

# Equality Impact Assessment

## **1. Describe and explain the impact of the proposal on people with protected characteristics as described in the Equality Act 2010.**

Consideration should be given to the following questions. Please consider whether there are possible impacts for subsections of different protected characteristic groups.

- **How will the proposal promote equality (Please see the general duties)?**

The draft strategy recognises suicide and self-harm as an inequality issue, linked to social determinants of health such as socioeconomic disadvantage and adverse childhood experiences (ACEs). For this reason, a focus on inequality has been identified as a cross-cutting theme that runs throughout the strategy – and will continue through to the supporting action plan.

The Suicide and Self-Harm Prevention Strategy has been developed as a cross-Government strategy identifying the key protected characteristics linked with suicide and self-harm and the identification of multi-departmental actions which address them.

The draft strategy has been developed following extensive engagement with stakeholders across Wales, including an independent review of the current Suicide and Self-Harm Prevention Strategy and a pre-consultation event focussed on mental health, which is one of the key drivers linked with suicide and self-harm in Wales. The event targeted key stakeholders including those who represented groups with protected characteristics.

The draft strategy has been written in the context of A Healthier Wales: our Plan for Health and Social Care (“A Healthier Wales”) which sets out the vision for a whole system approach to health and social care in Wales. A Healthier Wales lays out the Welsh Government’s ambitions for progress and improvement, and describes the core values that underpin the system in Wales, including:

Proactively supporting people throughout the whole of their lives, and through the whole of Wales, making an extra effort to reach those most in need to reduce the health and wellbeing inequalities that exist.

It is also set in the context of the Well-being of Future Generations (Wales) Act 2015<sup>1</sup> which aims to improve the social, economic, environment and cultural well-being of Wales. Achieving the Well-being Goals set out in the Act is key in relation to tackling some of the key drivers of suicide and self-harm in Wales.

The draft plan has been, and will continue to be, reviewed by relevant departments with policy responsibility for groups with protected characteristics and will be the

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<sup>1</sup> [Well-being of Future Generations \(Wales\) Act 2015](#)

subject of further stakeholder engagement with stakeholders prior to its publication. Please refer to the *Engagement with Stakeholders* section below for further details.

- **What are the possible negative impacts on people in protected groups and those living in low-income households and how will you mitigate for these?**

The 'what is the current picture?' section of the strategy draws on the latest available evidence to identify the main causes of suicide and self-harm in Wales. Consistent with the 'focus on equality' theme committed to in the introduction, this section explores the links with protected characteristics such as disability, race, religion, and gender. It also makes links with poverty and linked factors such as contact with the criminal justice system.

Those identified as potentially vulnerable have been highlighted under Objective 3 with the intention that there can be a focus on delivering support to them and in the places that they are most likely to present in the system, including debt advice and employment centres, education settings and custodial settings. This approach recognises that people who are vulnerable to suicide and self-harm often have multiple and co-occurring issues and could appear in any part of the system.

The strategy recognises that more needs to be done to better understand the determinants of suicide and self-harm in Wales which will allow us to better understand the risk factors and support required. Objective 1 commits Welsh Government to this. To help inform this the upcoming consultation has a specific focus on reaching the most vulnerable in society so they can help shape it and the action plan which will follow. Please refer to the *Engagement with Stakeholders* section below for further details.

- **What if any, barriers do people who share protected characteristics face? Can these barriers be reduced, removed, mitigated?**

Health intersects with factors including race, socioeconomic status, gender and age, and there are a number of examples of this. People living in rural communities and those with disabilities face barriers to healthcare access, and disabled people also have more unmet care needs due to waiting lists or cost. A higher rate of psychological distress and a lower level of satisfaction with health services are observed among LGBTQ+ individuals.

There is a body of evidence in relation to access to mental health services and inequalities of experiences and outcomes for those with protected characteristics. This is summarised in the Equalities Impact Assessment for the draft Mental Health and Wellbeing Strategy (2024-2034), which has also been published for public consultation.

Objective 1 of the new strategy - *Have robust evidence, drawing on a range of data, research and information, supported by robust infrastructure which utilises it to predict,*

*focus resources and shape policy and interventions.*, will allow us to gather more evidence, which will inform our policies and actions and help mitigate and reduce barriers of inequality.

