North Wales Public Sector Equality Network

Strategic Equality Plan 2016-2020: Background and Research

Contents

Key Theme 1.1: Increase the number of people, in under-represented groups, choosing healthy lifestyles. 8

Information from Engagement: 8

Our Research: 8

Suggested Priorities 9

Key Theme 1.2: Increase the number of people, in under-represented groups, accessing health care services. 11

Information from Engagement: 11

Our Research: 11

Suggested Priorities 12

Key Theme 1.3: Improve dignity and respect in care for everyone, particularly older people, vulnerable people, transgender and lesbian, gay and bisexual people. 13

Information from Engagement: 13

Our Research: 13

Suggested Priorities 17

Key Theme 1.4: Increase the uptake of preventative health care services by Gypsy Travellers. 18

Information from Engagement: 18

Our Research: 18

Suggested Priorities 20

Key Theme 1.5: Better address the rights and aspirations of people with Mental Health issues and Learning Disabilities. 21

Information from Engagement: 21

Our Research: 21

Suggested Priorities 23

Key Theme 1.6: Work in partnership with other public bodies in North Wales to maximise our combined efforts to address health inequalities wherever possible. 24

Information from Engagement: 24

Our Research: 24

Suggested Priorities 25

Key Theme 1.7: Increase the immunisation coverage of vulnerable older people and children in deprived communities. 26

Information from Engagement: 26
Our Research: 26
Suggested Priorities: 26
Objective 2: Address unequal outcomes in Education to maximise individual potential 27
Key Theme 2.1: Reduce the educational attainment gap between different groups. 28
Information from Engagement: 28
Our Research: 28
Suggested Priorities: 29
Key Theme 2.2: Reduce identity based bullying in Education. 30
Information from Engagement: 30
Our Research: 30
Suggested Priorities 31
Key Theme 2.3: Young People are supported in making the transition between Education and Employment. 32
Information from Engagement: 32
Our Research: 32
Suggested Priorities: 33
Key Theme 3.1: Identify and address inequalities within recruitment, retention, training and promotion processes. 35
Information from Engagement: 35
Our Research: 35
Suggested Priorities 36
Key Theme 3.2: Identify and address any pay gaps between people with different protected characteristics. 37
Information from Engagement: 37
Our Research: 37
Suggested Priorities 38
Key Theme 4.1: Increase the reporting of hate crime and harassment and take steps to reduce incidents of hate crime and harassment including on-line abuse and bullying. 40
Information from Engagement: 40
Our Research: 40
Suggested Priorities 41

Key Theme 4.2: Increase the reporting of domestic abuse and take steps to reduce domestic abuse. 42
Information from Engagement: 42
Our Research: 42
Suggested Priorities 43
Key Theme 4.3: Increase awareness in vulnerable communities around telephone and on-line fraud. 44
Information from Engagement: 44
Our Research: 44
Suggested Priorities: 45
Key Theme 5.1: Decision making bodies become more representative of the communities they serve. 47
Information from Engagement: 47
Our Research: 47
Suggested Priorities: 49
Key Theme 5.2: Consultation and Engagement is improved through strengthening links between the Public Sector and local and national groups representing people from all protected groups. 50
Information from Engagement: 50
Our Research: 50
Suggested Priorities 50
Key Theme 6.1: Improve access to information and communications and the customer experience, in particular for people with sensory loss and for those whose first language is not English or Welsh. 52
Information from Engagement: 52
Our Research: 52
Suggested Priorities 53
Key Theme 6.2: Improve physical access to services, transport, the built environment and open spaces. 54
Information from Engagement: 54
Our Research: 54
Suggested Priorities: 55

Objective 1: Address Health Inequalities

Key Theme 1.1: Increase the number of people, in under-represented groups, choosing healthy lifestyles.	8
Key Theme 1.2: Increase the number of people, in under-represented groups, accessing health care services.	11
Key Theme 1.3: Improve the dignity and respect in care for everyone, particularly older people, vulnerable people, transgender and lesbian, gay and bisexual people.	13
Key Theme 1.4: Increase the uptake of preventative health care services by Gypsies and Travellers.	18
Key Theme 1.5: Better address the rights and aspirations of people with Mental Health issues and Learning Disabilities.	21
Key Theme 1.6: Work in partnership with other public bodies in North Wales to maximise our combined efforts to address health inequalities wherever possible.	24
Key Theme 1.7: Increase the immunisation coverage of vulnerable older people and children in deprived communities.	26

Key Theme 1.1: Increase the number of people, in under-represented groups, choosing healthy lifestyles.

Information from Engagement:

During the consultation period of the Strategic Equality Objectives, it was highlighted that all people should be included in the action to increase healthy lifestyles. The importance of raising awareness of healthy lifestyle choices was discussed by participants as a positive step forward in increasing healthy lifestyle choices amongst people, in under-represented groups.

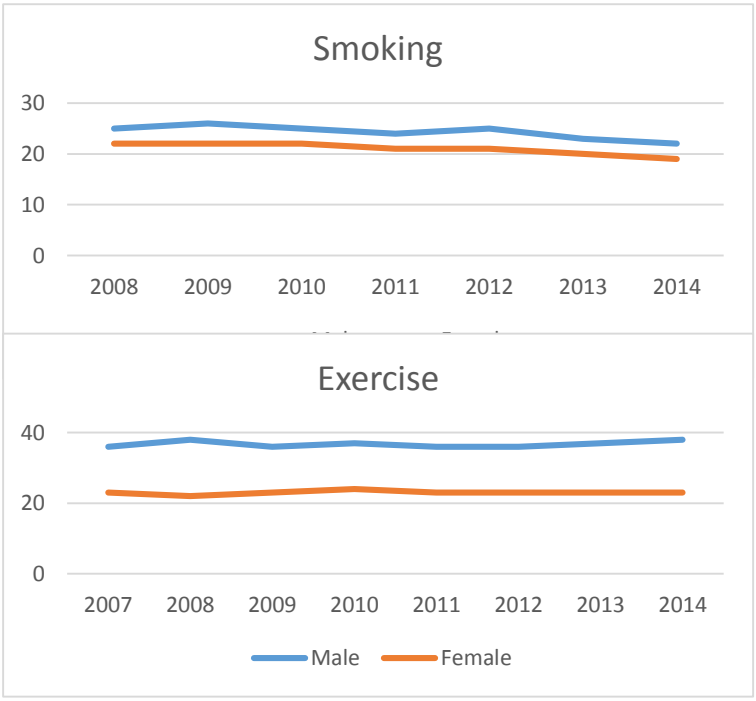
Our Research:

The Public Health Annual Report 2015: A Healthier, Happier and Fairer North Wales (2), via link http://www.wales.nhs.uk/sitesplus/documents/861/15_276%20NW%20Director%20Public%20Health%20Annual%20Report%202015.pdf, sets out context for the work of the Betsi Cadwaladr University Health Board and its partners in the aims of improving health and reducing health inequalities. The report identifies and recommends the key population health priorities for North Wales and explains why they are important and makes evidence based recommendations.

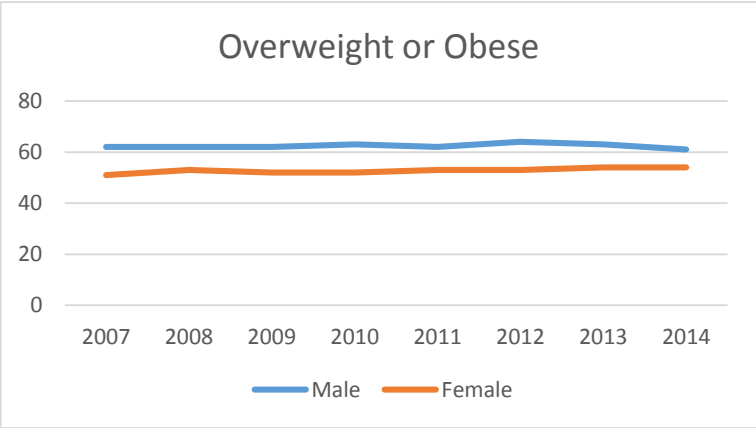
The priorities identified are:

- Reducing health inequalities by ensuring the best start in life
- Heart Disease, Cancers and Respiratory Disease
- Smoking
- Obesity
- Alcohol
- Vaccination and immunisation
- Mental health
- Frail elderly

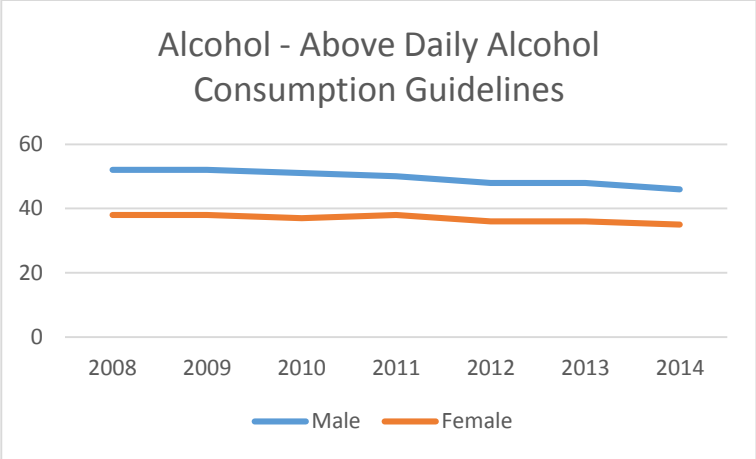
All Wales figures from the Welsh Health Survey 2014 indicate that men (22%) are still more likely than women (19%) to be smokers, particularly in the 25-44 age groups. The gender trend for smoking is reversed in children and young people with 1 in 6 girls aged 15-16 smoking compared to 1 in 9 boys. Smoking rates are higher in the most deprived areas of Wales and more than 40% of people who have never worked or are unemployed are current smokers, with no recent signs of this figure decreasing. Men are more likely to be overweight or obese (61%



men vs 54% women) and drink alcohol above the recommended daily guidelines (men 46% vs women 35%), while women (23%) are less likely to do the recommended amount of exercise compared to men (38%).[1]



Analysing snapshots of survey data at a North Wales (Betsi Cadwaladr University Health Board) level shows that this also appears to be the case in North Wales.



Research suggests that tobacco products continue to be used more commonly in minority ethnic groups, than the general population. The mixed multiple ethnic group reported the highest levels of bad or very bad general health, but the differences between groups were not stark. Research also indicates that the health of minority groups in the UK tends to be worse than the white population. A key finding also identified from the research, is that for under-represented groups, the health outcome they will experience is poorer and life expectancy lower than that of the wider population. There are generally poorer levels of physical health in the older people than the younger generation.

Levels of smoking were high among some groups, particularly Pakistani men. Evidence from the All Wales Smoking Cessation Service suggests that only 2% of its clients are from ethnic minority groups. The health of minority ethnic groups in the UK tends to be worse than the white population.

Therefore tackling inequalities is important to help close this health gap.

Suggested Priorities

Although there is some evidence of a reducing gender gap when it comes to obesity and alcohol consumption the long-term priorities chosen in 2012 appear to remain relevant:

- The gap between the percentages of Men and Women who reported being a current smoker reduces

[1] Welsh Government, Welsh Health Survey 2014

[2] Executive Director of Public Health Annual Report 2015, A Healthier, Happier and Fairer North Wales.

