

Section 4 Integrated Impact Assessment

Summary Report Template

Audit Risk level

(Risk level will be added by Equalities Officer)

Each of the numbered sections below must be completed

Interim report		Final report		(Tick as appropriate)
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1. Title of plan, policy or strategy being assessed

Pilton Community Health Project, Women Supporting Women: Early Years and Children, Parenting and Attachment.

2. What will change as a result of this proposal?

WSW will deliver a programme of trauma informed, community based group work for mothers/carers and children aged 0-5 living in NW Edinburgh. The programme will extend its reach to support 84 families with complex needs to: improve resilience in young children and increase confidence among mothers/ carers regarding attachment and positive parenting.

3. Briefly describe public involvement in this proposal to date and planned

The proposal is based upon experience and learning from many years of working with this client group in this locality. WSW is committed to continuous improvement and engagement of the community in shaping the design and delivery of all project activities and services.

4. Date of IIA

6th June 2019

5. Who was present at the IIA? Identify facilitator; Lead Officer, report writer and any partnership representative present and main stakeholder (e.g. NHS, Council)

Name	Job Title	Date of IIA training	Email
Rosa Garman	WSW Development Worker	N/A	rosa.garman@pchp.org.uk
Hazel Loeb	WSW Development Worker	N/A	hazel.loeb@pchp.org.uk
Helen Scammell	Director, Pilton Community Health project	N/A	helen.scammell@pchp.org.uk
Liz Simpson	Senior Health Promotion Specialist (Facilitator), NHSLothian	Aug 2009	Liz.simpson@nhslothian.scot.nhs.uk

6. Evidence available at the time of the IIA

Evidence	Available?	Comments: what does the evidence tell you?
Data on populations in need	<p>Yes CEC and project data. The North small area has the second lowest average household income in Edinburgh. 30% of children in the North Small area live in households in relative poverty, and Muirhouse is currently ranked as one of the top ten most deprived areas in Scotland. (Ref: North West Locality Improvement Plan)</p> <p>▪There has been a sharp increase</p>	<p>A disproportionate number of children and families are living in poverty.</p> <p>▪92% of the client group are have low household incomes with the majority relying on benefits. Benefit changes, i.e. reduction in housing benefit, universal credit, PIP mean that many households are plunged further into poverty. Over the past 2-3 years, there has been a sharp increase in number of clients we support who self-identify as being in acute poverty this includes identifying food insecurity and food poverty. A lack of housing stock in Greater Pilton also means that there is a housing crisis – families are typically being housed in substandard temporary accommodation, often B&B for long periods of time 12-18 months.</p> <p>In short our client group is one that is adversely affected by poverty and gender and health inequalities.</p>

Evidence	Available?	Comments: what does the evidence tell you?
	<p>amongst our client group who identify as being in crisis or acute difficulty. In one week in May 2019, 4 women presented with severe hardship and in need of emergency referrals. Analysis of case notes in 2018 reveal that 71% women identify low income as a major life stressor.</p> <p>Local reports: Hungry for Change, PCHP, Edinburgh 2017</p> <p>Polishing The Diamonds, Addressing more adverse childhood experiences in 2016</p>	<p>Within our adult client base there are multiple experiences of ACE's (Adverse Childhood Experiences). Evidence shows that the prevalence of ACE's are much higher in areas of multiple deprivation. Within our client group it is common for more than 5 ACE's to be present. An estimated 35% of our client group will have experiences between 8 and 10 ACE's. We also experientially understand the lifelong impacts on health. Our work seeks to help reduce the effects of ACE's by working on resilience and by reducing intergenerational effects. We are also part of a community health project where the collective aim is to address the causes of health inequalities.</p>
Data on service uptake/access	An average of 15 women on our waiting list at any given time; an average of 2 new women per week accessing initial appointments; qualitative and quantitative feedback (including from women, children and practitioners); percentages of women using service who are	Through many years of direct experience with hard to reach women; we know that experiencing trauma can often make it difficult for women to access services. Our services are delivered with hard to reach women in mind and aim to reduce and minimise the barriers to women and children accessing and sustaining engagement in services.

