HIV infections amongst people from Sub-Saharan African countries that likely contracted HIV in Africa and have since migrated to Scotland.	Health Protection Scotland Weekly Report, Vol. 45 (8), 2011
	Black Africans are more likely to be diagnosed late with HIV, when the infection is at a more advanced stage and therefore treatment options are limited.	NHS GG&C Annual CH(C)P Sexual Health Update, 2010.

		Update.
	For many women from South Asian Communities, having a female interpreter or clinician may be essential for their relaxation and comfort.	Department of Health, Practical Tips for Sexual Health Promotion with Black and Minority Ethnic Communities, 2003.
	The 2001 census indicated that the % of Inverclyde's population from minority, non-white ethnic groups is less than half that of the Scottish average. (0.88% of the population compared to a national average of 2%). The fact that the minority groups within Inverclyde make up a relatively small proportion of the overall population makes it even more important that people within these groups are not disadvantaged in any way by living or working in Inverclyde.	General Register Office for Scotland, Census 2001.
Disability	It is known that people of all ages with a disability may be at greater risk of poor sexual health outcomes.	NHS Health Scotland, The Sexual Health Needs of Young People with Learning Disabilities, 2007.
	Learning disabilities can often be associated with physical and sensory disabilities.	Survey Report

	Therefore individuals can often have complex needs and face multiple barriers in accessing health services and sex and relationships education.	on sexual health and relationship issues for young people with a physical disability and/or sensory impairment, 2010
	It is known that society does not always recognise people with disabilities as sexual beings, however people with disabilities have a right to accessible sexual health services and education.	Hasler, et. al, Sexual Health and Relationships: A review of resources for people with learning disabilities, 2005
	People with physical and sensory disabilities have the right to make choices about their relationships, their sexuality and their sexual activity. It is important that those working with disabled people do not limit the autonomy of disabled people in making their own decisions.	Department of Health, 10 Practical Tips for Sexual Health Promotion with People with Disabilities

		including both Physical and Sensory Impairment, 2003.
Sexual Orientation	It is known that 70% of new sexually acquired cases of HIV in NHSGGC are in men who have sex with men.	NHSGGC Sexual Health Improvement Team, Planning Framework Update, 2011
	People living with HIV are at risk of stigma and discrimination due to their health status. They require comprehensive treatment and care services and should be able to access these.	Scottish Government, The Sexual Health and Blood Borne Virus Framework 2011 – 2015
	Research shows LGB people can have specific health concerns that are not necessarily met by health providers. Discrimination and homophobia can affect how they engage with society and infrastructures in society, including health services. Disclosure of sexual orientation can impact how LGB people are treated by some health care providers. This can perpetuate health inequalities.	Hunt and Minsky, Reducing health inequalities for Lesbian, Gay

		and Bisexual people: Evidence of health care needs, 2006.
	LGB young people are 2.5 times more likely to go to a pub or club than a youth club. It is important that local LGB young people have somewhere that they can go for support. Locally, professional and self referrals have been received by Inverclyde Community Learning and Development Team for the introduction of an LGBT support group for young people.	Stonewall, Supporting Lesbian, Gay and Bisexual Young People, 2010.
	In a survey with gay men living in Inverclyde, approximately 40% had experienced homophobia whilst living or working in Inverclyde.	Inverclyde Men: Have your Say, 2010.
	One in three gay and bisexual men in Scotland has never had an HIV test.	Stonewall Scotland, Gay and Bisexual Men's Heath Survey, 2012
	Lesbian and bisexual women are at risk of contracting sexually transmitted infections but less than half of lesbian and bisexual women have ever been screened for STI's.	Stonewall, Prescription for Change, 2008.
	People that identify as gay or lesbian are significantly more likely to drink at hazardous or harmful levels than the national average; there are strong links between alcohol consumption and sexual risk taking.	Scottish Government, Scottish Health

		Survey, 2012
Religion and Belief	Cultural and religious attitudes to sexuality and marriage can pose difficulties, particularly for young women who face dissonance between dominant social norms of wider society and those of their family or faith group. This can lead to problems in acquiring sexual health knowledge and accessing services.	Low, N., Briefing Paper on Sexual Health of Young People from Black and Minority Ethnic Groups, 2001
	In line with national policy there is different education provided in denominational and non denominational schools in Inverclyde.	NHS Health Scotland, A Review of Sex and Relationships Education in Scottish Secondary Schools, 2008
	It is known that there are different cultural practices such as Female Genital Mutilation (FGM)	Respect and Responsibility, Scottish Executive, 2005.
	The Prohibition of Female Genital Mutilation (Scotland) Act 2005 came into effect on 1st September 2005.	Inverclyde Child Protection Committee,