*Objective 3 - Delivering rapid and impactful prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.*, will allow us to address those groups in society, which we have already identified.

- **Engagement with stakeholders**

With the view to informing the development of the vision statements for the Mental Health and Wellbeing Strategy (2024-2034) and the Suicide and Self-Harm Prevention Strategy, and their supporting principles, Welsh Government carried out pre-consultation engagement with stakeholder in Wales, including an online survey, completed by over 250 individual and organisations. This pre-consultation engagement also identified potential barriers for those with protected characteristics – particularly in terms of access to services / tackling stigma – and highlighted how these should be reduced, removed, and mitigated.

- A number of respondents said clearer understanding/explanation of Real Time Suspected Suicide Surveillance (RTSSS) needed.
- What do you classify as self-harm??
- Need to ensure staff have the appropriate training.
- Define what you mean by those affected by suicide.
- Definition of ‘timely’
- Need to define at risk groups. Drivers for self-harm - trauma / life circumstances /living situation/relationships.

This feedback has been taken account of in the drafting. For example, many of the comments relate to better explanation of terms etc. In response we have developed a glossary to support the strategy.

In terms of further engagement and consultation: As part of the consultation on the Mental Health and Wellbeing Strategy, and also the Suicide and Self-Harm Prevention Strategy, we are planning to engage specifically with stakeholders with protected characteristics and under-served groups. We will be developing a resource pack that we will be sharing with stakeholders to support their engagement with partners and those with lived experience. (Specific work will also be carried out with children and young people – see the Children’s Rights Impact Assessment for further detail.) We will be publishing the draft Equalities Impact Assessment, the Children’s Rights Impact Assessment and the Welsh Language Impact Assessment – as part of both consultations, and will be asking a specific consultation question to gather stakeholder views on our assessment of impacts and other evidence that we should consider. We will engage directly with the following groups to share consultation resources:

- Ethnic Minorities Task and Finish Group
- Disability Rights Taskforce

- Disability Wales
- Advocacy Matters Wales
- Papyrus
- Scope
- TGP Cymru
- The Traveller Movement
- Men's Sheds Cymru

The resource pack will also be shared with the NHS Executive, Local Health Boards and the National Coordinator for Suicide and Self-harm and disseminated through regional leads to engage with local partners. It will also be made available to anyone who requests it through our consultation webpages.

- *Share your EIA wider within Welsh Government, ask colleagues to consider unintended impacts.*

The draft strategy has been shared with relevant Welsh Government departments who have contributed.

- *How have you/will you use the information you have obtained from research to identify impacts?*

A summary of the research findings is provided within the strategy and has informed the development of the objectives.

### **Record of Impacts by protected characteristic**

The strategy details the available evidence relating to suicide and self-harm in Wales. It recognises that a need has been identified through the process of developing the strategy to develop a more robust evidence base. Therefore Objective 1 has been introduced which commits the Welsh Government to this.

The forthcoming consultation will provide an important source of evidence through engaging those in both professional capabilities and people with lived experiences to contribute.

The other objective have been developed to use the both available and emerging evidence to deliver effective interventions and support for people affected by suicide and self-harm in Wales as follows:

- *Strengthen the infrastructure to use research, evidence, and surveillance to predict, focus resources and shape policy and interventions.*
- *Take cross-Government and cross-sectoral action to tackle the drivers of suicide and reduce access to means to suicide.*
- *Deliver prevention, intervention, and support to those groups in society who are the most vulnerable to suicide and self-harm through the settings with which they are most engaged.*

- *Further improve skills, awareness, knowledge and understanding of suicide and self-harm and its causes amongst the public, professionals and agencies who encounter people at risk of suicide and self-harm.*
- *Ensure an appropriate and compassionate response to those who self-harm, have suicidal thoughts, or who have been affected or bereaved by suicide in order to promote effective recovery and reduce stigma.*
- *Increase responsible communication, media reporting, and social media use regarding self-harm, suicide, and suicidal behaviour.*

Accompanying these, we will develop an action plan (outlining detailed activities that will take place as part of the objectives) and an evaluation framework, which will set out how progress against our objectives will be achieved.