- The gap between the percentages of Men and Women who reported meeting physical activity guidelines in the past week reduces
- The gap between the percentages of Men and Women who were overweight or obese reduces
- The gap between the percentages of Men and Women whose alcohol consumption is above daily recommended guidelines reduces
- Partners promote healthy lifestyle choices to other target protected groups where these have been identified as a priority.

Key Theme 1.2: Increase the number of people, in under-represented groups, accessing health care services.

Information from Engagement:

Information gained from participants during the engagement event highlighted the need for all groups to be able to access health care services. It was suggested that it would be beneficial to introduce GP drop in centres for those people who do not have a home address e.g. homeless people and Gypsy Travellers, so they can access medical advice. This will also aid the pressures the A&E departments face. The requirement and importance for organisations and agencies to work in partnership was highlighted, in order to ease the process of accessing health care for all.

The lack of counselling available for ethnic minority groups in their own languages was highlighted, especially amongst older people. During development of the last set of plans feedback included discussion about groups who find it hard to access healthcare services and suggestions for improving this. It was felt that greater understanding was required by frontline staff in relation to the needs of Lesbian Gay Bisexual Transgender service users and of people with mental health problems. In developing the new set of plans, these issues were highlighted as still being relevant issues for these groups. More work is needed to raise awareness and understanding of mental health issues amongst staff, including those staff who are not directly involved in mental health services.

Over 20% of the total population of Wales suffer from a degree of sensory loss and the adverse consequences on an individual's health and wellbeing were highlighted. Raising awareness of the importance of equality and human rights to ensure person centered service provision through improvements designed to meet individual communication needs must be a priority for the public sector. The need to increase the number of registered interpreters to enable BSL and ethnic minority groups to communicate was highlighted, especially in respect to accessing health care services more efficiently.

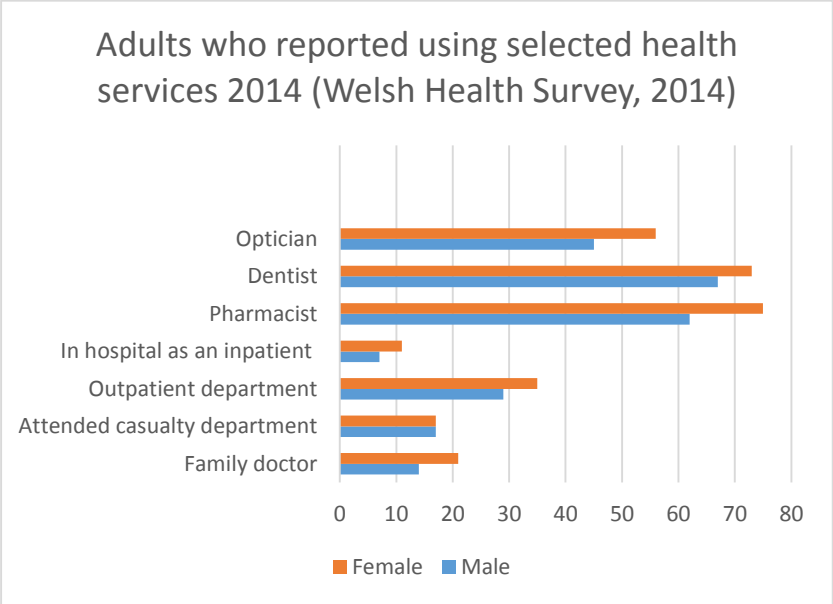
Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes an evidence-based challenge that indicates a need to "Improve Access to Care for older people and children".

All Wales figures from the Welsh Health Survey indicate that men are still less likely than women to access a range of health services and there has been little change in the gap between men and women in each category. However, both males and females reported attending casualty departments at 17%. This has narrowed the 3% gap reported in 2008.

The GP Patient Survey for 2011-2012, reports that people from Black or ethnic minority backgrounds (BME) are more likely than white people to have never seen their GP. In comparison BME men are more likely than white men to report that they have accessed out-of-hours service in the last 6 months.

The 'Review of the evidence on inequality in Access to Health Services in Wales 2014' reports that ethnic minority groups continue to be faced with barriers, such as: the sex of the GP may represent a barrier for Gypsy or Traveller people; language barriers among some BME groups may impede their understanding of health advice received; LGB and LGB disabled people report fears of prejudice or maltreatment.



There is also evidence to suggest that other vulnerable groups such as homeless people, those fleeing from domestic abuse or lone parents may have reduced access to health services due to lack of transport, the cost of reaching services or difficulty in finding childcare.

Suggested Priorities

Although there is some evidence of a reducing gender gap when it comes to attendance at accident and emergency the long-term priorities chosen in 2012 appear to remain relevant:

- The gap between the percentages of Men and Women who reported talking to a family doctor (GP) reduces
- The gap between the percentages of Men and Women who reported consulting a pharmacist reduces
- The gap between the percentages of Men and Women who reported visiting a dentist reduces
- The gap between the percentages of Men and Women who reported visiting an optician reduces
- Partners promote access to health services to other target protected groups where these have been identified as a priority.
- Partners promote person-centered service provision and the importance of meeting individual communication needs

Key Theme 1.3: Improve dignity and respect in care for everyone, particularly older people, vulnerable people, transgender and lesbian, gay and bisexual people.

Information from Engagement:

Participants highlighted that older people were one of the main groups who suffer from health inequalities, however they are not the only group who suffer. Concerns were raised by participants to ensure that all individuals are treated with dignity and respect and without any prejudice to any protected characteristic. It was therefore suggested that this Action Area should be broadened to encompass everyone.

Participants highlighted that older people were one of the main groups who suffer from health inequalities. It was noted that a lack of local EMI assessment facilities cause difficulties for patients and carers and concerns were highlighted in regard to a lack of dignity and respect for older people. Concerns were raised in relation to digital touch screens within GP practice reception areas which can cause problems for visually impaired patients.

Feedback captured from engagement suggested the need for services to adopt a person centred, Human Rights based approach when assessing a person's needs. It was also suggested for the need for medical notes and social services notes to be shared amongst professionals to show respect to the individual. Participants within the engagement event also highlighted the importance for transgender people to be spoken to by their chosen name rather than their birth name when receiving care in order to feel valued and part of society.

Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes evidence-based challenges that indicates a need to "Prevent abuse, neglect and ill-treatment of children and older people in hospitals and care homes" and "Protect human rights of people held in detention".

Older People

Although quantitative data is still not currently well developed a series of qualitative studies have demonstrated concerns about the treatment of older people receiving care. As a follow up to the initial report from 2013 'Dignified Care? The experiences of older people in hospital in Wales', the Older Peoples Commissioner for Wales have produced a follow up report 'Dignified Care: Two Years On'. The follow up report considers the progress made against the twelve areas recognised from the initial review. Dignity and respect has been made a Tier 1 priority within its delivery and performance management framework for the NHS. Its key findings were that dementia care has been identified as a strategic priority by the Welsh Government, however the pace of change and improvement in dementia services still remains to be slow. Older people continue to identify that there is a lack of awareness of dementia and that staff need more training and skills to understand and manage dementia and the challenging behaviour it can

bring. Dementia champions have been identified in most hospitals however the review identifies that older people do struggle to access the specialist dementia services and support they need.

Older People's Commissioner for Wales reviewed and produced a report in 2014 'A Place to Call Home? A Review into the Quality of Life and Care of Older People living in Care Homes in Wales'. The review was the biggest inquiry ever undertaken into the quality of life and care of older people in care homes and the lives they lead. The review acknowledges the changes required to ensure that we in Wales deliver what we are capable of and provided recommendations for Local Authorities. Key findings from the review were split into four key areas including Day-to-Day Life, Health and Wellbeing, People and Leadership, Commissioning, Regulation and Inspection.

Poor continence management was identified as a key concern in the initial report and since then in 2013 the NHS have developed and launched an All Wales Continence Bundle to provide nurses with tools to support the improvement of the patient experience and dignity in care.

Patients are not always asked how they wish to be addressed or their preferred language; communication needs for those with sensory loss continue to be overlooked in some areas.

The 2014 Age UK report Healthy Ageing Evidence Review[2] noted

> *"Within The last ten years of government policy have included repeated commitments to achieving the goal of healthy ageing. The gap between policy aspiration and practical implementation has nevertheless remained, and could be considered to have widened during this period".*

Key issues around health and social care needs of the older population in Wales have been identified in a number of research papers[3]

Loneliness and Isolation

- 1 in 3 people over the age of 65 currently live on their own; for people over 85 it is nearly 1 in 2
- 43% of people aged 75 and over live alone in Wales
- In an Age Cymru poll, 68% of women surveyed were concerned about loneliness in relation to ageing
- A report by WRVS found that nearly three-quarters of over 75s surveyed that live alone feel lonely

[2] Age UK, Healthy Ageing – Evidence Review.(2014)

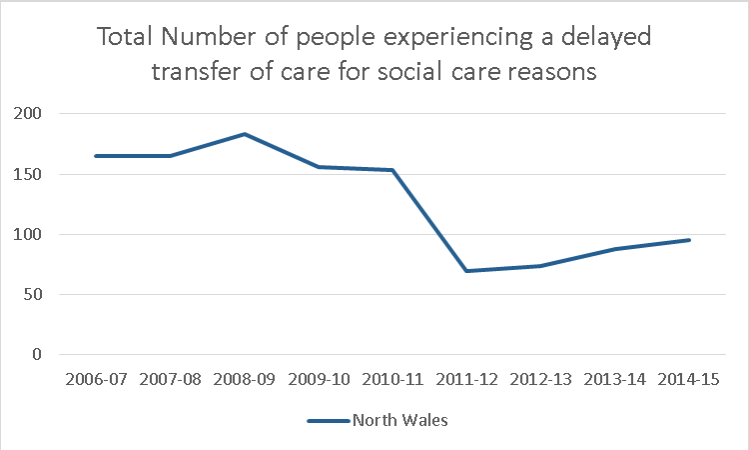
[3] Issues are taken from Demos for WRVS, Ageing across Europe (2012) and Welsh Government, National Survey for Wales. Headline Results. National Stats first release(2013)

- WRVS research (2012) of people over the age of 75 who live alone identified that older men in Wales were the loneliest group across the whole of the UK
- A WRVS report (2012) showed that older people in the UK are the loneliest across comparable European countries.
- A TNS opinion poll for Age UK in 2013 indicated that a quarter of older people in the UK (65+) feel lonely at least sometimes

The older persons perception of Primary and secondary Health Care

- 96% of people who saw a GP or had a hospital appointment agreed that they were treated with dignity and respect
- Of people who had made an appointment for themselves and seen their GP in the last 12 months, 33% found it difficult to make a convenient appointment
- 92% of people were satisfied with the care they received from their GP at their last visit.
- People aged 75 and over were found to be more satisfied with the care they received from their GP (96%) than younger adults aged between 16 and 24 (89%)
- 90% of people were satisfied with the care they received at their last appointment at an NHS hospital. As with GP care, older people tended to be more satisfied with the hospital care they received: 96% of people aged 75 and over were satisfied with the care they received compared with 85% of people aged 16 to 24.

