



# Equality Outcomes and Mainstreaming Report

What we have done in the period 2021 to 2023 to progress the Integration Joint Board's Equality Outcomes priorities.

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**Note:** Links are included to several websites where you can find more information. They are highlighted in blue, [like this](#).

# 1. Why Produce this Report?

The [Equality Act 2010](#) was introduced to protect everyone from discrimination at work, and throughout wider society. This included something called The Public Sector Equality Duty, which required all public authorities to produce a report, every two years, saying how they are promoting equality, and eliminating all forms of discrimination, harassment, and victimisation, throughout their organisation. This is called “Mainstreaming the Public Sector Equality Duty”.

The act also requires public authorities to ensure equality between people who share something called a Protected Characteristic, and people who do not share that characteristic.

Here is a list of the Nine Protected Characteristics:

- Race.
- Disability.
- Age.
- Sex (male or female).
- Sexual orientation.
- Gender reassignment.
- Pregnancy and maternity.
- Marriage and civil partnership.
- Religion or belief.

An update to the [Regulations that apply to the act, in Scotland](#), in 2012, meant that all Integration Joint Boards (IJBs) had to publish a set of Equality Outcomes, every four years, that would help them to do this. Equality Outcomes are a set of statements that say what all public authorities, including IJBs, will focus upon to make sure they are doing their best to help people avoid discrimination.

In 2021, the Equality and Human Rights Commission (EHRC) advised public authorities on what their published Equality Outcomes should cover. This is because the EHRC had found that Equality Outcomes are much more effective if they focus upon specific issues, especially those issues over which they have a lot of influence.

Here is what they said:

- Each public authority should look to set 3-5 Equality Outcomes.
- Equality Outcomes should be specific about what they want to do.
- You must be able to measure each Equality Outcome.
- Every Equality Outcome should address an issue that is widespread in the area the public authority covers.
- The public authority must be able to influence each of the Equality Outcomes.

As well as publishing a set of Equality Outcomes every four years, the Regulations say that public authorities must report on how they are progressing with the Equality Outcomes, every two years.

## 2. What is the Integration Joint Board?

In 2014, the Scottish Government [introduced an Act](#) that required local Councils and NHS Boards to work much more closely together, delegating some of their services, such as social work and community health services, to a new organisation, called an Integration Joint Board (IJB).

IJBs are responsible for planning what community health and social care services the area needs, and how those services can be planned better, making sure they are more “joined-up”.

## 3. What are the IJB’s Equality Outcomes?

In 2021, the IJB decided to adopt 4 Equality Outcomes, with each one felt to be especially relevant to people in Orkney.

The four Equality Outcomes are:

- **Unpaid Carers Outcome:** People will be able to identify as an Unpaid Carer and will receive the support that they need to lead their own lives.
- **Young Persons’ Mental Health Outcome:** Mental health problems amongst our children and young people are identified at an early stage, ensuring a healthy start in life which is aimed at positive development in childhood, adolescence, and adulthood.
- **Access to Technology:** More people have access to digital technology, enabling fast and efficient engagement with information and support services.
- **Social Isolation of Older People:** Older people are active and engaged and participate in public life.

## 4. How is the IJB Progressing with these Outcomes?

### 4.1. Unpaid Carers Outcome

People who provide unpaid care for a loved-one or friend are known as unpaid carers and can ask for support from a number of different services, including the Carer Support Service at Crossroads Care, Orkney, as well as the Council’s social work services, Orkney Health and Social Care Partnership.



One of the posters seen online and in public spaces, in Orkney.

A lot of people, often caring for their husband, wife, or parent, do not realise that help is available to them, so much work has been done in The Orcadian, Radio Orkney, and, especially, social media, to publicise what an unpaid carer is, as well as the help available to them. Here are some of the headlines from the last year, along with links to each story.