Below is an analysis on the impact based on the evidence currently available:

### **Age**

- **Positive** Impact on all ages. This strategy will be provided, without restriction, to everyone in Wales. Objective 1 of the draft strategy will help better inform actions to prevent, predict and respond to suicide and self-harm, whilst objective 3 of the strategy will aim to ensure that we provide a more tailored and targeted approach to support those groups that are most vulnerable to suicide and self-harm. - It also aims to ensure that we identify and provide appropriate support within the settings where individuals who are vulnerable present. We will do this through being led by research and evidence to identify groups and settings and develop programmes of work to support individuals and organisations. The groups identified include.
  - Men aged 40-50
  - Young people, particularly girls aged 10-14 who are susceptible to self-harm.

### **Disability (think about different types of disability)**

- **Positive.** The strategy identifies, through research undertaken, that people with a range of disabilities impairments have higher rates of suicide than non-disabled people. This includes neurodivergent people and people with mental health conditions (noting that enduring mental health conditions are classified as disabled as defined by the Equality Act 2010<sup>2</sup>). It These groups have been specifically defined as a vulnerable group within the strategy and the objectives will allow for further exploration in terms of the level of impact and interventions (objective 1) and the actions required to support them (objectives 2 and 3). It is recognised that the scope of impairments which could lead to a person being categorised as disabled is broad and that this needs to be recognised in the support provided. Therefore, a general category of 'disabled' people has been

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<sup>2</sup> [Equality Act 2010](#)

included in the list of vulnerable groups to allow for a more detailed analysis in the context of Objective 1 and responding actions.

## Race

- **Positive.** Research shows that suicide is not so prevalent in minority ethnic groups. However, evidence suggests that suicidality may be expressed or developed in different ways in different cultural contexts and ethnic groups, and that clinicians' approaches may not always capture this diversity or recognise expressions of mental distress from people with different cultural backgrounds to them (Hunt et al., 2021<sup>3</sup>). It may also suggest that existing models of suicidal behaviour and risk assessment are biased towards White groups, resulting in worse aptitude for recognising suicidal behaviour among minoritised ethnicity individuals. In support of this, a study on self-harm in children and youth (Farooq et al., 2021<sup>4</sup>) found that minority ethnic groups were less likely to receive a specialist psychosocial assessment and mental health care. The authors concluded that this could reflect ethnic and cultural differences in help-seeking, self-reliance, and the relevance of mainstream services in meeting the needs of minority ethnic groups.

The strategy also recognises challenges for Gypsy, Roma and Traveller families in terms of their ability to open up about their mental health and well-being and ability to access services which allows for a dialogue about how these issues are addressed in both the suicide and self-harm and Mental Health Strategies.

Objective 1 will allow for greater and continued monitoring/exploration of potential links between suicide and self-harm and ethnicity and allow us to respond accordingly through the implementations of the objectives through accompanying Delivery Plans.

## Religion / Belief and non-belief

- **Positive** – Research shows that belonging to a religious group was linked to lower rates of suicide. Objective 1 will allow for greater and continued monitoring/exploration of potential links between suicide and self-harm and religion - and allow us to respond accordingly through successive action plans. Objective 5 of the draft strategy states - *Ensure an appropriate and compassionate response to those who self-harm, have suicidal thoughts, or who have been affected or bereaved by suicide in order to promote effective recovery and reduce stigma.* This strategy and associated action plan –will follow the key principles set out in the 'Responding to People Bereaved, Exposed, or Affected by Suicide' guidance; 'To acknowledge those

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<sup>3</sup> Hunt, I., et al. (2021). 'Suicide rates by ethnic group among patients in contact with mental health services: an observational cohort study in England and Wales', *The Lancet Psychiatry*, 8(12), 1083-1093.

<sup>4</sup> Farooq, B., Clements, C., Hawton, K., Geulayov, G., Casey, D., Waters, K., Ness, J., Patel, A., Kelly, S., Townsend, E., Appleby, L., & Kapur, N. (2021). Self-harm in children and adolescents by ethnic group: an observational cohort study from the Multicentre Study of Self-Harm in England. *Lancet Child Adolesc Health*, 5(11):782-791. doi: 10.1016/S2352-4642(21)00239-X. Epub 2021 Sep 21. PMID: 34555352; PMCID: PMC9766885.

characteristics protected through the Equality Act 2010' that may present particular needs and preferences (e.g. they may be experiencing stigma and discrimination in addition to the stigma often associated with suicide; they may have particular requirements relating to their faith or beliefs, or the faith or beliefs of the person who has died, which may be different; or that they are feeling that these faiths and beliefs are being challenged by the nature of the death).