For a number of years there has been concern that a major bottleneck occurs during transition from hospital care to a return to the home. Older people often report a desire to be within their own home and numerous studies suggest that independence can best be maintained if reablement services are made available as soon after an acute episode as possible. Figures showing the number of people across North Wales experiencing a delay in transfer of care show dramatic improvement after 2010-11 and although numbers have risen in recent years levels remain well below historic highs. Nevertheless, for the individuals whose transfer is delayed the impact can be considerable. Across Wales the median length of delay was 26 days (23 days for patients on acute wards and 41 days for patients in mental health facilities).



Lesbian, Gay, Bisexual and Transgender

The 'Review of the evidence on inequality in access to health services in Wales 2014' points out that 65% of Trans people report experiencing 'negative interactions' within general health

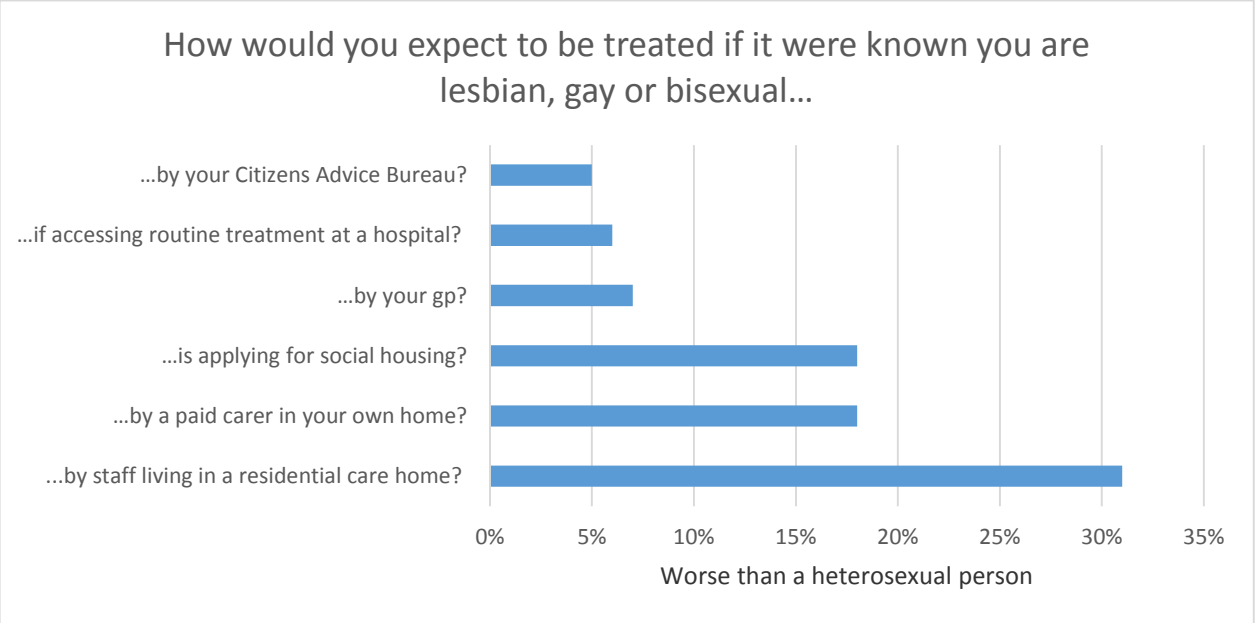
services. Only a quarter of LGB people felt they had received advice relevant to their sexual identity.

Older LGB people are more likely to say that they will need to rely on care services in later life, but some express fears of prejudice from carers and that disclosure of their sexual identity may adversely affect their care. LGB disabled people also report concerns about care staff prejudice and maltreatment.

It was reported that there is a perception among LGB people that there is little visible information about LGB sexual health. LGB people report that health professionals sometimes make inappropriate assumptions about their sexual health needs and that sexual health risks for LGB people are not fully understood by all health professionals.

LGB and Trans people who have mental health difficulties are more likely to report that they have felt uncomfortable using mainstream services and a majority report experiences of negative interactions within this setting. Almost a third of Trans people who have used mental health services report feeling that their gender identity was not seen as valid but as a symptom of mental ill-health.

Research by Stonewall in 2012, reported that lesbian, gay and bisexual people still remain uncertain about how they will be treated across all parts of the health and social care system. 31% of LGB people expect they would be treated worse than heterosexual people by care home staff if they were a resident. Interestingly, 35% of those were over the age of 50. 18% of LGB people expect to be treated worse than a heterosexual person if they need the support of a paid carer in their own home. 5% expect they would be treated worse that heterosexual people when seeking help from a Citizens Advice Bureau and 6% still expect to be treated worse when accessing routine treatment at a hospital. 7% of LGB people expect to be treated worse than heterosexual people by their GP but this increases to 12% of gay young people aged 18-24.



Further research by stonewall in the 2014 Survey "Unhealthy Attitudes"[4] suggest that the needs of LGBT individuals are still not being adequately met. The key issues identified by LGBT and highlighted in this report are; lack of understanding round specific needs, lack of respect, inappropriate language or terminology. Individuals felt that adequate training and LGB role models would improve the situation. When surveyed 33% of individuals felt staff should do more to improve their experience.

Stonewall research has also found significant differences between the health needs of lesbian, gay and bisexual people and those of heterosexual people. Compared to heterosexual people, more lesbian and bisexual women have self-harmed, gay and bisexual men were more likely to misuse drugs more frequently and older lesbian, gay and bisexual people did not feel able to access the health services they need.

Many lesbian, gay and bisexual people report that they have experienced or fear discrimination because of their sexual orientation. They say this creates a barrier to receiving appropriate care and treatment.

Suggested Priorities

Different agencies have different roles to play in their interaction with older people, transgender and lesbian, gay and bisexual people who are receiving care. We encourage further discussion on the role to be played by each partner and how they can realise the aim of:

- Partners continue to take steps to improve the experience of older people in care settings
- Partners take steps to improve the experience of Transgender and Lesbian, Gay and bisexual people in care setting

[4] Stonewall, Unhealthy Attitudes, (2015)

Key Theme 1.4: Increase the uptake of preventative health care services by Gypsy Travellers.

Information from Engagement:

Feedback from consultation indicated the need for services to be more aware of the needs of Gypsy and Traveller communities. The need for seldom heard groups, in particular Gypsy and Traveller communities to be able to register with a GP was also highlighted and the need for specialist advice to be available for these groups.

Our Research:

The 2011 Census reported that Gypsy or Irish Travellers reported the worst health from all ethnic minority groups and had the lowest proportion of any ethnic group who rated their general health as 'good' or 'very good' at 70% compared to 81% of the overall population of England and Wales. It was also reported that the Gypsy or Irish Traveller ethnic group was among the highest providers of unpaid care in England and Wales at 11 per cent and provided the highest proportion of people providing 50 hours or more of unpaid care at 4 per cent.

Two thirds of Gypsies and travellers live in Housing (Department for Communities and Local Government, 2012) and of those who remain caravan dwellers, approximately 80% live in residential Gypsy and traveller caravan sites (CLG, 2013). The remaining small percentage of Gypsy and Traveller households, calculated to comprise around 3,400 families in total (CLG, 2013) are the population who remain the most at risk of premature mortality and morbidity across all health domains. The study also suggest that nearly 18 per cent of Gypsy and Traveller mothers will experience the death of a child – compared with less than 1% of mothers in the settled community.

Parry et al (2004)[5] found that, even after controlling for socio-economic status and comparing to other marginalised groups, the health status of Gypsies and Travellers is much poorer than the general population.

- It is frequently reported that Gypsy and Traveller women live 12 years less than women in the general population and Gypsy and Traveller men 10 years less than men in the general population
- Infant mortality rate that was three times higher than in the rest of the population
- Higher infection rates have been reported, linked to poor sanitation and poor access to clean water, particularly on roadside sites
- The most common problem for Travellers is difficulty in accessing primary care through GPs because of their insistence in having a permanent address

[5] From Sarah Cemlyn, Margaret Greenfields, Sally Burnett, Zoe Matthews and Chris Whitwell for EHRC, Inequalities experienced by Gypsy and Traveller communities: A review, (2009)

- Considerable anecdotal evidence exists to support the notion that many Gypsies and Travellers do not trust health professionals to provide appropriate care, or doubt their willingness to engage with community members on terms of equity
- Health professionals, for their part, lack knowledge about the beliefs and culture of Gypsy and Traveller communities

In respect to access to health services, research suggests that the sex of the GP or nurse may represent a barrier to access for Gypsy or Traveller people. A study completed by Duggan (2012) in South Wales found that the main concerns were a lack of accessible information, inadequate interpreting services, cultural insensitivity and lack of continuity of care and support. He concluded that services may be poorly adapted to the mobile lifestyle of Gypsy and Traveller women.

There is also evidence of gender difference within the communities. Van Cleemput observed some reluctance by Gypsy Traveller men to seek out medical care and attention. In contrast women appeared better at seeking out medical care and placed the well being of their family as a priority. The attitude of Gypsy Travellers to health care is very much determined by individual experiences and experiences of the wider community. Van Cleemput et al (2007)[6] also found an attitude of acceptance of ill-health among Gypsies and Travellers:

> *"Many described their state of health, irrespective of its severity or extent, in terms of restrictions on their ability to perform daily tasks, and appeared to accept chronic ill health as long as day-today management of symptoms could be readily achieved. The inability to obtain relief for unmanageable symptoms was described, as was resignation and low expectations of improvement. Many Gypsies and Travellers who came to the presentations of the preliminary health survey findings were genuinely amazed that their overall state of health compared so unfavourably to other matched groups".*

In a 2015 Report 'The National Gypsy and Traveller Health Inclusion Project 2012-2015[7] States "Structural and cultural change is needed within NHS organisations and beyond to tackle the root causes of avoidable health inequalities". The report highlights the need to Clarify GP duties of care with reference to registering Gypsy, Traveller and Roma patients, especially for those who have no fixed abode. NHS entitlement is based on residency in the UK, rather than nationality, and a lack of permanent postal address should not be a barrier to accessing permanent GP registration.

Lack of cultural awareness and sensitivity of the needs of the community by healthcare professionals makes it even harder for the community to access services, and this leads to suspicion and lack of trust.

[6] From Sarah Cemlyn, Margaret Greenfields, Sally Burnett, Zoe Matthews and Chris Whitwell for EHRC, Inequalities experienced by Gypsy and Traveller communities: A review, (2009)

[7] Rachel Wwmyss and Zoe Matthews , The National Gyspy and Traveller Health Inclusion Project 2012-2015, (2015)

Suggested Priorities

- Partners take steps to promote health services to the Gypsy and Traveller communities
- Partners take steps to identify and address any barriers in access to health services that affect Gypsy and Traveller communities

Key Theme 1.5: Better address the rights and aspirations of people with Mental Health issues and Learning Disabilities.

Information from Engagement:

Communication was a key area highlighted by participants that needs addressing in relation to Mental Health and Learning Disabilities. Representatives from the engagement event suggested that better understanding and awareness raising would be beneficial for staff, especially those who are not directly involved in mental health services. Concerns were also raised in relation to the lack of ethnic minority language counselling available and therefore a lack of treatment and guidance in the patients language of choice.

Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes an evidence-based challenge that indicates a need to "Improve access to mental health services and support to people experiencing poor mental health".

Learning Disabilities

People with learning disabilities die younger and have poorer health than the general population. These differences are, to some extent, avoidable. As such, they represent health *inequalities*. These inequalities are the result of the interaction of several factors including increased rates of exposure to common 'social determinants' of poorer health (e.g., poverty, social exclusion), experience of overt discrimination and barriers people with learning disabilities face in accessing health care.[8]

In the 2010 Report Health Inequalities & People with Learning Disabilities in the UK: Emerson and Baines cite the key issues facing individuals with learning disabilities as;

- Greater risk of exposure to social determinants of poorer health such as poverty, poor housing, unemployment and social disconnectedness.
- Increased risk of health problems associated with specific genetic and biological causes of learning disabilities.
- Communication difficulties and reduced health literacy.
- Personal health risks and behaviours such as poor diet and lack of exercise.
- Deficiencies relating to access to healthcare provision.

A further study carried out in 2010[9] based on information from death certificates found two causes of death which stood out because they are to an extent preventable, and were connected to large numbers of deaths across most groups of people with learning disabilities. They were:

[8] Emerson and Baines , Health Inequalities and People with Learning Disabilities in the UK (2010)
[9] Emerson et al/ Public Health Observatory, How People with Learning Disabilities Die (2011)

- Lung problems caused by solids or liquids going down the wrong way (14% of deaths where a condition associated with learning disabilities was reported)
- Epilepsy or convulsions (13% of deaths where a condition associated with learning disabilities was reported).

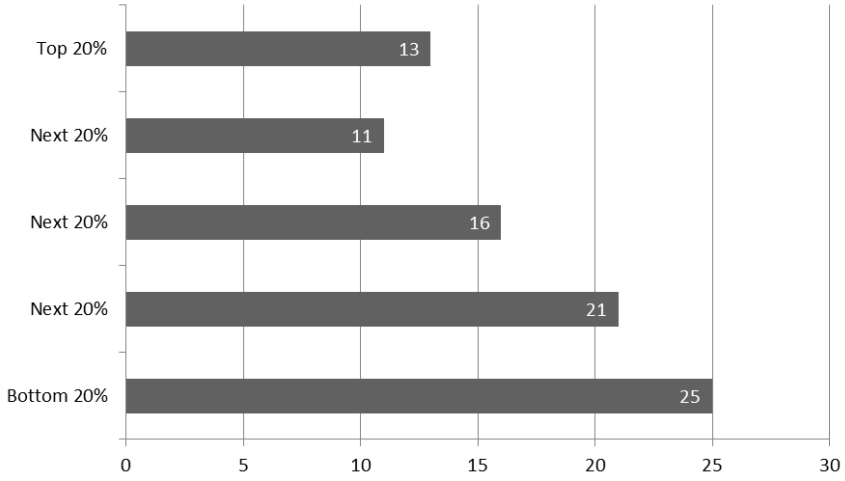
Mental Health

- At least 1 in 4 people will experience a mental health problem at some point in their lives and some estimates are as high as 1 in 2
- At least a third of all families include someone who is currently mentally ill
- Depression - the leading cause of disability worldwide - will be the single biggest medical burden on healthcare by 2020
- 1 in 12 children and young people deliberately self-harm
- Approximately 40,000 cases annually of self-harm by children and young people result in hospitalisation

Mental Health, Resilience and Inequalities report by the World Health Organisation Europe has demonstrated how poor mental health experienced by individuals is a significant cause of wider social and health problems, including:

- Low levels of educational achievement and work productivity
- Higher levels of physical disease and mortality
- Violence, relationship breakdown and poor community cohesion

There is also significant evidence of a correlation between poor mental health and poverty (itself associated with a range of poorer health outcomes). The chart shows the prevalence of poor mental health at different income bands.



In addition the Royal College of Psychiatrists have argued that access to services should be made easier across the lifespan for all people with mental health problems. They found that the most overlooked groups include those in transition from adolescent to adult services, older people, prisoners, people with learning disabilities, and those with substance misuse problems.

Suggested Priorities

- Partners to take steps to raise awareness within their organisations, of the barriers experienced by people with mental health problems or learning disabilities, particularly where they are being cared for in a non-mental health specialist environment

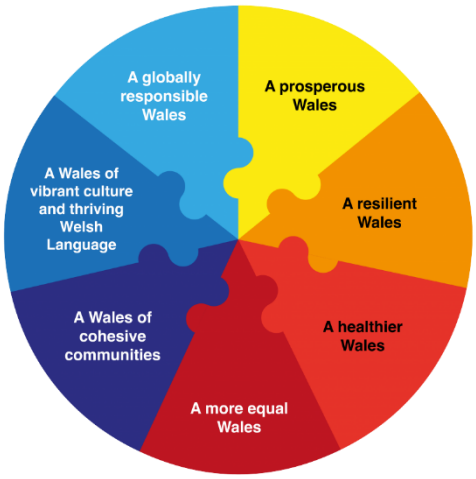
Key Theme 1.6: Work in partnership with other public bodies in North Wales to maximise our combined efforts to address health inequalities wherever possible.

Information from Engagement:

Participants highlighted the need for more collaboration and partnership work between public bodies in all areas related to people's health, in particular in preventative health measures for certain protected characteristics e.g. Gypsy Travellers. Joint working was also highlighted as important in other areas too e.g. Health Boards working with Housing.

Feedback captured from engagement suggested the need for services to adopt a person centred, Human Rights based approach when assessing a person's needs and for public bodies to work in partnership in order to ease the process of accessing health care for all. The importance and need for public bodies to share medical notes and social services notes amongst professionals to show respect for the individual was also discussed and highlighted by participants.

Our Research:



The implementation of the Wellbeing of Future Generations Act (Wales) 2015 will bring profound changes to the way we work across the public sector, and in wider partnership. The 7 interrelated Well Being Goals (as per diagram) are designed to secure sustainable development which means finding and implementing ways in which we are able to meet our needs today without compromising the ability of our future generations to meet their own needs.

The implementation of the Act brings with it a shared legal duty for those bodies covered by the Act to work together with the populations we serve in pursuit of the 7 goals – including that of ensuring a healthier Wales. The shared duty offers a significant opportunity to jointly design and implement the kind of multi-faceted co-operative programmes of work needed to secure improvement across and within each individual goal. Making progress towards securing each of the goals will have positive and lasting impact on overall population health and, when action is clearly focused on those most in need, on reducing health inequalities. Key to the preparation

for the full implementation of the Duties within the Act is the requirement to undertake comprehensive assessments of the wellbeing of our population. As the interrelationship of the goals demonstrates, this assessment will need to encompass all 7 dimensions and must be informed by meaningful engagement with and active involvement, of people and communities across North Wales. Whilst recognising that individual Public Service Boards will hold the responsibility for their own area assessments, many public sector partners have pan North Wales remits. Key to the success of securing comprehensive, consistent, high quality assessments will be a shared commitment.

Suggested Priorities

- Partners to work together where possible to progress towards the 7 Well-being goals

Key Theme 1.7: Increase the immunisation coverage of vulnerable older people and children in deprived communities.

Information from Engagement:

Participants from the engagement event highlighted the need to increase the immunisation coverage of vulnerable groups.

Our Research:

Each year, Public Health in Wales are required to produce an independent Annual Report [10] on the health of their population. Their research has found that immunisation rates are improving, protecting all individuals from preventable infections, however there is still much more to be done. It has been recognised that there is a vitally important role for primary care and community services in championing this focus on prevention. Local authorities and the third sector are also essential partners, who working with local communities need to provide leadership for much of this work.

The research by Public Health in Wales found that the less affluent communities have lower vaccination coverage, contributing to health inequalities. Statistics show that there is a 71% flu uptake in the over 65's and a 51% flu uptake in the at risk groups. This conveys the need for immunisation to be looked at and for the immunisation coverage for the risk groups to be increased to decrease health inequalities.

It has also been reported that vaccinating as many people as possible can reduce illness especially among frail, older people. It is highly effective, cheap and can save lives of babies and children. Coverage for some childhood immunisations remain below a level that give herd immunity and so protect vulnerable children who cannot receive the vaccine. Coverage of seasonal flu vaccination is less that the 75% Welsh government target. Seasonal fly results in large numbers of people with symptoms seeking help from primary care services, and a proportion require hospital admission which can cause delays to routine hospital care. Less affluent communities have lower vaccination coverage, contributing to health inequalities. Coverage for all vaccinations has increased over recent years but there is still room for improvement.

Suggested Priorities:

- Partners contribute to increasing the uptake of immunisation in deprived communities to decrease health inequalities

[10] Executive Director of Public Health Annual Report 2015. A Healthier, Happier and Fairer North Wales.

Objective 2: Address unequal outcomes in Education to maximise individual potential

Key Theme 2.1: Reduce the educational attainment gap between different groups.	28
Key Theme 2.2: Reduce identity based bullying in Education.	30
Key Theme 2.3: Young People are supported in making the transition between Education and Employment	32

Key Theme 2.1: Reduce the educational attainment gap between different groups.

Information from Engagement:

Feedback from participants indicated that this should be the top priority for every school. Participants identified the importance of ensuring that the educational attainment gaps between different groups are reduced in order to maximise attainment for all. During discussions, the role of Estyn in relation to the Equality agenda was explored, and it was felt that a more proactive approach is required and that its quality assurance role should be strengthened.

Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes an evidence-based challenge that indicates a need to "Close attainment gaps in education".

The main findings when comparing the 1991, 2001 and the 2011 Censuses are that there was an overall improvement in Educational attainment but ethnic minority groups experienced greater improvements compared with the White group. In 2011, 60% of the White Gypsy or the Irish Traveller group had no qualifications. This was the highest proportion for any ethnic group and was two and a half times that of the White British group. In comparison, 28% of Pakistani people, 29% of Bangladeshi people and 24% of White British people had no qualifications. In 2011, people from ethnic minority groups were generally more likely than White British people to have degree level qualifications or equivalent.

