

Equality Impact Assessment (EIA) Tool

Please ensure you have read the [guidance pages](#) prior to completing this tool

Document Control

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If this is a budget EIA, please ensure the title and budget booklet code is the same as the title used within the budget booklet	
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Contributors/Reviewers (Anyone who has contributed to this document to be named)

Name	Title role	Date
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Rosey Donovan	Equality and Employability Consultant	23/08/2024 / 30/08/2024

Glossary of Terms

Term	Description
ITM	Into The Mainstream – name of the current health awareness service for people seeking asylum and refugees
HC2	Certificate for help with health costs
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicators

OHID	Office for Health Improvement and Disparities
NNRF	Nottingham and Nottinghamshire Refugee Forum
SLA	Service Level Agreement
NCC	Nottingham City Council
UASC	Unaccompanied Asylum Seeking Children
BSL	British Sign Language

Section 1 – Equality Impact

(NCC staff/ Service users/ Citizen/ Community impact)

1. a. Brief description of proposal/ policy/ service to be assessed

People seeking asylum, refugees and those refused asylum face several barriers to accessing mainstream health services in the UK, including registering with GP practices, language and literacy barriers, poverty and limited understanding of NHS services. They are recognised as a vulnerable group who experience a higher burden of communicable diseases and mental ill health. Women seeking asylum often access antenatal services later with poorer health outcomes.

To redress these inequalities, Nottingham City Council Public Health currently fund the Into The Mainstream service provided by Nottingham and Nottinghamshire Refugee Forum (NNRF) which supports people seeking asylum and refugees to access healthcare, register with a GP and/or dentist, make healthcare appointments, access translation services as needed for their appointments, and obtain HC2 certificates. The service also signposts to maternity care and other services as appropriate.

The funding for Into The Mainstream has not increased significantly in at least the last 12 years, and has therefore reduced in real terms. The funding provided to the service only makes the service viable due to the added value delivered by the provider (for example, staff being able to provide translation). In recognition that the service has been under-funded for some time, Nottingham City Council are now seeking to commission a People Seeking Asylum and Refugee Access to Healthcare Service which will meet the needs of this cohort, at a scale and value that is consistent with the level of need and costs of delivering such a service. The new service model will be informed by the recently completed Joint Strategic Needs Assessment (JSNA) Profile, service user group meetings, the project team and meetings with key stakeholders. Stakeholders included NCC Communities Asylum and Resettlement Team, Nottingham and Nottinghamshire Integrated Care Board, NNRF, SERCO (Home Office Contractors) Nottingham Citycare Partnership and Nottinghamshire Police. These have been used to comprehensively assess the need for the service and to inform the design of future provision.

In line with recommendations from the JSNA, and improved understanding of this community, the new service model should include updates such as:

- **Peer support** – an aspect of peer support should be incorporated into the service through the recruitment of volunteers who can assist with supporting people to access health care
- **Translation services** – The service must be able to facilitate easy access to translation and interpreter services
- **Accessible intervention** – The service must be accessible; it should include the availability of face-to-face contact and outreach work to engage people in other parts of the city.

- **Multidisciplinary approach** – the service should be health focused but should also be able to refer to other areas of support. The service must also work in partnership with key health partners to deliver outcomes.
- **Health literacy** – The service should include delivery of a small number of training activities to people seeking asylum and professionals working in the city.

The service should include the following specific elements:

- community-based team that facilitate access to healthcare services and builds capacity within mainstream healthcare services. This service should support people seeking asylum and refugees residing inside the Nottingham City boundaries only.
- The service should engage with all willing new people seeking asylum in Nottingham to ensure GP registration.
- The service should engage with pre-existing people seeking asylum, people refused asylum and refugee communities in order to encourage GP registration and raise awareness of how to access healthcare services and to promote health and wellbeing.
- The service should signpost people seeking asylum and refugees to services, both statutory and non-statutory services, to enable their wider needs to be met including housing, education, social support, and employment.
- The service must arrange appropriately qualified interpreters as required.
- The service shall engage with GP practices and other frontline healthcare to staff to facilitate access to healthcare where required.
- The service should work with local health services and community and voluntary sector partners to build understanding around the needs of people seeking asylum and refugees.
- The service should arrange regular outreach visits to large contingency hotel and dispersal sites to offer support to residents and promote engagement with local health services.