### **Sex/Gender**

- **Positive.** This strategy will be provided, without restriction, to everyone in Wales. The strategy will provide a more tailored and targeted approach to support those groups that are most vulnerable to suicide and self-harm. It also aims to ensure that we identify and provide appropriate support within the settings where individuals who are vulnerable present. We will do this through being led by research and evidence to identify groups and settings and develop programmes of work to support individuals and organisations. This will include being aware of culture, gender, disabilities, and individual differences. As mentioned above, young people (and in particular young girls in relation to self-harm) and middle-aged men are highlighted in the objectives and will allow for further exploration in terms of the level of impact and interventions (objective 1) and the actions required to support them (objectives 2 and 3).

### **Pregnancy and maternity**

- **Positive.** This strategy will be provided, without restriction, to everyone in Wales. The draft Mental Health strategy and accompanying equalities impact assessment recognises that certain population groups and protected characteristic groups, including Pregnancy and maternity, may require additional support in protecting their mental health, and also in accessing services. Objective 2 within the draft Suicide and Self-Harm Prevention Strategy, *Co-ordinated cross-Government and cross-sectoral action which collectively tackles the drivers of suicide, and reduces access to means to suicide* will aim to deliver on Vision statement 1 and 2 in the proposed Mental Health and Well-being Strategy to improve mental health and well-being through a preventative approach and tackling the wider determinants of mental health.

### **Children**

- **Positive.** like its predecessor, the new strategy is an all-age strategy – but it includes specific priorities and actions that will directly impact for children and young people. The vision statement for the strategy is to reduce suicide and self-harm through preventative action and timely access to support – including for those who are affected by incidences.

In addition, the strategy contains a number of cross-cutting principles, including a focus on priority groups. Given the evidence above, particularly in relation to

the prevalence of self-harm among young females, the strategy provides the opportunity for accompanying action plans to develop targeted interventions.

The strategy also recognises the impact of suicide and self-harm wider than the individual themselves (e.g. family members and friends). Children and young people could be particularly vulnerable to such impact given that men aged between 40 and 49 have consistently had the highest rates of suicide of any age group since 2008 – and many of this age group could have young children. It is widely known that Adverse Childhood Experiences (ACEs) such as death of a parent can significantly increase the risk of the development of mental health problems later in life. Not only does the strategy provide the basis for reducing such incidences through a range of actions but it, and the accompanying mental health strategy, seek to enhance of the timely offer of support for young people who are affected by suicide and self-harm.

The strategy also commits the Welsh Government to identifying further opportunities to enhance online safety. With so much of their lives on the internet and social media this is particularly relevant to children and young people. As part of this, the Welsh Government has been, and continues to work with the UK Government to bring forward the Online Safety Act which places a duty on internet providers to enhance online safety with a particular focus on children and young people.

We have carried out engagement with young people in the National Youth Stakeholder Group on the vision exercise outlining the separation of the mental health strategy and the Suicide and Self-harm Prevention Strategy. We will be conducting thorough engagement in the formal consultation period with children and young people. This engagement work will be carried out by experienced co-productive practitioners and work with groups with lived experience, protected characteristics and underrepresented children and young people. The nature of the engagement will be catered to the needs, wishes and abilities of the existing groups.

This engagement work will be supported by the publication of a children and young people's version of the draft Mental Health Strategy and the creation of a children and young people's version of the Suicide and Self-harm Prevention Strategy, which will be available on request. There will also be Easy Read versions of both strategies available.

### **Low-income households**

- **Positive.** The Suicide and Self-harm Prevention Strategy for Wales (2015-2020), 'Talk to me 2', presents a clear gradient between the rates of suicide, and residence-based deprivation, with rates of suicide being highest in the most deprived communities. In 2017 Samaritans commissioned a report 'dying from inequality'<sup>5</sup>, followed by 'socioeconomic disadvantage and suicidal

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<sup>5</sup> [Samaritans Dying from inequality report - summary.pdf](#)



behaviour: finding a way forward for Wales<sup>6</sup> from Samaritans Cymru. Both reports recognise that people living in the most disadvantaged communities face the highest risk of dying by suicide with income, unmanageable debt, unemployment, poor housing conditions, and other socioeconomic factors contributing to risk.