[Carer wellbeing campaign relaunches in face of rising numbers of carers in Scotland](#)

[Caring doesn't stop at Christmas - Sarah's story](#)

[Caring for someone? Support is there for you too.](#)

[Could you - or someone you know - be an unpaid carer?](#)

These, along with several other stories, have been posted on social media. We have also posted videos on social media, some with carers telling people about their circumstances, whilst others tell people how they can get in contact and what services are available to them. In this example, the Manager of Crossroads Care, Orkney, Arlene Montgomery, talks about the support they can offer carers: <https://youtu.be/2ruA58nWJJc>.

This publicity has resulted in more people contacting services and asking for support. The number of known carers can fluctuate significantly, over a short timescale, owing to the cared for person moving into supported accommodation or a residential care facility, or passing away. A better indication is the number of people approaching Crossroads Care Orkney, looking for support. For example, in 2020, Crossroads Care Orkney received 36 new contacts. In 2021, this rose to 54, increasing to 78 in 2022: clearly the publicity is working.

There is still a lot of work to do to reach more unpaid carers in Orkney. We will soon be introducing training for health, social care, and education staff, so that they can help unpaid carers to understand the support they can get. There will also be the first Orkney Carers' Conference, another opportunity to raise the profile of unpaid carers.

Another plan is to introduce dedicated carer posts, meaning we can spend more time developing support for carers.

We will also begin to work with large employers, starting with the Orkney Islands Council and NHS Orkney, to help them better understand their staff with caring responsibilities, so that they can try to be more flexible. We will provide an update on our progress in our next report.

## **4.2. Young Person's Mental Health Outcome**

The Children and Adolescent Mental Health Service (CAMHS) provides treatment and therapies to children and young people experiencing mental health problems, along with support for their families and carers.

CAMHS wanted to hear how people who use the service felt about the support they received, so a survey was prepared. One of the clear messages from respondents to the survey was that the time they had to wait for support was far too long.

So, during the last two years CAMHS has appointed several new medical staff, experts in providing the treatment that children and young people, who are experiencing the most difficult mental health problems, need to get better.

For example, the service is now able to deliver more time with a specialist children's Psychiatrist, a qualified Doctor who is able prescribe treatment and medication.

CAMHS has also appointed dedicated support staff, called psychologists, who provide the additional support needed to help them recover.

Not all children and young people using the service need help from medically qualified staff. For example, we know that if we can help a young person with their condition at an early stage, they are more likely to make a speedy recovery. This is called early intervention and prevention.

With this in mind, we have been working with several local organisations, over the last two years, to introduce new early intervention and prevention services.

One of these services helps parents with babies and very young children to look after their mental health, as the children of parents with poor mental health are much more likely to develop mental health problems of their own.

Another new service gives support to younger children and their parents to deliver therapy through play, called Theraplay.

Young people who have been cared for by foster parents, or in residential children's homes, are known as cared-experienced young people, and are much more likely to develop mental health problems than young people who live with their parent(s). One of the new services provides dedicated support for care-experienced young people, helping them to maintain good mental health.

The last of these new services provides wellbeing support to young people who are experiencing homelessness, another service that is designed to help young people to avoid poor mental health.

The additional resources CAMHS now has, to provide medical treatment, along with the new early intervention and prevention services, will make sure that the service can provide better treatment and support, earlier than in the past, for our children and young people. It is early days for these new and improved services, but we will provide an update on how these changes have improved services in our next report.

### **4.3. Access to Technology**

Most people who need some sort of medical or social care support will speak to a professional person, face-to-face, most often their local Doctor (GP). The COVID-19 pandemic, and the lockdown imposed by the government, meant that a lot of people could no longer do this.

The use of technology, like a laptop or tablet computer, or even a smartphone, to meet with friends, family, and some businesses, is something most people got used to during lockdown, using apps such as Zoom or Teams.