The Welsh Government (2014) reported that:-

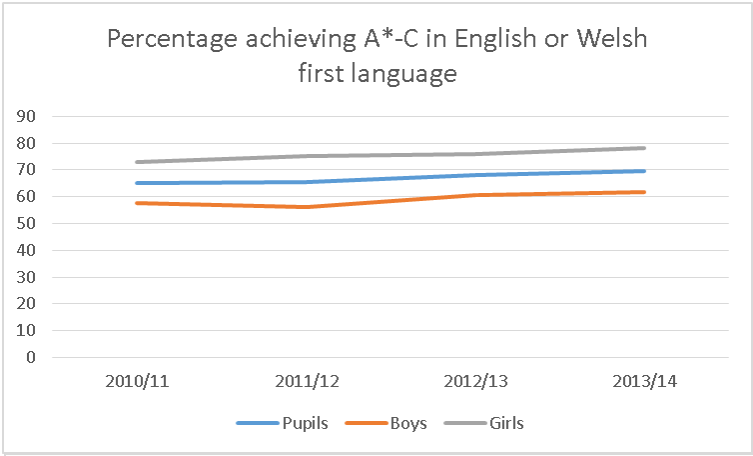
- by the age of 5, disadvantaged children will be over a year behind in their vocabulary compared with their peers from less disadvantaged backgrounds
- 3 out of 10 children from deprived backgrounds fail to achieve the expected levels compared with only 1 out of 10 of their more affluent peers
- eFSM (eligible for Free School Meals) learners in secondary schools in Wales are four times more likely to be persistently absent and four times more likely to be absent without authority than their nFSM peers
- Learners in Wales that live in the most deprived areas are over five times more likely to become NEET (not in employment, education or training) than learners living in the least deprived areas and those who are eFSM are almost three times more likely to be NEET
- This was also identified as a priority area for EHRC in their 'Is Wales Fairer?' (2015) report

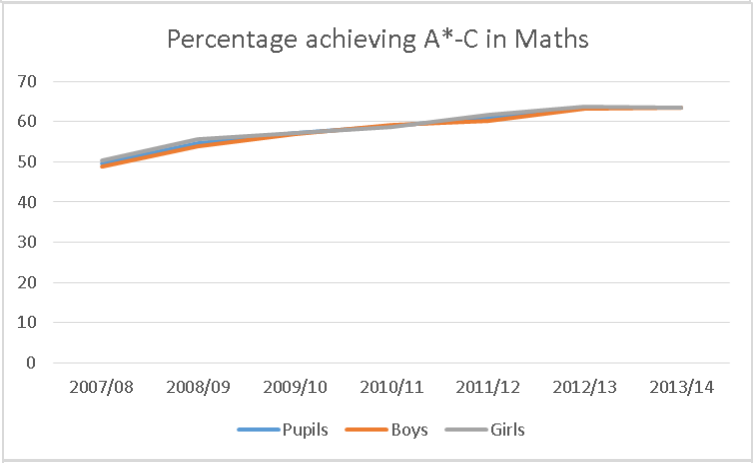
The gap in performance between eFSM and non-eFSM has generally narrowed over the last six years at Key Stages 2 and 3. In the Foundation Phase, the gap has decreased slightly from 2012 and stands at 17.6% in 2013. At Key Stage 4 the gap has narrowed in the past three years.

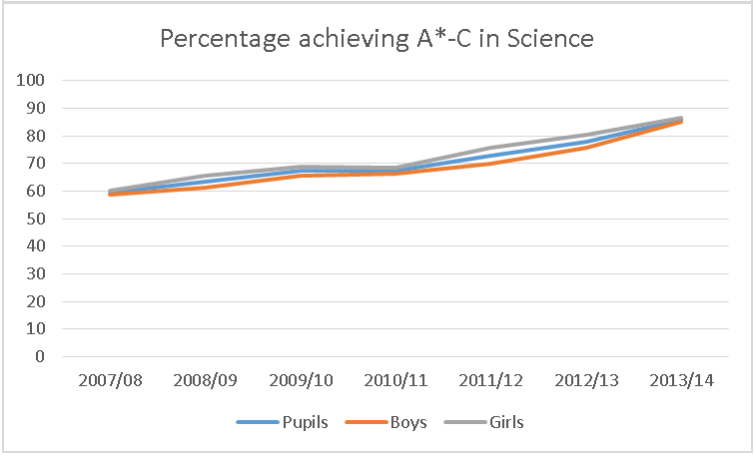
Before children start school, those from more prosperous backgrounds overtake those from poorer ones in terms of language, social and emotional development. What parents do in terms of pre-school educational activities plays an important part in explaining these differences. Children from poor households are less likely than those from wealthier homes to be read to each day, play number games, learn songs, chant nursery rhymes and paint.

Suggested Priorities:

- Partners contribute to further decreasing attainment gaps







Key Theme 2.2: Reduce identity based bullying in Education.

Information from Engagement:

Participants felt that anti-bullying actions in schools should also include cyber bullying. Awareness raising and training sessions on the dangers and potential problems that occur with using social media should be given to parents and children, and the importance of hate crime with bullying should also be raised within schools to promote the issues linking awareness of potential problems.

Our Research:

Evidence from national studies suggests that bullying is a significant problem for a range of children in schools throughout Wales. Between 20% and 50% of pupils in Wales are estimated to have experienced bullying at some point in their school lives (Estyn, 2014). Research by the EHRC published in the 'Is Wales Fairer?' report, highlighted that bullying is a particular risk for pupils with Special Educational Needs, disabled pupils, LGBT pupils, ethnic minority pupils and pupils from a religious background. Instances of bullying were seen to be higher in secondary schools and cyber bullying is a concern. 'Is Wales Fairer?' also referenced an Estyn report (2014) which highlighted that schools' strategic equality plans didn't 'pay attention to the full range of protected characteristics'. Schools' awareness and understanding of bullying and their policies and procedures was often found to be weak.

During 2014 Estyn[11] conducted a thematic review of progress made to tackle bullying in schools. They concluded that it was still the case that '*certain groups of pupils are at a higher-than-average risk of being bullied, including:*

- *pupils with special needs or a disability;*
- *lesbian, gay, bisexual and transgender pupils; and*
- *pupils from a minority ethnic or religious background.'*

Furthermore they observed that:

> *'In most secondary schools, pupils and staff are concerned about the rise in cyberbullying, particularly in relation to the protected characteristics. Cyber bullying has created new forms of bullying that are unfamiliar to some staff. In best practice in schools, staff keep up-to-date with the technologies that pupils use and understand their potential for misuse inside and outside school.'*

The report made a series of recommendations to be taken forward by schools, local authorities and regional consortia. These were that:

Schools should:

[11] Estyn, Action on Bullying, (2014)

R1 raise awareness of bullying on the grounds of protected characteristics with pupils, parents, staff, and governors and take a more proactive approach to preventing and mitigating its effects;

R2 consult pupils, parents, and others, to identify the extent and nature of bullying in the school and to agree the contents of strategic equality plans;

R3 plan age-appropriate opportunities in the curriculum to discuss issues related to the protected characteristics and to build pupils' resilience to bullying;

R4 ensure staff have a clear understanding of the extent and nature of bullying that may take place in school, including cyberbullying,

R5 make sure that staff know how to deal with and record incidents of bullying;

R6 record and monitor incidents of bullying in relation to the protected characteristics and use this information to review strategic equality objectives; and

R7 make sure all policies and procedures meet the requirements of the Equality Act 2010.

Local authorities and regional consortia should:

R8 provide training and support for school staff to improve their understanding of the Equality Act 2010 and its implications;

R9 provide training and support for school governors to enable them to fulfil their statutory responsibilities to monitor strategic equality plans and objectives; and

R10 monitor the quality and effectiveness of schools' strategic equality plans more closely.

Suggested Priorities

- It seems clear from the report that there is still much work to be done in this action area and that the priority should be implementation of the Estyn recommendations

Key Theme 2.3: Young People are supported in making the transition between Education and Employment.

Information from Engagement:

It was suggested that parents should be educated on the types of education and employment opportunities available, to enable parents to guide their children after formal Education.

It was noted that younger people are missing out on potential employment opportunities due to the fact that older people are staying in work for longer with the retirement age being abolished. It was suggested that employers have a succession plan in place to ensure they can plan for younger people coming in and older people retiring to ensure managed transitions and not only a shift in the age of the employees, creating more jobs for the young whilst also maintaining jobs for the older, but also as an aid in sharing the tacit knowledge that may be lost when the older person leaves employment.

Apprenticeships were highlighted as a strategy for younger people to gain employment and it was highlighted that apprenticeships should be promoted more in schools. Welsh Government will fund 16-24 year old apprenticeships which is a positive for this age band in gaining employment, qualifications and job skills. Careers fairs should be promoted within schools and better career advice offered.

Participants suggested that local colleges and universities should be invited to join the North Wales Public Sector Equality Network as partners to promote a feeling of partnership working across the region and also to ensure that all objectives are covered by organisations within the network.

Our Research:

'Is Wales Fairer?' report published in 2015 by the EHRC, highlights that young people were better qualified than ever in 2013, however the unemployment rate within this group has increased. The employment rate was unchanged in 2013 compared to 2008, but the unemployment rate has increased significantly as more people have moved into the jobs market. The effect is that inequalities by gender, disability, ethnicity and socioeconomic group, identified in the 'How Fair is Wales?' Report 2011, have persisted. Inequalities between young people and other age groups have increased.

For women and men there was no significant change in either employment or unemployment over the period as a whole, so the long-standing gender gap remains. For disabled people, less than half (42%) were in employment in 2013 compared with nearly three-quarters (71%) of non-disabled people. Disabled people's unemployment rate rose to nearly one in eight. Amongst ethnic minority groups, static employment rates meant that substantial gaps between ethnic minority and White people persisted, 51% compared with 72%. Unemployment for most ethnic groups rose over the period.

Young people's employment has decreased markedly while employment rates amongst older age groups increased, creating a substantial gap between younger and older people. At the same time, unemployment amongst 16-24 year olds increased so that they are now more than four times as likely to be unemployed as those aged 35-54.

In Wales in 2008 and 2013 Muslims had the lowest employment rate of any group.

In Wales pay gaps widened for young people, ethnic minorities and people from lower socioeconomic groups compared with some other groups. Young people were the lowest paid of all by 2013, with average earnings of £6.50 an hour compared with 35-44 year olds average pay of £11.20 an hour.

Suggested Priorities:

- Partners to contribute towards supporting young people making the transition from Education to Employment and decreasing the gaps between different groups

Objective 3: Address inequalities in Employment and Pay

Key Theme 3.1: Identify and address inequalities within recruitment, retention, training and promotion processes	35
Key Theme 3.2: Identify and address any pay gaps between people with different protected characteristics	37

Key Theme 3.1: Identify and address inequalities within recruitment, retention, training and promotion processes.

Information from Engagement:

Participants acknowledged that a digital application process is common within many organisations, however this approach does not suit everyone and the need for more than one way to apply for a job is very important to ensure accessibility to employment for all. There is a need for employers to increase their awareness of disability needs and also increase their awareness of adjustments that can be put into place within the workplace to ensure they are fully equipped to deal with workplace issues. Discussions took place in relation to raising awareness of career opportunities and progression within different groups. Participants also highlighted the need for employers to have sound retention systems in place with Succession and Workforce Planning as key in their strategic planning. The need for employers to ensure that managed transitions are put into place for when older people are coming up to retirement age and the younger generation are starting out in their careers, especially with the rising of the pension age and the fact that more people are staying in work for longer resulting in jobs being blocked for younger people. There was a feeling that older people feel pressurised (internal/ organisational) that they should be making jobs available for younger people, especially in the current economic climate.

Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes an evidence-based challenge that indicates a need to "Encourage fair recruitment, development and reward in employment".