1. b. Information used to analyse the equalities implications

- Joint Strategic Needs Assessment Profile - <https://nottinghaminsight.org.uk/themes/health-and-wellbeing/joint-strategic-needs-assessment/adults/people-seeking-asylum-refugees-and-people-refused-asylum-2024/>



Signed ITM SLA
2024-5.pdf

- Service Level Agreement for the grant arrangement 2024/25 –



ITM reporting Q1
2024.xlsx

- Reporting information from the current grant arrangements -
- Office for Health Improvement and Disparities (OHID) advice and guidance on the health needs of migrant patients - <https://www.gov.uk/government/collections/migrant-health-guide>
- The Equality Act 2010 - [Equality Act 2010 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2010/15)

Consultations

2020 – the NNRF conducted 58 interviews with people from the asylum and refugee community who have direct experience of the difficulties of accessing healthcare.
https://www.academia.edu/43821128/Exploring_the_Health_Experiences_of_Asylum_Seekers_and_Refugees_Examples_of_best_practice_and_areas_for_improvement

- August 2023 – face to face surveys to assess the difficulties in accessing healthcare and what worked well and what did not work well with the current service
- A stakeholder event was held in June 2023 where a range of stakeholders provided feedback into healthcare provision for those seeking asylum and refuge. The event identified additional stakeholders who were later interviewed in September 2023 and February 2024

1. c. Who will be affected and how?

Equality group/ individual	Impact type	Positive	Negative	None
People from different ethnic groups	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for your assessment (Including evidence)	People seeking asylum and refugees are from a wide range of ethnicities, cultures and nationalities, as described in the JSNA and its supporting references. This service is dedicated to meeting the needs of people from different ethnic groups. The core purpose of the service will be to improve access to healthcare for all in this population and to promote better health and wellbeing outcomes, including the primary needs identified through the JSNA and consultation work.			
Details of mitigation/ actions taken to advance equality	The service has been designed to meet the health and wellbeing needs stated in the JSNA. Staff will have specialist knowledge of this population and the peer support approach will enable more specific and dedicated cultural knowledge and insights. The service provider will be required to effectively reach out to this group at various settings such as Home Office accommodation settings and community venues. The service will access interpreting services to ensure people who don't speak English can engage with the service. The service will also aim to increase knowledge of different cultural needs amongst professionals across health and care organisations to help reduce inequalities in care			
Details of any arrangements for future monitoring of equality impact (Including any action plans	Quarterly monitoring specified in the contract will require the provider to monitor and report on the different ethnicities accessing and engaging with the service. Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of people from different ethnic backgrounds and their experience accessing the service.			

	<p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with people of different ethnic backgrounds including referrals and other forms of partnership working.</p>			
Equality group/ individual	Impact type	Positive	Negative	None
Men	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for your assessment (Including evidence)	<p>A significant proportion (approximately 60%) of people seeking asylum receiving support in Nottingham are male. The service will positively impact this group as many men experience significant barriers to accessing health services.</p>			
Details of mitigation/ actions taken to advance equality	<p>The service will directly support men from this population through culturally relevant approaches, and will also work with other services and offer insight into the health needs of men from this population</p>			
Details of any arrangements for future monitoring of equality impact (Including any action plans)	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on the gender of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of men and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with men including referrals and other forms of partnership working.</p>			