Evidence	Available?	Comments: what does the evidence tell you?
	<p>survivors of trauma (80%) and current or historic gender-based violence (72%).</p> <p>The project has already begun working with 13 families.</p>	
Data on equality outcomes	<p>There is evidence to show that there is a significant educational attainment gap associated with poverty in Scotland. (Child Poverty Strategy for Scotland 2014-17).</p>	<p>Children from higher income households significantly outperform those from lower income households at ages 3 and 5. By 5 there is a gap of 10 months in problem solving and 13 months in vocabulary. The strategy recommends Parental Involvement Programmes to address the attainment gap.</p> <p>Our work actively seeks to address the attainment gap. We incorporate parental involvement approaches in our work i.e. peep.</p>
Research/literature evidence	<p>Scot.Gov., 2008.</p> <p>& Alvarez & Stauffer, 2001.</p> <p>Humphreys, 1998; Rutter, 2000; Wyman et al., 2000; Masten, 2001.</p> <p>Kolb, 1984</p> <p>Wood et al, 1976</p> <p>Pringle, 1980; Pugh et al., 1995; Howard and Johnson, 2000; Hammen, 2003; Rosenthal et al.,</p>	<p>Recommends supporting parents to promote literacy and to provide a stimulating and supportive home environment</p> <p>As well as supporting the development of intrinsic resilience, practicing such parenting skills can also function to promote resilience in the face of adversity in childhood as a result of, for example, violence and/or abuse, poverty, ill health in the family, or bereavement</p> <p>This work will build upon strengths in the family; it will provide a space for new experiences that promote bonding, reflection, learning and active experimentation in the group, at home and in the wider community</p> <p>Much research has identified the</p>

Evidence	Available?	Comments: what does the evidence tell you?
	<p>2003</p> <p>Hodgkinson and Lester, 2002; Kirk, 2003; Newman, 2004; Quinton, 2004.</p> <p>Orford, 1985; Gilligan, 1999b; Ghate and Hazel, 2002.</p> <p>Polishing the Diamonds- Addressing Adverse Childhood Experiences in 2016</p> <p>Living in Harmony (local report)</p>	<p>components of parenting that can promote in the resilience of young children</p> <p>Warmth, responsiveness and stimulation; providing adequate and consistent role models; harmony between parents; spending time with children; promoting constructive use of leisure; consistent guidance; structure and rules.</p> <p>Centres (like PCHP) are of greater importance for parents/carers who are isolated from their communities, access to community</p> <p>Mothers / carers with complex needs who are living in deprivation achieve better outcomes when they have a least one - or more - safe and supportive relationship(s) outside their household that facilitate(s) practical, emotional and informational support.</p> <p>This report shows evidence of issues around discrimination and accessibility issues regarding public services for BME communities in the NW Area. Many of the people affected are Women and children.</p>
Public/patient/client experience information	<p>*Case notes for all our individual clients and those presenting for crisis support.</p> <p>*Assessments</p> <p>*Referral information including equalities monitoring information.</p> <p>*Evaluations carried out.</p>	<p>Design of the service has been based on findings from feedback and involving local people and clients</p>

Evidence	Available?	Comments: what does the evidence tell you?
Evidence of inclusive engagement of service users and involvement findings	Major outreach work undertaken to reach hardest to reach women. Relationships built and sustained with health visitors, GP link workers, Early years, Living in Harmony and other statutory and voluntary organisations to ensure referrals of hard to reach women and children. Involvement of current service user in design and delivery of peep groups and inclusion of peer education in our work.	In a current peep group 90% of participants are from BME communities. 30% are young mothers below the age of 20. Social isolation and severe and enduring mental health difficulties are common presenting issues within the group.
Evidence of unmet need	Waiting List (closed); one to one support has been reduced due to less capacity (loss of funding)	There is a high level of need for this project.
Good practice guidelines	NHS Health Scotland's A Fairer Healthier Scotland: A strategic framework for action 2017–2022	The programme will build upon framework outcomes for Priorities 2 and 4, particularly: <ul style="list-style-type: none"> - Our young people are successful learners, confident individuals, effective contributors and responsible citizens. - Our children have the best start in life and are ready to succeed - We have improved the life chances for