Medical and support services, too, have been able to use a similar technology, called Near-Me. This is an app that allows people to visit their GP, for example. Often, their GP was able to prescribe medication or treatment, without the need to examine their patient, face-to-face.

Other services, too, have been using Near-Me, and not just because of lockdown. For example, the CAMHS service has been able to meet with children, young people, and their families, using Near-Me, meaning they did not need to travel to Kirkwall, or even Aberdeen, for their appointment. They have recently surveyed their service users and staff to find out what they think, and the response to using this technology was very positive.

Another good example is Kirkwall library who were keen that people who may not have access to a computer or smartphone could use Near-Me. They introduced a service allowing people to book appointments to use Near-Me for their health and care appointments, in a private space at the library.

This technology has also been extremely helpful to people living in the isles. Previously, almost all appointments at the hospital, or with social services, meant travelling into Kirkwall, even if a face-to-face examination was not necessary. However, using Near-Me, as well as Teams, means people in the isles have been able to attend their appointment “virtually”.

This has also been really useful for health and social care staff, who have been able to spend less time travelling, and more time meeting people, delivering the treatment and support that they need, so we will continue to increase the number of virtual appointments, ensuring we continue to improve services.

#### **4.4. Social Isolation of Older People**

We know that older people are much more likely to need medical and care services if they are unable to stay in touch with friends and family or take an active part in their local community. The COVID-19 pandemic, lockdown, and the necessary suspension of services, clubs, and activities have meant that older people were even more likely to become isolated from their friends and family.

We have seen that technology has enabled people to get access to help and support. Unfortunately, many older people are uncomfortable using smartphones and computers. To tackle this problem, care services have been using a device called [Komp](#), a remarkably simple one-button computer that bridges the gap between those who struggle to use modern day technology, and their more tech-savvy family and friends. Komp allows children, grandchildren, and friends to share photos, messages, and make video calls directly to the person viewing Komp's screen, helping older people to stay in touch.

For those more comfortable with technology, services have supported older people to obtain tablet computers through the Connecting Scotland fund. This support has included helping people to learn how to make facetime calls.

Another way that we will tackle isolation is through Community Led Support (CLS). This is an initiative which involves collaborating with people to identify their strengths, capabilities, and existing local support networks, helping to prevent or

delay the need for help and support, and is one of the Orkney Health and Social Care Partnership's top priorities in the latest [Strategic Plan](#).

Over the last two years the pandemic prevented services from properly introducing CLS. However, as restrictions have relaxed, we have put in place a plan for fully introducing CLS throughout Orkney, which, amongst many other benefits, will help connect older people to their local communities, tackling the root cause of loneliness. We will provide an update on how this has progressed, in our next report.

## **5. What has the IJB Done to “Mainstream” Equality and Diversity**

As we have seen, the Public Sector Equality Duty requires all public authorities to report on how they are working to “Mainstream” equality and diversity in their organisation. For example, both Orkney Islands Council and NHS Orkney have training programmes that help staff to learn about the importance of equality and diversity in both their working life and private life.

The IJB does not employ staff, however, it does make decisions about services, decisions that will affect everybody who uses community health and social care services. This includes people who share one of the nine Protected Characteristics that we mentioned, above.

Whenever the IJB considers changing a policy, a new strategy, or some form of re-organisation, the IJB also considers something called an Equality Impact Assessment (EqIA). This is a document that demonstrates how and why people who share a Protected Characteristic will not be discriminated against, in any way, by the changes being proposed.

We also consider additional characteristics when making an EqIA, including people with caring responsibilities, people with experience of being in care as a young person, people who live in the ferry-linked islands. The final characteristic considered relates to people who may suffer from economic hardship, something that is known as socio-economic disadvantage. This was added in response to a requirement, introduced by Scottish Government, called The Fairer Scotland Duty, which instructed some public organisations to think about how they can make their policies and services fairer for people in economic hardship.

Every EqIA is published on the Orkney Islands Council website, alongside the policy to which it relates.