Equality group/ individual	Impact type	Positive	Negative	None
Women	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for your assessment (Including evidence)	Evidence shows that this women in this population face additional risks including poor maternal health outcomes, increased prevalence of female genital mutilation, and increased risk of experiencing sexual and gender-based violence. A Women's Health Needs Assessment is currently being developed by the Public Health team which includes the health needs of women who are seeking asylum and female refugees which is informing the design of this service.			
Details of mitigation/ actions taken to advance equality	The specialist and culturally competent understanding of the needs of women in this population will enable women to benefit directly from the service. The engagement with other organisations will promote awareness of the barriers that women can face to help reduce gender inequalities.			
Details of any arrangements for future monitoring of equality impact (Including any action plans)	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on the gender of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of women and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with women including referrals and other forms of partnership working.</p>			
Equality group/ individual	Impact type	Positive	Negative	None
Trans	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<p>Reasons for your assessment (Including evidence)</p>	<p>There may be trans people seeking asylum specifically due to facing persecution in other countries. It is likely that trans people will face additional barriers to healthcare access in this population.</p>			
<p>Details of mitigation/ actions taken to advance equality</p>	<p>The service will be required to make links with relevant groups and community organisations to ensure that trans people have access to the service and are supported in engaging with healthcare services.</p>			
<p>Details of any arrangements for future monitoring of equality impact (Including any action plans)</p>	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on the gender of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of the trans community and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with trans people including referrals and other forms of partnership working.</p>			
<p>Equality group/ individual</p>	<p>Impact type</p>	<p>Positive</p>	<p>Negative</p>	<p>None</p>
<p>Disabled people/ Carers</p>	<p><input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Reasons for your assessment (Including evidence)</p>	<p>The service will work remove barriers to health care for all people seeking asylum and refugees. This is likely to include work with people who face barriers in relation to disability. The JSNA particularly highlighted the prevalence of mental ill health in this population (noting mental impairment is a form of disability under the Equalities Act).</p>			

<p>Details of mitigation/ actions taken to advance equality</p>	<p>A specialist service supporting access to healthcare is particularly important in accessing mental health services as there are a range of issues around stigma and cultural norms related to mental health that are relevant to this population. The service will be accessible through outreach into community venues making it more likely to identify people facing barriers, including those with disabilities.</p>			
<p>Details of any arrangements for future monitoring of equality impact (Including any action plans)</p>	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on disability and care responsibilities of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of both disabled users and those with care responsibilities and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with those disabled and carers including referrals and other forms of partnership working.</p>			
<p>Equality group/ individual</p>	<p>Impact type</p>	<p>Positive</p>	<p>Negative</p>	<p>None</p>
<p>Pregnancy and maternity</p>	<p><input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community</p>	<p style="text-align: center;"><input checked="" type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>	<p style="text-align: center;"><input type="checkbox"/></p>
<p>Reasons for your assessment (Including evidence)</p>	<p>Evidence noted within the local JSNA shows that this population can experience poor maternal health outcomes and access maternal services later than the general population. Concerns re limited eligibility can be a particular barrier for women and their families in accessing maternity services.</p>			
<p>Details of mitigation/ actions taken to advance equality</p>	<p>The service will work with pregnant women and parents to support them to access the appropriate maternity services including postnatal care, as well as engaging with maternity services to increase awareness of people seeking asylum and refugees.</p>			
<p>Details of any arrangements for future monitoring of equality impact</p>	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on expectant and young mothers accessing and engaging with the service.</p>			

(Including any action plans)	<p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of expectant and young mothers and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with expectant and young mothers including referrals and other forms of partnership working.</p>			
Equality group/ individual	Impact type	Positive	Negative	None
Marriage/ Civil Partnership	<input checked="" type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input checked="" type="checkbox"/> Citizens <input checked="" type="checkbox"/> Community	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reasons for your assessment (Including evidence)	There is no identified link to differential health outcomes to people who are married or in civil partnerships from this population.			
Details of mitigation/ actions taken to advance equality				
Details of any arrangements for future monitoring of equality impact (Including any action plans)				
Equality group/ individual	Impact type	Positive	Negative	None
People of different faiths/ beliefs and those with none	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/> Community			
Reasons for your assessment (Including evidence)	People seeking asylum and refugees represent a very diverse range of faith communities and this was evidenced in local consultation work. There may be people of different faiths seeking asylum specifically due to religious persecution in other countries.			
Details of mitigation/ actions taken to advance equality	The service will be effective in supporting people who have a wide variety of different faiths and beliefs both through the specialist understanding of faith, culture and use of healthcare, and through connecting service users with local faith communities.			
Details of any arrangements for future monitoring of equality impact (Including any action plans)	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on the faiths of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of different faith groups and those of no faith and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with different faiths including referrals and other forms of partnership working.</p>			
Equality group/ individual	Impact type	Positive	Negative	None
Lesbian/ Gay/ Bisexual people	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for your assessment (Including evidence)	There may be lesbian/ gay and bisexual people seeking asylum specifically due to facing persecution for their sexual identity and/or sexual orientation in other countries. It is likely that lesbian/ gay and bisexual people who are seeking asylum or refugees, will face additional barriers to healthcare access.			