- As mentioned above - the draft recognises financial strain and poverty and high-risk factors and we have already identified, through working with policy teams, possible actions for the supporting action plan including making sure the Single Advice Fund is accessible to at risk groups to provide advice and support on social, welfare and finance issues. It also makes links with the child poverty strategy and policies which address those other risk factors linked with low income such as problem gambling and drinking.

## Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people's human rights?

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative impacts?
	<p>Positive impact. This strategy sets out our commitment to deliver a reduction in the number of suicide deaths and the rates that have endured over recent years. It also aims to establish a pathway to support people who self-harm and to improve support for those bereaved by suicide.</p>	<p>Understanding health as a human right creates a legal obligation on states to ensure access to timely, acceptable, and affordable health care of appropriate quality as well as to providing for the underlying determinants of health, such as safe and potable water, sanitation, food, housing, health-related information.</p> <p>Articles that may apply:</p> <ul style="list-style-type: none"> <li>• article 8 - the right to respect for private and family life.</li> </ul>	<p>N/A</p>

<sup>6</sup> [Socioeconomic disadvantage and suicidal behaviour | Samaritans](#)

## EU/EEA and Swiss Citizens' Rights

Part 2 of the EU-UK Withdrawal Agreement, along with the EEA EFTA Separation Agreement and Swiss Citizens Rights Agreement ("Citizens Rights Agreements") give EU, EEA<sup>7</sup> and Swiss citizens who were lawfully resident in the UK by 31 December 2020 certainty that their citizens' rights will be protected.

The Citizens Rights Agreements are implemented in domestic law by the European Union (Withdrawal Agreement) Act 2020 (EUWAA)<sup>8</sup>

Eligible individuals falling within scope of the Citizens Rights Agreements will have broadly the same continued entitlements to work, study and access public services and benefits, in as far as these entitlements have derived from UK membership of the EU as well as its participation in the EEA Agreement and the EU-Swiss Free Movement of Persons Agreement.

Subject to certain limited exceptions<sup>9</sup>, individuals will need to have applied for a new residence status (either pre-settled or settled status) through the EU Settlement Scheme. The deadline for making such an application expired on 30 June 2021.

Policy considerations to take into account:

- Have you considered if your policy proposal will impact EU, EEA, or Swiss citizens whose rights are protected by the Citizens Rights Agreements?
- If there is the potential for any negative impact on such EU EEA or Swiss citizens, how will any such impacts be eliminated or managed if management is deemed appropriate?
- Is legal advice required?

Please consider the impacts of your policy on the areas below, indicating whether the impact is positive or negative and any action required to eliminate potential negative impact. Please note the basis for your answer, including where legal advice has been sought and please also indicate where a right is not relevant for your policy:

**Residency** – the right to reside and other rights related to residence: rights of exit and entry, applications for residency, restrictions of rights of entry and residence.

**Mutual recognition of professional qualifications** – the continued recognition of professional qualifications obtained by EU/EEA/Swiss citizens in their countries (and already recognised in the UK).

**Access to social security systems** – these include benefits, access to education, housing, and access to healthcare.

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<sup>7</sup> The EEA includes the EU countries as well as Iceland, Liechtenstein and Norway.

<sup>8</sup> Sections 5 and 6 of EUWAA.

<sup>9</sup> E.g., where an individual has Irish citizenship (including dual British and Irish citizenship) or where they had indefinite leave to enter or remain in the UK)

**Equal treatment** – this covers non-discrimination, equal treatment, and rights of workers.

**Workers' rights** – workers and self-employed persons who are covered under the Citizens Rights Agreements are guaranteed broadly the same rights as they enjoyed when the UK was a Member State. They have a right to not be discriminated against due to nationality, and the right to equal treatment with UK nationals.

(Frontier workers (those citizens who reside in one state and regularly work in another) can continue working in the UK if they did so by the 31 December 2020).

The proposed Suicide and Self-Harm Prevention Strategy policy proposal will not impact EU, EEA, or Swiss citizens whose rights are protected by the Citizens Rights Agreements.