

Meeting the Requirements of Equality Legislation

A Fairer NHS Greater Glasgow & Clyde 2013 – 2016

Briefing Paper:
Inequalities Sensitive Practice

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Definition

Inequalities Sensitive Practice (ISP) describes how health practitioners can respond to their patients' experience of inequality in social circumstances which affect their health. This approach can form part of any encounter with patients in any health setting and maximises the likelihood of an effective clinical response and improved health outcome because it makes underlying issues more explicit.

Policy context

ISP is encompassed in the '10 Goals for an Inequalities Sensitive Health Service' which forms the basis of the Tackling Inequalities Policy. Goal 5, in particular relates to ISP;

“Goal 5 – Uses an understanding of inequality and discrimination when devising treatment and care”.

It is key to the delivery of person-centred care and as such is an important aspect of the Quality agenda.

Routine enquiry

Routine or 'sensitive' enquiry is a key theme of ISP. This involves identifying, with the patient, how social issues are affecting their health and formulating a response based on the information that the patient discloses. Issues relating to inequality which are known to have a direct effect on health are:

- Gender-Based Violence
- Experience of discrimination
- Money and debt worries
- Un/employment

Key to sensitive enquiry is effective communication and should involve an assessment of any communication needs relating to literacy and numeracy, lack of or limited spoken English and sensory impairment.

Gender-based violence

Gender-based violence is a term used to encompass a number of forms of abuse. Domestic abuse, sexual violence, child sexual abuse and other forms of gender-based violence cause immense pain and suffering and are a major public health issue. The physical, emotional and psychological consequences of gender-based violence can be profound and include injury, anxiety, depression, addictions, self harm and suicide.

Many people affected by gender-based violence are reluctant to come forward to other agencies, often through fear or shame, but do present across the whole range of primary and acute health settings. Consequently, health workers are in a unique position to provide help and support. Ignoring or not responding to gender-based violence means that you cannot treat the presenting health issue properly and, at worst, could increase the risk of long-term and chronic ill-health and even death.

Gender-based violence is mainly experienced by women, due to continuing gender inequality in all cultures.

Domestic abuse: Between one in three and one in five women experiences some form of domestic abuse over a lifetime.

Rape / sexual assault: In 54% of rape cases women are raped by a current or ex-partner.

Child sexual abuse: 21% of girls and 11% of boys have experienced child sexual abuse.

Commercial sexual exploitation: there are 4000 victims of trafficking for sexual exploitation in the UK.

Stalking and harassment: women and younger women in particular, are the most likely victims of stalking and tend to experience severe and lasting effects.

Harmful traditional practices: an estimated 66,000 women living in the UK have undergone female genital mutilation.

Forced marriage: the law defines forced marriage as 'a marriage in which one or both spouses do not (or in the case of children/young people/adults at risk cannot) consent to the marriage and duress is involved'.

Experience of discrimination

Discrimination comes in many forms, for example, sexism, racism, homophobia, transphobia, social class, stigma associated with mental health or addiction problems. These can have profound long term effects on physical and mental health and lead to feelings of disempowerment, poverty, isolation, violence and abuse. People's experience of discrimination and its impact on their health should be taken seriously by health practitioners. In recognition of the negative impact of discrimination and prejudice equality groups are protected by legislation (the Equality Act 2010). More information on discrimination, its impact on health and equality legislation can be found on the Equalities in Health website – www.equality.scot.nhs.uk

Money / debt worries

Lack of a sufficient income has a negative impact on mental and physical health. NHSGGC contains 45.9% of the 15% most deprived datazones in Scotland. The economic downturn is likely to worsen the situation: in the last three years there has been a doubling of the proportion of our poorest residents who indicate that they would have difficulty paying an unexpected bill of £20 (from 15% to 30%). Glasgow (outside London) is consistently the highest area claiming crisis loans (Latest figure £8 million for 2011/12, Department Work and Pensions, May 2013). More information on the impact of poverty and welfare reform on equality groups and health can be found at – http://www.equalitiesinhealth.org/public_html/WelfareReform.html A report in March 2013, found 4.7 million people in the UK are experiencing food poverty and this is set to steadily rise, with people having no choice but to spend 10% or more of their income on food and making bad nutritional choices. This may lead to malnutrition, mental health issues and an increase in stigma – <http://www.cebr.com/reports/food-poverty/>. Compared to other European countries, fuel poverty in the UK compares worst with 9 in 10 families rationing fuel in the winter – <http://www.ukace.org/2013/02/fact-file-families-and-fuel-poverty/>

Patients in financial difficulty can be supported in a number of ways, including through the Healthier Wealthier Children programme, which aims to tackle child poverty – http://www.equalitiesinhealth.org/public_html/Healthierwealthier.html It involves NHS staff asking pregnant women and families with young children if they have money worries and referring them to dedicated money advice services. In the past two years, the project has seen families in the Greater Glasgow and Clyde area gain more than £4million in savings from written-off debt, one-off payments from social fund awards, back-dated benefits and other child related benefits.

Un/employment

Patterns for employability vary within equality groups and protected characteristics due to labour market conditions, unequal opportunity and pay gaps.

The following groups are particularly affected:

- Women
- People experiencing homelessness
- Black and Minority Ethnic groups
- Disabled people
- People over 50
- Young people

There is a range of evidence on the impact of unemployment on health. The risk of suicide increases for an individual within the first year of job loss, with the risk of cardiovascular mortality increasing after two years¹. Work has been shown to have a protective impact on health². Health practitioners can support their patients to access employability support and support people's rehabilitation and recovery to stay in work. Referral sources can be found in the Health Improvement Directory (www.nhsggc/infodir).

Patient engagement

The Inequalities Sensitive Practice Initiative was established between 2006-2009 was established to test out and hone ways of developing practice that is sensitive to the impact of inequalities. It published a series of reports which included patient perspectives on inequalities sensitive practice – http://www.equalitiesinhealth.org/public_html/ISPIdocs2.html

Resources to help

A wide range of resources are available on the Equalities in Health website – www.equality.scot.nhs.uk

The Health Improvement Directory (www.nhsggc/infodir) includes links to financial inclusion and employability services. The national website for employability tools is – www.employabilityinscotland.com

Training available in house

NHS staff can access an E-learning module on ISP, Gender Based Violence, Social Class and discrimination relating to all the protected characteristics on StaffNet –

<http://www.staffnet.ggc.scot.nhs.uk/Human%20Resources/Learning%20and%20Education/E-Learning/Pages/E-Learning%20Homepage.aspx>

Specific programmes of face-to-face training are available for Gender-Based Violence and Financial Inclusion. Contact the Corporate Inequalities Team for more details –

http://www.equalitiesinhealth.org/public_html/contact_us.html

References

1. Worklessness and Health; what do we know about the causal relationship? McLean et al. Evidence Review, London. Health Development Agency 2005.
2. Is work good for your health and well-being? Gordon Waddell and Kim Burton 2006.

1. **Age**
2. **Asylum Seekers and Refugees**
3. **Bowel Screening**
4. **Gender Reassignment and Transgender**
5. **Homelessness**
6. **Inequalities Sensitive Practice**
7. **Learning Disability**
8. **Prisoners**
9. **Roma and Gypsy Travellers**
10. **Sensory Impairment**
11. **Sexual Orientation**