<p>Details of mitigation/ actions taken to advance equality</p>	<p>The service will be required to make links with relevant groups and community organisations to ensure that lesbian/ gay and bisexual people have access to the service.</p>			
<p>Details of any arrangements for future monitoring of equality impact (Including any action plans)</p>	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on the sexual orientation of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of lesbian/gay/bisexual people and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with men including referrals and other forms of partnership working.</p>			
<p>Equality group/ individual</p>	<p>Impact type</p>	<p>Positive</p>	<p>Negative</p>	<p>None</p>
<p>Older</p>	<p><input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p><input checked="" type="checkbox"/></p>
<p>Reasons for your assessment (Including evidence)</p>	<p>Evidence shows that generally people seeking asylum, refugees and people refused asylum are predominantly a younger working-age population.</p>			
<p>Details of mitigation/ actions taken to advance equality</p>				
<p>Details of any arrangements for future monitoring of equality impact</p>				

(Including any action plans)				
Equality group/ individual	Impact type	Positive	Negative	None
Younger	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens <input type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for your assessment (Including evidence)	<p>Evidence shows that people seeking asylum, refugees and people refused asylum are generally a younger population in comparison to the UK average. In light of existing service data and findings from the JSNA it is likely that the majority of people accessing the service will be under 35 years old.</p> <p>Children from this population can experience poor health outcomes</p>			
Details of mitigation/ actions taken to advance equality	<p>The service will provide specialist support for the people seeking asylum and refugee population of whom the majority are under 35 years and the service specification will set requirements for effective communication and engagement of these age groups. Through the signposting and support offer for parents and families it is likely to benefit children from this population.</p>			
Details of any arrangements for future monitoring of equality impact (Including any action plans)	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on the age of those accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of younger people and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with young people including referrals and other forms of partnership working.</p>			
Equality group/ individual	Impact type	Positive	Negative	None
Care Experience (Please refer to the guidance notes for further information)	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input type="checkbox"/> Citizens	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/> Community			
Reasons for your assessment (Including evidence)	The JSNA profile includes a section on Unaccompanied Asylum Seeking Children (UASC) which highlights both UASC who are children in care, and who are care leavers. These children and young people experience a variety of additional health risks. As per national guidance, children who are looked after should receive an Initial Health Assessment and be supported by children's services to address barriers to healthcare access.			
Details of mitigation/ actions taken to advance equality	It is likely that with a proportion of the adults supported by this service will have had experience of local authority care and may face barriers to healthcare access as an adult.			
Details of any arrangements for future monitoring of equality impact (Including any action plans)	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on those young people in care accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of young people in care and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with young people in care including referrals and other forms of partnership working.</p>			
Equality group/ individual	Impact type	Positive	Negative	None
Other (E.g. Cohesion/ good relations, vulnerable children/ adults), socio- economic background (e.g. financial vulnerable)	<input type="checkbox"/> NCC staff <input checked="" type="checkbox"/> Service users <input checked="" type="checkbox"/> Citizens <input checked="" type="checkbox"/> Community	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasons for your assessment (Including evidence)	People seeking asylum, refugees and people refused asylum are more likely to experience destitution and homelessness. The engagement of the service with other organisations across health and care is an important aspect of reducing the stigma and potential for discrimination experienced by this population.			