Evidence	Available?	Comments: what does the evidence tell you?
	<p>The Scottish Government's Early Years Framework I and II</p>	<p>children, young people and families at risk.</p> <ul style="list-style-type: none"> - We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others. <p>The programme will build upon framework priorities, particularly:</p> <ul style="list-style-type: none"> - Developing mutual support networks for parents and other carers. - Community development programmes include parenting and early years as one of their priorities. - A renewed focus on services from pregnancy through to age 3 as a key opportunity to build resilience and break cycles of poor outcomes. - Postnatal support that meets a range of social needs, based on a parental capacity-building model, with the health of parents at the core. - Enhanced early intervention, particularly in areas such as communication, literacy and numeracy.
<p>Environmental data</p>	<p>Good Places, Better Health Initiatives 2008. Scottish Government Environmental and Health Strategy.</p> <p>The place standard Tool is one that PCHP are considering using as part of a number of tools for working with communities</p>	<p>Our project will contribute towards building a more supportive community, wellbeing, and sense of resilience.</p> <p>This will be tested first with our Food team should we be successful in securing new Scottish Government Funding but may be of use in our WSW team if successful.</p>
<p>Risk from cumulative impacts</p>	<p>Yes, local evidence backed up by national/international</p>	<p>ACEs, Complex Trauma & Intersectionality all feature strongly in client base. Project provides a safety net</p>

Evidence	Available?	Comments: what does the evidence tell you?
	evidence.	that can respond to the complexity of some circumstances. The service is trauma informed.
Other (please specify)		
Additional evidence required		

7. In summary, what impacts were identified and which groups will they affect?

Equality, Health and Wellbeing and Human Rights Positive	Affected populations
<p><u>Protected characteristics:</u> Project is sensitive to the barriers to participation that may exist for community members, indeed its ethos is to reduce barriers and promote access, to reach out to the most vulnerable and be inclusive. Services are aimed specifically at women but also respond to men by helping them to find support elsewhere. Age is not a barrier, some mothers are very young; and there is potential for kinship/foster carers who may be older, to benefit.</p> <p>Aware of gender fluidity and wish to strengthen this aspect of inclusion. Welcomes LGBT clients.</p> <p>Strong links exist with minority ethnic people via the Living in Harmony work. Aware that there are perceptions of discrimination/racism from services that this project seeks redress and to support clients with.</p> <p>Disability affects many of the projects clients, both mental and physical issues.</p> <p>Project is open to all, aware of cultural differences and blended families.</p> <p><u>People vulnerable to falling into poverty:</u> project is based in a recognised disadvantaged area and there is experience of the wide range of issues which people may be affected by within the team.</p> <p>Also:</p> <p>Have clients who have been in care and sometimes support women who have had children removed into care.</p> <p>Homelessness/risk of homelessness is becoming more</p>	<p>All</p> <p>Women</p> <p>Older people</p> <p>LGBT</p> <p>BME</p> <p>Disabled people</p> <p>People who are unmarried, married or in civil partnership</p> <p>All</p>

<p>prevalent Young carers in the widest sense of the word are familiar to the project.</p> <p>Staff have regular support and supervision Local people & staff with protected characteristics are employed with the project.</p> <p>The project strives to eliminate discrimination, promote equity, foster individual control, resilience & community cohesion and capacity. Healthy lifestyles are supported in a sensitive way, starting from where people are at. It offers activities such as family cooking and outdoor education.</p> <p>Negative Reductions in funding have affected services on the ground and there is a sense that local support/ capacity is reduced and wider infrastructure is not very robust. The project advocates on this issue.</p>	<p>Staff</p> <p>All</p>
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<p>Environment and Sustainability</p> <p>Positive</p> <ul style="list-style-type: none"> *The project is involved with local partners e.g. Granton Goes Greener, to promote local environmental enhancements. *It has free sustainably sourced & biodegradable sanitary provision. *It recycles materials for craft work, demonstrating how families can do this at home *The project avoids single use plastics; the PEEP programme uses wooden spoons and no plastic toys. *It has links to Sustrans for promoting active/sustainable travel & encourages clients to access local green space. *PCHP has played a leadership role in terms of working with the community in promoting access to local parks. <p>The project is keen to do more and will review practice in relation to environmental practice.</p> <p>Negative</p> <p>No negative impacts from this project noted, although there is a high level of concern about the quality of local housing, fabric of buildings and overcrowding. The project advocates on these issues.</p>	<p>Affected populations</p> <p>All</p>
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Economic	Affected populations
<p>Positive</p> <p>Income maximisation is part and parcel of the projects work. It supports people in applying for benefits e.g. PIP, supporting appeals against decisions where appropriate. Financial abuse is a real issue for many women accessing the project. The project used this year's International Women's Day as a platform to highlight and celebrate the value of women's work. There are examples of helping people into positive destinations and with issues to do with working conditions. Building confidence with the women helps build a sense of agency and empower them to deal with the issues they face.</p> <p>Negative</p> <p>No negative impacts noted.</p>	<p>All</p>