Small sample sizes in some of the national surveys mean that it is impossible to get a consistent dataset that shows employment rates for each of the protected groups at a regional or local level. We have found evidence that the following groups experience lower rates of employment:

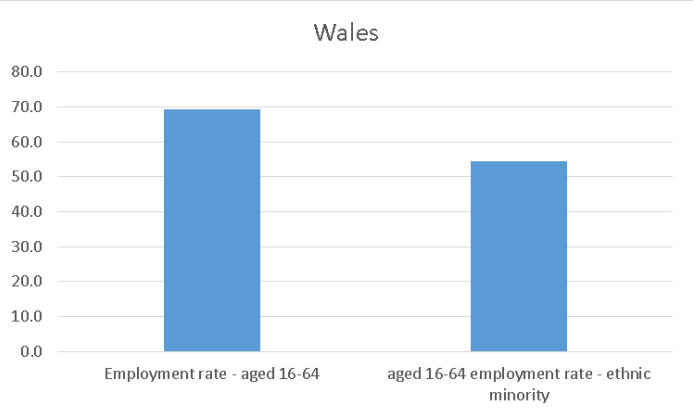
- Women
- Disabled People
- Ethnic Minorities
- Older People
- Younger People

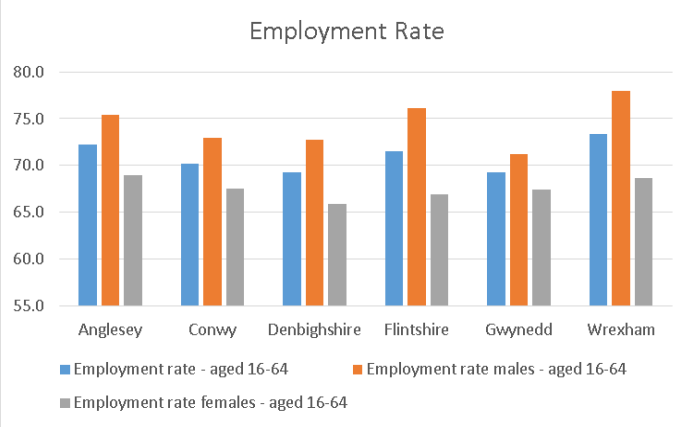
Research from the Labour Force Survey indicates that in the UK, disabled people are now more likely to be employed than they were in 2002, but disabled people remain significantly less likely to be in employment than non-disabled people. In March 2013, the UK employment rate among working aged disabled people was 49%, compared to 91.8% of non-disabled people (a). Over the

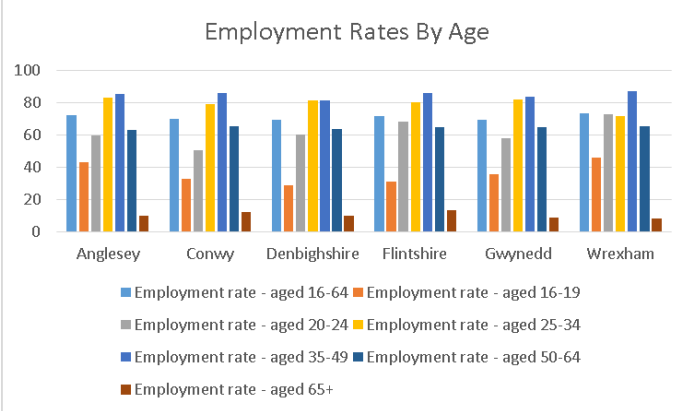
last 14 years, this gap has reduced by 10 percentage points and has remained stable over the last two years despite the economic climate (b).

Welsh Government Key Statistics from 2015 report that during the period April to June 2015, the UK employment rate for those aged 16-64 in Wales was 71.5%, slightly below the UK rate of 73.4%. The unemployment rate in Wales was 5.9%, marginally above the UK rate of 5.6% and the economic inactivity rate for those aged 16-64 in Wales was 23.9%, above the UK rate of 22.1% (c).

Over the last year, the employment rate fell in North Wales whilst the unemployment rate was unchanged and economic activity increased. There were 305,000 people in employment in North Wales in the year to September 2014, down 4,800 (or 2 per cent) over the year. For the same period employment in Wales increased by 1 per cent and employment in the UK increased by 2 per cent. Within North Wales, 5 of the 6 authorities had falls over the year, with Wrexham having the largest percentage fall (down 3 per cent). The remaining authority, Conwy, increased over the year (up 1 per cent).







Suggested Priorities

Priorities remain largely similar to those priorities from 2012:-

- The % of employees who are Aged 16-24 (All Participating Partners) increases
- The % of employees who are Aged 50-64 (All Participating Partners) increases
- The % of employees who are Aged 65 and over (All Participating Partners) increases
- The % of employees who are Disabled people (All Participating Partners) increases
- Any other inequalities in the employment process in public sector organisation in north Wales are identified in new employment monitoring arrangements
- Partners can demonstrate that they have taken steps to overcome any identified inequalities or barriers

Key Theme 3.2: Identify and address any pay gaps between people with different protected characteristics.

Information from Engagement:

Participants suggested that employers should promote themselves by going out into the community to attract new employees. It was also suggested that local organisations work together in partnership to train local people, to help them into work, to provide them with the employability skills needed to be successfully employed which in turn will boost the local economy. Participants also suggested that employers compare career progression success rates of people with different protected characteristics, including those who went on maternity to track employees' organisational journey to understand why employees may not be progressing. Participants also suggested that there is more focus on addressing the pay gap and offering a commitment to the living wage.

Our Research:

National research indicates inequalities in the levels of pay between different genders, ethnicities and between disabled people and non-disabled people. National, local and regional information is only available with regards to gender pay gap. It indicated that a gender pay gap also exists in North Wales and its constituent local authority areas. However, the small sample size means that regional and local data cannot be compared year or year meaningfully.

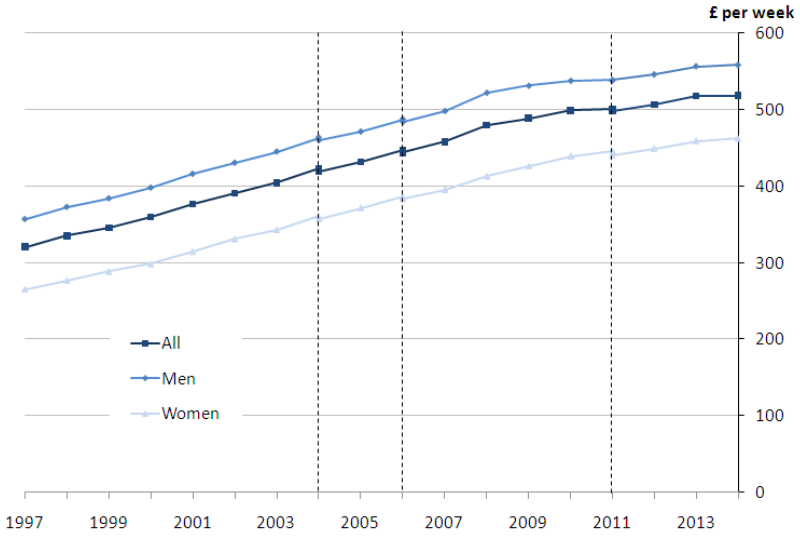
Average full-time weekly earnings in North Wales were below the Wales average in 2013. Relative to the UK, earnings in North Wales were 85% of the UK average in 2014, whereas earnings in Wales were 86.6% of the UK average.

'Is Wales Fairer?' report (2015) highlighted that the gender pay gap narrowed from 20% to 17%. The gap narrowed because men's average pay declined between 2008 and 2013 more than women's. In Wales pay gaps widened for young people, ethnic minorities and people from lower socioeconomic groups compared with some other groups. Young people were the lowest paid of all by 2013, with average earnings of £6.50 an hour compared with 35-44 year olds average pay of £11.20 an hour.

The gender gap in favour of men in terms of pay of graduates remained high even when they had studied the same subject as women and research indicated that male graduates achieved better employment outcomes and pay than female graduates.

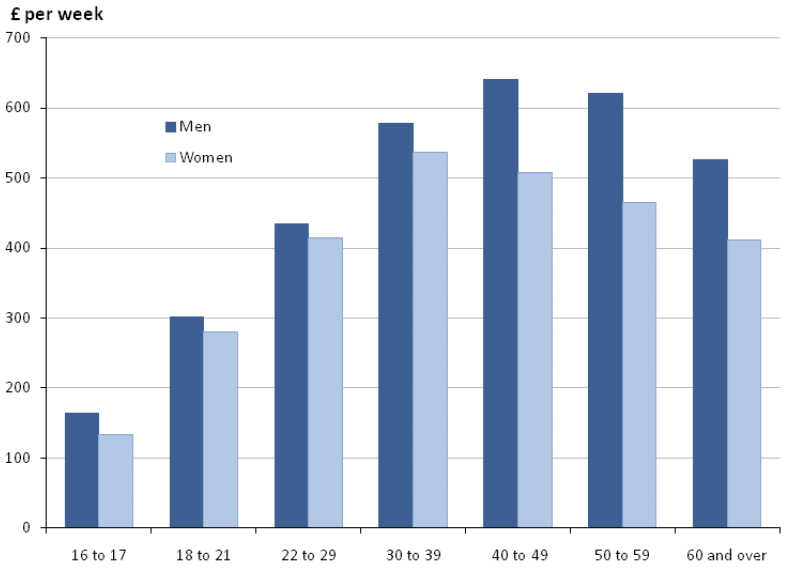
Bangladeshi men had the lowest pay of all ethnic groups and Black men and their families have seen the largest regressions in pay and income since 2010. The number of Black and Asian workers in low-paid jobs has increased.

Pay (in real terms) declined, for almost everyone. Those affected most were: men, young people, African/Caribbean/Black ethnic group, Non-Christian Religions especially Sikhs. National research also indicates that earnings are often higher in England than Scotland and Wales, and pay remains lowest in Wales up until normal retirement age of 65.



Median full-time gross weekly earnings by sex, UK, 1997 to 2014

Source: Annual Survey of Hours and Earning (ASHE) – Office for National Statistics



Median full-time gross weekly earnings by sex and age group, UK, April 2014

Source: Annual Survey of Hours and Earnings (ASHE) – Office for National Statistics

Suggested Priorities

- The % difference between Male and Female mean gross hourly pay (full-time) (North Wales) reduces
- The % difference between Male and Female mean gross hourly pay (part-time) (North Wales) reduces
- There is evidence that partners have taken steps to address pay difference between protected groups in their own organisation

Objective 4: Address inequalities in Personal Safety

Key Theme 4.1: Increase the reporting of hate crime and harassment and take steps to reduce incidents of hate crime and harassment including on-line abuse and bullying	40
Key Theme 4.2: Increase the reporting of domestic abuse and take steps to reduce domestic abuse	42
Key Theme 4.3: Increase awareness in vulnerable communities around telephone and on-line fraud	44

Key Theme 4.1: Increase the reporting of hate crime and harassment and take steps to reduce incidents of hate crime and harassment including on-line abuse and bullying.

Information from Engagement:

Participants highlighted the need for a definition of Hate Crime to be clearer. It was felt that 'hate' is a strong word to describe what has happened to someone and very often those who experience a sustained, subtle and prolonged series of incidences very often did not describe them as a crime but simply something that has happened to them for most of their lives. There was concern from some of the groups that the perpetrators of bullying on Facebook and social media had no idea of the effect it would have on their victims; this was especially true of the young. More information should be given out in schools about the effects of online bullying and the Police's ability to trace bullying that occurs online. This message could be delivered by teachers or through other agencies who are delivering other messages through the educational process. The use of role models with a high profile in the media could be utilised to carry the message, which could resonate more with young students.

Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes an evidence-based challenge that indicates a need to "Eliminate violence, abuse and harassment in the community".

Findings from the All Wales Hate Crime Research Project indicate that progress has been made, however it is clear that hate crime is still a daily reality for many people in Wales.

The protected characteristic most commonly perceived by the victim as an offender's motivation for committing a crime was the victim's race (All Wales Hate Crime Research Project). However, interestingly the overall number of hate crimes recorded by the Police in England and Wales has dropped, especially those motivated by race. Hate crimes motivated by religion, disability and transgender have risen.

Reported Hate Crimes 2012/2013

Hate Crime Strand	North Wales	Wales
Race	325	1,398
Religion	7	39
Sexual Orientation	56	219
Disability	32	135
Transgender	7	19
Total number of hate crimes	427	1,810
Total number of offences	418	1,765

In 2013/14 there were 1,809 hate crimes reported in Wales to the police, of which: 122 (8%) were disability hate crimes, 1,368 (76%) were race hate crimes, 54 (3%) were religion/faith hate crimes, 244 (13%) were sexual orientation hate crimes and 21 (1%) were transgender hate crimes.

England and Wales – Hate Crimes recorded by police by monitored strand, 2011/12 to 2013/14

Hate Crime Strand	2011/12	2012/13	2013/14	% change 2012/13 to 2013/14
Race	36,008	35,889	37,484	4
Religion	1,621	1,573	2,273	45
Sexual Orientation	4,364	4,261	4,622	8
Disability	1,753	1,843	1,985	8
Transgender	310	361	555	54
Total number of motivating factors	44,056	43,927	46,919	7
Total number of hate crimes	N/A	42,236	44,480	5

In 2013 hate crimes and incidents remain a serious issue in Britain with one in six lesbian, gay and bisexual people experiencing a homophobic hate crime or incident over the last three years. Half of those who experienced a hate crime or incident said that the perpetrator was a stranger aged under 25. However, three in ten victims said they knew the perpetrator or one of the perpetrators, whether it was someone living in their area, a colleague or even a friend or family member.

During the period April 2014 to June 2015, 315 hate crime occurrences were reported to Victim Support Wales.

Suggested Priorities

Priorities remain largely the same as in 2012 to ensure that hate crime is reported and dealt with together with preventative work are likely to be long-term priorities.

- The number of reported hate crimes underneath Protected Characteristics demonstrating an improvement in reporting.
- Partners continue to engage in preventative work around hate crime and harassment to reduce hate crime.

Key Theme 4.2: Increase the reporting of domestic abuse and take steps to reduce domestic abuse.

Information from Engagement:

Participants suggested that consideration should be given to disabled individuals who could be at risk of domestic violence in their homes and perhaps would be unlikely to report this due to the impact this could have on their care provision. It was also suggested that staff dealing with the public who may not necessarily be directly involved in domestic abuse services should be made aware of how and where to refer people for help if they are approached.

Our Research:

A large body of evidence exists which highlights the problem of domestic violence and the disproportionate impact it has on people's lives.

In Wales in 2014-15, a total of 4514 women were referred to domestic abuse services. 2247 were referred to refuge, whilst 2267 were referred to floating support services. Between 2008 and 2013 the All Wales Domestic Abuse Helpline has increased the number of calls it manages, from 22,285 calls to 29,718. The number of calls from those experiencing Domestic Abuse / Sexual Violence has increased by 7%. This includes managing 11.2 calls per day from callers experiencing Domestic Abuse / Sexual Violence, 2.4 from concerned others and 41.4 calls a day from agencies.

The Office for National Statistics reports that there were 7.1% of women and 4.4% of men who reported having experienced any type of domestic abuse in the last year, equivalent to an estimated 1.2 million female victims of domestic abuse and 700,000 male victims. Overall, 30% of women and 16.3% of men had experienced domestic abuse since the age of 16, equivalent to an estimated 4.9 million female victims and 2.7 million male victims. In the last year, partner abuse (non-sexual) and stalking were the most common of the separate types of intimate violence: 4% of women and 2.8% of man reported having experience partner abuse. 2% of women and 0.5% of men had experiences some form of sexual assault in the last year.

A direct comparison of the data from 12 of the Welsh Women's Aid member groups, showed that in 2014-15 the numbers of referrals were decreasing, along with the numbers and percentage of women being accepted into accommodation.

Worryingly, the data shows that 7 out of the 10 abuse types are rising, including increased reports of emotional abuse, physical abuse and forced marriage.

Paired with this is the increase in the amount of women in refuge experiencing mental health issues, from a third at the beginning of the year to almost three quarter's at the end. National data indicated that in Wales there has been an increase for women in the proportions of poor mental health since 2008 and women were at a greater risk of poor mental health. There was also seen to be notable increases in poor mental health amongst middle aged men and women, especially men in the 40-44 and 45-49 age bands.

Suggested Priorities

There is little evidence to suggest a change from our focus on:

- The number of reported domestic violence incidents increases
- Partners continue to engage in preventative work around domestic violence

Key Theme 4.3: Increase awareness in vulnerable communities around telephone and on-line fraud.

Information from Engagement:

Participants highlighted their concerns about cyber-crime; this was broken down into severe types of online crime - Elderly Scams, Fraud and Identity Crime. Groups were very concerned with elderly scams however it was recognised that this type of deception can occur with any age group. Householders are targeted and the elderly are more susceptible. Scams can be conducted via the internet, on the telephone or by door to door salesmen. The aim of the crime is to dupe the householder into buying or agreeing to part with either cash or to handover banking details. Participants suggested that more information could be made available to householders by multi agencies delivering information during home visits to make them aware of these scams, and how to avoid falling for them and where to report any activity they are suspicious of.

Our Research:

Over recent years it has become a growing concern that the official statistics on crime in England and Wales have not adequately been captured on the scale of fraud. As shown in Crime Survey for England and Wales (CSEW) estimates, crime is down from 19 million at its peak in 1995 to under 7 million offences in the year ending June 2015. It's been argued that fraud hasn't actually fallen, but it's changed and the newer types of fraud haven't been captured by the survey measurement.

With this change, the ONS have recognised that there is a gap in their reporting tools and are working on developing their main victimisation module in the CSEW to cover fraud and elements of cyber-crime experienced by the population resident in households. From October 2015, new questions have been added into the questionnaire. The new questions extend beyond plastic card and banking fraud to cover a fuller spectrum of fraud and computer misuse crimes, including those committed in person, by mail, over the phone and online. They also encompass a range of harm or loss, including incidents where the victim suffered no or little loss or harm, cases where they have been reimbursed by others (such as bank or credit card company) and cases where significant harm or loss was experienced.

In developing the new questionnaire, a large scale trial was carried out between May and August 2015 in England and Wales. Preliminary results indicated:-

- there were an estimated 5.1 million incidents of fraud, with 3.8 million adult victims in England and Wales in the 12 months prior to interview (Table 1); just over half of these incidents involved some initial financial loss to the victim, and includes those who subsequently received compensation in part or full
- where a loss was reported, three-quarters (78%) of the victims received some form of financial compensation, and in well over half (62%) they were reimbursed in full

- in addition to fraud, the field trial estimated there were 2.5 million incidents of crime falling under the Computer Misuse Act, the most common incident where the victim's computer or other internet enabled device was infected by a virus; it also included incidents where the respondent's email or social media accounts had been hacked

Table 1: Fraud and computer misuse – incidents and number of victims

England and Wales **Adults aged 16 and over**

Offence group	Number of incidents (000s):	Incidence Rate per 1,000 adults:	Number of victims (000s):	Victim Rate per 1,000 adults:
Fraud	5,110	112	3,757	82
Fraud with loss (including those reimbursed)	2,648	58	2,079	46
Fraud no loss	2,462	54	1,856	41
Computer misuse	2,460	54	2,113	46
Unauthorised access to personal information (including hacking)	404	9	404	9
Computer virus	2,057	45	1,741	38
Unweighted base (n= number of adults interviewed)	2,072			

1. Source: Crime Survey for England and Wales Field Trial, Office for National Statistics
2. Field trial conducted between May and August 2015

As part of their quarterly crime statistics bulletins, data published from the Office for National Statistics from June 2015 to October 2015 reported the figures below in relation to various fraudulent activities broken down by North Wales regions.

	Conwy	Isle of Anglesey	Gwynedd	Flintshire	Denbighshire	Wrexham
Online shopping and Auctions	19	0	31	57	9	No data
Application Fraud (excluding Mortgages)	0	0	0	47	0	No data
Banking and Credit Industry Fraud	0	11	0	35	0	No data
Cheque, Plastic Card and Online Bank Accounts (not PSP)	24	18	25	33	23	No data
Computer Software Service Fraud	26	22	29	0	22	No data
Other Advance Fee Fraud	20	18	19	0	12	No data
Other Fraud (not covered elsewhere)	16	20	29	37	13	No data

Suggested Priorities:

- Partners to engage in increasing awareness of telephone and on-line fraud

Objective 5: Address Inequalities in Representation and Voice

Key Theme 5.1: Decision making bodies become more representative of the communities they serve.	47
Key Theme 5.2: Consultation and Engagement is improved through strengthening links between the Public Sector and local and national groups representing people from all protected groups.	50

Key Theme 5.1: Decision making bodies become more representative of the communities they serve.

Information from Engagement:

Participants discussed that this objective remained relevant and there needs to be continued work to encourage more diversity in decision making bodies, focusing on encouraging people from under represented groups to become more involved. The need to encourage all age groups was discussed and the idea to adopt 'take over days' whereby people are given the opportunity to have a taster of what it is like to make decisions in a public authority.

A number of people felt that progress in recent years in the representation of different groups has been mixed with great strides for some groups and little change in others.

Our Research:

The Equality and Human Rights Commission report "Is Wales Fairer?" includes an evidence-based challenge that indicates a need to "Increase access to justice and encourage democratic participation".

The candidates survey conducted at the time of the last local government elections found that across Wales:

Gender

- 32% of elected councillors were female in comparison to 31% of unelected candidates.
- Among county councillors, 28% were female (an increase from 22% in 2004) and 72% were male.

Age

- The majority of elected councillors were over the age of 60 – 57% of county councillors and 61% of community councillors.
- 46% of unelected candidates were of the same age.

Ethnicity

- The majority of elected councillors were White – 99.4%.
- 2.8% of unelected candidates were from an ethnic minority background (Mixed/multiple ethnic groups, Asian/Asian British, Black/African, Other).

Religion

- 83% of the sample of elected councillors said they were Christian in comparison to 70% of unelected candidates.

Sexual Orientation

- 2% of elected councillors identified as lesbian, gay or bisexual (LGB) in comparison to 5% of unelected candidates.

Disability

- 14% of elected councillors considered themselves to be disabled compared to 15% of unelected candidates.

The publication of the Wales Power Report: women in Public Life means we have strong evidence on the gap between male and female participation in public life across a range of themes. Evidence from the 'Is Wales Fairer?' (2015) report indicates that there has been little evidence of improvement in political representation in the last five years, with women, disabled people, young people, ethnic minorities, religious minorities and lesbian, gay, bisexual and transgender (LGBT) people remaining under-represented at all levels of politics in Wales.