<p>Details of mitigation/ actions taken to advance equality</p>	<p>The service will aim to address barriers to healthcare for this population, but will also carry out signposting to appropriate housing and advice services for people who are financially vulnerable or homeless</p>
<p>Details of any arrangements for future monitoring of equality impact (Including any action plans)</p>	<p>Quarterly monitoring specified in the contract will require the provider to monitor and report on those who are homeless accessing and engaging with the service.</p> <p>Quarterly monitoring will also include reporting of Key Performance Indicators which will monitor key information such as referrals and outcomes for those accessing the service. The service will also engage with service users and produce case studies which will support understanding of the needs of homeless members of the asylum seeking and refugee community and their experience accessing the service.</p> <p>If any further equality impacts arise this EIA will be updated to reflect the impacts along with mitigations.</p> <p>Activity monitoring will also be collated by the People Seeking Asylum and Refugee Access to Healthcare Service. This will monitor work that is done with other key organisations working with the homeless including referrals and other forms of partnership working.</p>

1. d. Summary of any other potential impact

(Including cumulative impact/ human rights implications):

<p>It is likely that by improving access to healthcare services this service will offer some additional protections in relation to human rights. Specifically, freedom from torture and inhuman or degrading treatment.</p> <p>By removing barriers and by promoting and supporting early registration and access to mainstream healthcare services such as GPs, dentistry and maternity services, the service is likely to contribute to a prevention approach where long term health conditions can be prevented or identified at the earliest opportunity. This should enable more of this cohort to be treated for through primary healthcare care services and prevent the need for reliance on more costly acute services such as hospital emergency departments. This would provide far better outcomes for this cohort, and avoid placing additional strain on our over-stretched healthcare system.</p> <p>Through joint work with other services, it is likely that a better understanding of the health needs of this population will be developed across the system resulting in better and more efficient support being offered. The service will also aim to increase the knowledge of people accessing the service which will promote the ability to navigate the process in the future.</p>

Section 2 – Equality outcome

Please include summary of the actions identified to reduce disproportionate negative impact, advance equality of opportunity and foster good relations. Please pull out all the mitigations you have identified and summarise them in this action plan

Equality Outcome	Adjustments to proposal and/or mitigating SMART actions	Lead Officer	Date for Review/ Completion	Update/ complete
Eliminate unlawful discrimination, harassment, victimisation, and any other conduct prohibited by the Equality Act 2010.	The service will encourage registration and take up of local medical services and health improvement is at the core of the service	Oliver Wilkinson-Dale	New service model in place by April 2025	
Advance equality of opportunity between those who share a protected characteristic and those who don't	Interpretation (including BSL where appropriate) service, including support to book and attend appointments is a requirement of the service. The new service must be accessible to those with mobility impairments.	Oliver Wilkinson-Dale	New service model in place by April 2025	
Foster good relations between those who share a protected characteristic and those who don't	The service will work with community groups and services to promote access, the service will also signpost to relevant services and support groups where needs are identified.	Oliver Wilkinson-Dale	New service model in place by April 2025	

Outcome(s) of equality impact assessment:

<input checked="" type="checkbox"/>	No major change needed	<input type="checkbox"/>	Adjust the policy/proposal
<input type="checkbox"/>	Adverse impact but continue	<input type="checkbox"/>	Stop and remove the policy/proposal

Please note: All actions will need to be uploaded onto Pentana

Section 3 – Approval and publishing

<p>The assessment must be approved by the manager responsible for the service /proposal.</p> <p>Approving Director details (name, role, contact details):</p> <p>Approving Director Signature:</p>	<p>Date sent for advice: 01/08/2024</p> <p>Helen Johnston, Public Health Registrar, Children and Families helen.johnston@nottinghamcity.gov.uk</p> <p>Helen Johnston</p>
<p>Author Signature: Gursharan Singh Nijran</p>	
<p>Equality Team Signature:</p> <p><i>Rosey Donovan</i></p>	<p>Date of final approval:</p> <p>30/082024</p>

For further information and guidance, please visit the [Equality Impact Assessment Intranet Pages](#)

Alternatively, you can contact the Equality and Employability Team by telephone on 0115 876 2747

Send document or link for advice and/ or publishing to: edi@nottinghamcity.gov.uk

PLEASE NOTE: FINAL VERSION MUST BE SENT TO EQUALITIES OTHERWISE RECORDS WILL REMAIN INCOMPLETE.