		Guidance on FGM, 2011.
Age	Young people under the age of 25 are at highest risk of contracting a sexually transmitted infection. Evidence shows that interventions in the early years of a child's life can be very effective in supporting positive sexual health outcomes in later life. Older people are increasingly likely to be single or experiencing relationship changes. Sexually transmitted infections are on the increase in people over the age of 50.	Scottish Government, The Sexual Health and Blood Borne Virus Framework 2011 – 2015 NHS Health Scotland, Sexual health interventions targeted at children and young people: A short evidence briefing, 2010. Family Planning Association, 'The middle age spread (STI's in the

	There is an absence of interventions targeting the general adult populations, beyond web based information.	over 50's), 2010. Health Scotland, Sexual Health Improvement Interventions in Scotland: Mapping Exercise, 2011.
Pregnancy and Maternity	Teenage pregnancy is often associated with negative social and psychological consequences such as incomplete education, poverty, social isolation and low self esteem. Rates of teenage pregnancy are far higher among deprived communities, so the poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion are passed from one generation to the next. One study in Scotland found that almost one third of all pregnancies were	Respect and Responsibility, Scottish Executive, 2005. (NHS Health Scotland, Reducing teenage pregnancy: Guidance and self-assessment tool, 2011) Lakha, F. &

	unplanned, suggesting that there is a need to improve the use of regular contraception.	Glasier, A., Unintended Pregnancy and use of Emergency Contraception among a large cohort of women attending for antenatal care or abortion in Scotland, 2006.
Marriage and Civil Partnership	No specific evidence found for this characteristic.	
Social and Economic Status	Those living in Scotland's most deprived areas have approximately four times the rate of teenage pregnancy and ten times the delivery rate as those living in the least deprived areas. Low socio – economic status is frequently linked to an increased risk of STI acquisition.	Scottish Government, The Sexual Health and Blood Borne Virus Framework 2011 – 2015 McDaid & Young, Men,

		Deprivation & Sexual Health: Scoping review, 2012
Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	Young people in alternative education settings* have poorer health related behaviours compared with their peers in mainstream education and are more vulnerable than their mainstream peers in terms of sexual activity, condom and contraception use. *(includes special schools, residential schools and special education units attached to mainstream schools) It is known that LAAC young women may be vulnerable to grooming and sexual exploitation. It is likely that prisoners, both men and women, are at increased risk from sexually	Henderson et. Al, Vulnerable young people in alternative education settings: their sexual health needs, experience and use of sex education and sexual health services, 2011 Scottish Government, 'Exploitation through prostitution: Guidelines on working with vulnerable children', 2003 Dr Lesley

	transmitted diseases such as Chlamydia.	Graham, Prison Health in Scotland, A Health Care Needs Assessment, 2007.
	Although there is very little data available, it is likely that people that are homeless may have their sexual health needs engulfed by wider health needs.	NHS Health Scotland, Sexual health and wellbeing of vulnerable groups in Scotland, 2009
	Homeless people can benefit from accessing sexual health advice and support through broader holistic interventions, focusing on the multiple risk factors that they are often facing, e.g. drug use and prostitution.	Health Scotland, Sexual Health Improvement Interventions in Scotland: Mapping Exercise, 2011.
	Refugees and asylum seekers may have had limited access to sexual health education. They may also desire to attend mainstream sexual health services rather than services dedicated to refugees and asylum seekers, and should be supported to do so.	NHS Health Scotland, Sexual health and wellbeing of vulnerable

		groups in Scotland, 2009

C Do you expect the policy to have any positive impact on equalities or on different equalities groups?