8. Is any part of this policy/ service to be carried out wholly or partly by contractors and how will equality, human rights including children's rights , environmental and sustainability issues be addressed?

N/A

9. Consider how you will communicate information about this policy/ service change to children and young people and those affected by hearing loss, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.

PCHP have a very active Facebook page and use twitter regularly to promote all of our services including our WSW services. Our website is also used for promoting services but is in need of updating. We have recently accessed support funding to update the website and make it more user friendly. Once fixed we will actively promote this.

We also use events and library outreach sessions to promote our work. Our GP Link workers promote PCHP services in primary care premises throughout the NW Area

We work with many people with complex barriers and are aware of the diverse range of communication needs. When necessary we put in place addition support such as interpreters, talk through our services, leaflets and information,

or organise support through a partners agency e.g. for people with visual impairment. We seek to reduce barriers as much as possible in how we communicate and work with people.

10. Is the policy a qualifying Policy, Programme or Strategy as defined by The Environmental Impact Assessment (Scotland) Act 2005? (see Section 4)

No

11. Additional Information and Evidence Required

If further evidence is required, please note how it will be gathered. If appropriate, mark this report as interim and submit updated final report once further evidence has been gathered.

N/A

12. Recommendations (these should be drawn from 6 – 11 above)

13. Specific to this IIA only, what actions have been, or will be, undertaken and by when? Please complete:

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date
Review policies in relation to environmental issues	Helen Scammell/Dawn Anderson	November 19	December 19
Explore training/support for staff around transgender inclusivity To include challenging worker stereotypes around gender fluidity.	Hazel Loeb	September19	

Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)	Who will take them forward (name and contact details)	Deadline for progressing	Review date

14. How will you monitor how this policy, plan or strategy affects different groups, including people with protected characteristics?

PCHP WSW service keeps a register of all service users, including equalities monitoring information. We also collect equalities monitoring and evaluation data re one to one sessions and group work sessions – namely records of sessions and relevant progress and outcomes and on the day evaluation sheets for group work.

This information is reviewed and used to plan future sessions and group work activities. It is also used to refer to other services when appropriate or relevant.

We are in the process of imbedding a new planning and monitoring and evaluation on line tool OUTNAV. This is being implemented with financial and practical support from the Edinburgh Community Health Network. It will take time to bed in but we anticipate within 12 months WSW will be using OUTNAV with all the benefits this will bring to planning, evaluation and reporting including equality and diversity issues.

15. Sign off by Head of Service

Name *Aileen Scamell*

Date **06/07/19**

16. Publication

Send completed IIA for publication on the relevant website for your organisation. [See Section 5](#) for contacts.

Section 5 Contacts

- **East Lothian Council**

Please send a completed copy of the IIA to equalities@eastlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

http://www.eastlothian.gov.uk/info/751/equality_diversity_and_citizenship/835/equality_and_diversity

- **Midlothian Council**

Please send a completed copy of the IIA to zoe.graham@midlothian.gov.uk and it will be published on the Council website shortly afterwards. Copies of previous assessments are available via

http://www.midlothian.gov.uk/downloads/751/equality_and_diversity

- **NHS Lothian**

Completed IIAs should be forwarded to impactassessments@nhslothian.scot.nhs.uk to be published on the NHS Lothian website and available for auditing purposes. Copies of previous impact assessments are available on the NHS Lothian website under Equality and Diversity.

- **City of Edinburgh**

Complete impact assessments should be forwarded to the Equalities Officer.

- **West Lothian Council**

Complete impact assessments should be forwarded to the Equalities Officer.