Further local authority information

In North Wales the proportion of elected Councillors who were female (2012) was as follows:

	% Female
Flintshire	30%
Conwy	25%
Gwynedd	24%
Denbighshire	23%
Wrexham	15%
Isle of Angelsey	5%

Just 9% (2 of 22) of local authority leaders were female[12]

National Parks

	Women	Women %	Men	Men %
Snowdonia National Park Authority	4	21%	14	79%

Police and Crime Commissioner – North Wales

	Women	Women %	Men	Men %
Police & Crime Commissioner	0	0	1	100%
Chair of former police authority	0	0	1	100%
Members of Police & Crime Panel	3	25%	9	75%
Members of former police authority	4	20%	16	80%

[12] Welsh Power Report: Women in Public Life, 2013

Fire and Rescue Authority

	Women	Women %	Men	Men %
North Wales	6	21%	22	79%

Betsi Cadwaladr University Health Board

	Women	Women %	Men	Men %
2012	8	38%	13	62%
2015	11	50%	11	50%

Unfortunately, little data is regularly collected relating to other protected characteristics. However, anecdotal evidence suggests that all of the following groups are under-represented in public life:

- People with a BME background
- Disabled People
- Trans People
- Lesbian and Gay People
- Young People

Suggested Priorities:

- Partners continue to take steps to promote opportunities for involvement in decision making bodies to protected groups who are currently underrepresented on such bodies

Key Theme 5.2: Consultation and Engagement is improved through strengthening links between the Public Sector and local and national groups representing people from all protected groups.

Information from Engagement:

Many people from the consultation event suggested the need for flexibility in terms of the timings, locations and venues used for public meetings and the business meetings of public bodies etc. to enable more people to attend and be involved. Lack of transportation links was also identified as a barrier which could prevent access as could physical access in poorly designed areas which are used as consultation and engagement venues. Other issues which may impede people's ability to attend and take part in consultation and engagement events may be rurality, time commitment, transport, childcare arrangements, cost, time off work etc. People also stressed the need for translation and interpreter services to be available for consultation and engagement events, beyond just English and Welsh and to include BSL and other languages.

Specialist language and jargon used by professionals can also be a barrier to communication and participation. It was also noted that consultation should be a two way conversation and should include customers being able to discuss their own issues and not just the organisation consulting on their own proposals.

Our Research:

The 'Is Wales Fairer?' (2015) report found that there has been little increase in the diversity of people participating in civil, political and public life since the initial 'How Fair is Wales?' (2011) report. It was also reported that in Wales less than one in four people feel that they are able to influence decisions affecting their local area. Older people (aged 75 and over), disabled people and women feel less able to influence decisions than some other groups.

A range of 3rd Sector and service user groups are engaged in a range of ways in the development of public sector policies and plans. Specific engagement has taken place to develop equality objectives and Strategic Equality Plans across North Wales.

The Equality Act 2010 and Public Sector Equality Duties provide clarity about engagement and consultation with the public, service users and local networks and groups. There is a need to review these mechanisms, on a North Wales basis, to extend the range of this work, improve and develop relationships and avoid duplication.

Suggested Priorities

- Partners continue levels of engagement and involvement across protected characteristics and demonstrate compliance with the requirements of the public sector duties
- There is evidence of improved satisfaction with engagement mechanisms
- Regional engagement and consultation structures continue

Objective 6: Address inequalities in access to information, services, buildings and the environment

Key Theme 6.1: Improve access to information and communications and the customer experience, in particular for people with sensory loss and for those whose first language is not English or Welsh.	52
Key Theme 6.2: Improve physical access to services, transport, the built environment and open spaces.	54

Key Theme 6.1: Improve access to information and communications and the customer experience, in particular for people with sensory loss and for those whose first language is not English or Welsh.

Information from Engagement:

Participants highlighted that Single Points of Contacts (SPOC) are often used within public service organisations and identified the importance for the SPOC to be accessible with individuals being aware of the opening times and location of the SPOC. It was suggested that library buildings could be used as the location for the SPOC. Many organisations now utilise the internet as their main library for information, however access to information via websites doesn't work for everyone and can result in digital exclusion. Public internet access is provided in locations such as libraries, however some people are concerned about confidentiality and the fact that some websites may be blocked; limiting people's access to important information. Lower levels of knowledge and confidence in using the internet varies between different groups of people, e.g. some Older People, people with low literacy levels, people with limited Welsh or English language skills, and people with sensory loss, and therefore presents itself as a barrier for all people to access information. Participants also highlighted that people on lower incomes may not have access to a computer and access to information about Welfare Reforms was a significant concern. Potentially the most vulnerable people will not have access to the information that they need e.g. people with a disability, people in rural areas, older people and young people.

It was also highlighted that staff do not always understand the barriers to accessing information e.g. deaf people. The language and presentation of documents was also highlighted as an issue and the importance to use Plain English and Cymraeg Clir on public documentation, ensuring that documentation is available biligually. How to request alternative formats and languages on public documents should be on the front page of documents, so it's clear and easy for people to find the information in the format they require. BSL should be routinely available including easy read formats, and it was suggested that it would be beneficial is there were BSL video clips on websites to explain information.

Our Research:

There are a range of barriers to access that can affect different groups of people for one reason or another. Older people are more likely to experience hearing loss, sight loss or mobility problems all of which can affect access if no steps are taken to cater for these circumstances. To illustrate there are 534,000 people in Wales who suffer from hearing loss and 64% of these fall in the retirement age group. 44,500 suffer from severe or profound hearing loss and 84% of this figure fall in the retirement age group.[13]North Wales has higher proportion of older people in

[13] Action on Hearing Loss (2011)

the population than other parts of Wales or the UK and so understanding requirements and enabling access for those with hearing loss, sight loss and mobility problems must be a priority.

The 2011 Census reports that a small percentage (22,000) of usual residents in England and Wales reported a sign language as their main language; of these usual residents, 70% (15,000) used British Sign Language (BSL) and BSL is the first or preferred language of approximately 3,000 people in Wales.[14] In addition there are also large numbers of users of Makaton.

Research by RNIB highlights that there were 24,120 people living with sight loss in North Wales in 2011 and predictions are that by 2020 there will be 29,200. In 2014 there were 1332 people registered as blind. Large print, audio and braille solutions can enable access for this group.

Language can also be a barrier for those who speak a language other than Welsh, English or BSL. The Census 2011 shows that across England and Wales 4.2 million people (7.7%) reported another main language and Polish was the most popular other main language with 546,000 people reporting this as their main language. The Census also indicated that for England and Wales 1.7% of the population were non proficient in English and this group had the lowest employment rates at 48.3%. Across different parts of North Wales the most common language other than English or Welsh vary but:

Suggested Priorities

- Partners take steps to identify and address barrier to communication
- Partners take steps to improve the accessibility of information

[14] ONS 2011 Census (2011)

Key Theme 6.2: Improve physical access to services, transport, the built environment and open spaces.

Information from Engagement:

Participants highlighted that access to services is still a significant issue which is repeatedly highlighted in engagement events with different groups. When designing and developing public services, participants highlighted the importance that communities are involved to ensure a more collaborative approach when designing and delivering suitable public services. Feedback suggested that staff are not always aware of how to engage and how to meet the needs of consultees and sometimes lack awareness of, for example, the impact of living in a rural area in relation to accessing services in respect of the cost, availability and accessibility of public transport.

Improvements to services were also discussed in great detail including access to services such as public toilets, and pavement improvements being made to improve access.

Our Research:

A comprehensive critical review of digital inclusion and exclusion demonstrated that older people, those with lower socioeconomic status, individuals with limiting disabilities and those with lower educational attainment are more likely to be digitally disengaged[15]. Disability Wales ran a project called Digital Lives which supports the digital inclusion of disabled people across Wales. The project included facilitation and delivery of workshops to raise awareness of the assistive technologies to enable people to get online and to increase disabled people's confidence and knowledge in relation to ICT.

The smallest settlements within Wales and particularly those in the sparsest context are furthest from services and therefore access to services can be difficult for these people.

The EHRC 'Is Wales Fairer?' (2015) report highlights that access to public and community transport is being affected by reduced funding. In Wales, 179 bus routes have been cut, altered or withdrawn since 2010[16]. In relation to access to housing, the proportion of social housing stock meeting the Welsh Housing Quality Standard has increased from 60% in March 2013 to 72% in March 2015 (Welsh Government, 2015).

In relation to accessible car parks within the UK, Disabled Motoring UK conducted a survey in 2012[17] to understand the problems disabled drivers face with accessible car parks throughout the UK. The surveyed sample of car parks were chosen because of their key location in major UK cities, therefore may not be representative of the general UK picture in relation to accessible parking. However, results from the surveyed sample of car parks found that many of the UK car

[15] Welsh Government, Digital Inclusion: Analysis Package (2011)
[16] Campaign for Better Transport (2014)
[17] Disabled Motoring UK: Report on the Level of Provision for Disabled Customers in City Centre Car Parks in England, Scotland and Wales (2012)

parks are not generally designed, equipped or managed to accommodate a large cross-section of disabled people adequately. Results found that the minimum headroom clearance was not always adhered to, the minimum number of disabled bays are not always provided, the disabled bays were not always designed using the minimum size guidelines and were often too narrow. The report also found that ticket payment machines rarely had different levels of payment facilities to accommodate wheelchair users and disabled bay abuse was also a problem. Following on from the research, Disabled Motoring UK have developed a Disabled Parking Award which is aimed at improving parking for disabled people and reducing abuse of disabled spaces. This will be launched in 2016.

In relation to safety services, the Fire Service during the year 2014-15 have exceeded their target in providing fire safety checks in homes in North Wales with 36.7% of home fire safety checks being completed following a referral from a partner organisation. During the year the Fire Service attended 6,093 incidents, which is fewer than in the previous year and continues the overall downward trend. Special service incidents reduced by 24.6% compared with 2013/14 and by 37.5% compared with the average over the previous 3 years. False alarm incidents saw an increase of 3.7% compared with the previous year, but a 2.7% reduction when compared with the average over the previous 3 years. Total fire incidents decreased by 7.1% (172 fewer fires) when compared with last year, and by 15.1% when compared with the average over the previous 3 years.

Suggested Priorities:

- There is evidence that partners have taken steps to identify and address barriers to services, transport, the built environment and open spaces


Cyngor
sir ddinbych
denbighshire
County Council


CYNGOR
Sir y Fflint
Flintshire
COUNTY COUNCIL


SNOWDONIA
NATIONAL PARK


wrexham
wrecsam


Gwasanaeth Tân ac Achub
Fire and Rescue Service


SWYDDFA COMISIYNYDD HEDDLU
A THROSEDD GOGLEDD CYMRU
OFFICE OF THE POLICE & CRIME
COMMISSIONER NORTH WALES


COLEG
CAMBRIA


CYNGOR SIR
YNYS MÔN
ISLE OF ANGLESEY
COUNTY COUNCIL


CONWY
CYNGOR BWRDEISTREF SIROL
COUNTY BOROUGH COUNCIL


GIG
CYMRU
NHS
WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board


CYNGOR
GWYNEDD
COUNCIL


Cwmni Adsefydlu Cymunedol
Cymru
Wales
Community Rehabilitation Company
PROBATION