	Highly Likely	Probable	Possible
General	The plan has been designed to address known issues as described above, in the Inverclyde community in relation to sexual health.		
Sex	Specific vulnerabilities/needs of men who have sex with men and young women at risk of teenage pregnancy have been identified and some actions to address these needs have been noted in the plan.		
Gender Reassignment			Unsure, but any new evidence will be considered at review stage.
Race			There is a very low % of the Inverclyde population in the high risk

			ethnic groups, but explicit in the plan is a link to testing where at-risk individuals are known.
Disability		ASN schools – there is a specific and individualised, needs-led, focus for education and robust information on sexual health for all children and young people.	
Sexual Orientation	The plan includes a number of specific actions/priorities identified to address needs/vulnerabilities/risk for certain groups of sexually active young people & adults.		
Religion and Belief		As there are denominational /non-denominational differences in the SHRE curriculum, the action plan extends access to information and services beyond school coverage.	
Age	A number of different ages/stages are highlighted as priority within the plan. However, all age groups will have access to		

	information/services as planned.		
Marriage and Civil Partnership			Unsure, but any new evidence will be considered at review stage.
Pregnancy and Maternity	A specific target of the plan is to maximise support to prevent unwanted teenage pregnancies and to provide robust information for young people to understand context.		
Social and Economic Status	All services covered by the plan are free which should remove any economic barriers to accessing contraception etc. Advertising/marketing of services is through health centres, clinics and also promoted through community sexual health sessions with vulnerable groups. Book services and leaflet information is available via libraries- access without having to purchase directly.		

Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)	The plan identifies specific actions for :- - Looked after young people - Prisoners - Homeless people In addition:- Travellers receive information about local (health) services from Child and Family Teams, both verbally and in written information form.		

D Do you expect the policy to have any negative impact on equalities or on different equalities groups?			
	Highly Likely	**Probable**	**Possible**
General			The action plan is unlikely to have any negative impact. However, it has been noted that the current priorities addressed in the Action Plan have a

			strong focus towards early intervention and young people.
Sex			The action plan is unlikely to have any negative impact.
Gender Reassignment			The action plan is unlikely to have any negative impact.
Race			The action plan is unlikely to have any negative impact.
Disability			The action plan is unlikely to have any negative impact.
Sexual			The action plan is unlikely to have

Orientation			any negative impact.
Religion and Belief			The action plan is unlikely to have any negative impact, although there may be a possibility of differing views among parents, education staff, children and young people.
Age			The aforementioned focus on early intervention and young people could result in limited attention being paid to the needs of the adult population.
Marriage and Civil Partnership			The action plan is unlikely to have any negative impact.
Pregnancy and Maternity			The action plan is unlikely to have any negative impact.
Social and Economic Status			The action plan is unlikely to have any negative impact. However,

			important to consider marketing /communication plan, especially for 'hard to reach' individuals.
Other marginalised groups (prisoners, homelessness, addictions, travellers, asylum seekers and refugees etc)			The action plan is unlikely to have any negative impact. However, important to remember that the list of 'Other marginalised groups' is not exhaustive and consider needs of groups as they are identified.

E Actions to be taken		
		Responsibility and Timescale
E1 Changes to policy	Inverclyde Sexual Health Local Implementation Group to develop a front page for the Action Plan, providing explicit reference to equality of opportunity and anti-discrimination and referring to legislative and policy drivers in relation to equality.	**To be discussed and agreed by SHLIG (Feb/May 2013)**
E2 action to compensate for identified negative impact	Consider potential negative impact for adults and older people under the protected characteristics, where there is currently a strong focus on young people. Continue Sexual Health Work with Parents to encourage dialogue between parents and children/young people from as early an age as possible. Consider accessibility to sexual health information and services and marketing/communication plan. Consider feedback/comments from the EQIA consultation process with regard to 'Other marginalised groups', especially vulnerable adults and older people.	**SHLIG (Feb/May 2013)** **On-going** **(Feb/May 2013)** **(Feb/May 2013)**
E3 Further monitoring – potential positive or negative impact	The Sexual Health Action Plan is updated on a quarterly basis by people responsible for specific actions. Progress is discussed by the SHLIG. There will be a 6 month review of the EQIA.	**SHLIG Quarterly** **EQIA Group August 2013**

E4 Further information required		

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

6 month review for EQIA from date of submission **(August 2013)** Date for review of Action Plan **(August 2013)**

Lead Reviewer:	**Name:**	**Jan Graham**
Sign Off:	**Job Title**	**Health Improvement Lead**
	Signature	
	Date:	

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

All other enquiries please to:

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