

# **Equalities Screening of the Highland Green Health Partnership Work Plan 2025- 2030**

## **Who are the Partnership?**

The Highland Green Health Partnership meets quarterly, and is chaired by the Head of Health Improvement within the NHS Highland Public Health Team. The work plan is coordinated by the Senior Health Improvement Specialist, employed through NHS Highland. The partnership is made up of:

- NHS Highland
- NatureScot
- High Life Highland
- Highland Third Sector Interface
- Highland Environment Forum
- Walking Scotland
- The University of the Highlands and Islands
- The Cairngorms National Park Authority
- Forestry and Land Scotland
- The Highland Council
- Highlands & Islands Climate Hub
- Representatives from the Environment, Health and Social Care Sectors

## **Our Vision:**

*'By 2030, the natural environment will be valued as essential for the health & wellbeing of the people of Highland. We will work together to support individuals and communities to connect with and enjoy nature, while safeguarding our natural spaces and promoting inclusion'*

## **Scope of Screening:**

For the purpose of the screening we have looked at the following areas

- Rurality - Fairer Scotland
- Climate Change
- Protected Characteristics

It is acknowledged that Children's Rights are also important - but children and families are not the main focus of the plan. Projects that may come about as a result of support and/or funding through our work will be encouraged to screen for Children's Rights.

## **Data Sharing Agreement**

The partnership data sharing agreement will be updated to include changes in membership and use of data in light of the new priorities.

## **The work plan:**

The Highland Green Health Partnership was established in 2018 and in June 2025 a review of the work plan took place to set the priorities for the partnership between 2025-2030. Work will be delivered under four themes:

### **THEME: BUILDING CAPACITY, SKILLS AND UNDERSTANDING**

**Action 1** - Build on the guidance and support available to community groups, link workers, health practitioners and volunteers (formal and informal)

**Lead** – Highlands and Islands Climate Hub

**Action 2** - Integrate and embed the key messages and actions laid out in the communication plan

**Lead** – NHS Highland

**Action 3** - Continue to build on the case studies as evidence of impact and gather and build on the shared evidence as new research is published.

**Lead** – NHS Highland

### **THEME: ADDING VALUE THROUGH COLLABORATIVE WORKING**

**Action 4** - Commitment to the Highland Climate, Nature and Health Charter and report against progress.

**Lead** – Highlands and Islands Climate Hub

**Action 5** - Continue to work with our Higher Education institutes through student placements, graduate and post-graduate research and job placement opportunities.

**Lead** – UHI / Uni of Aberdeen / NHSH

### **THEME: EMBEDDING & INTEGRATING**

**Action 6** - Work with Community Partnerships to address nature, climate and health and develop a network of shared learning among these.

**Lead** – Community Planning Support Team

**Action 7** – Develop additional pathways from services (health and community) to nature-based, health-enhancing opportunities

**Lead** – NHS Highland

**Action 8** - Seek new opportunities to embed Green Health Principles into regional development plans (including green infrastructure and green space) and all partners raise at relevant strategic groups they sit on

**Lead** – The Highland Council / Cairngorms National Park Authority

## THEME: SUSTAINABLE FUNDING

**Action 9** - Collaborate to secure ongoing funding to support nature-based health improvement initiatives and enhance green space unlocking capital funding.

**Lead** – NatureScot

### Summary of Potential Equality Impacts

Please note:

This summary is developed to highlight key areas of consideration across the implementation of this work plan, and to provide guidance to organisations providing opportunities and activities in nature. Specific actions to mitigate negative impacts will need to be developed for each delivery situation.

Protected Characteristic	Potential Impact
<b>Age</b>	<ul style="list-style-type: none"><li>• Access to information &amp; digital literacy</li><li>• Mobility &amp; Access to Services</li><li>• Older populations will have more complex health issues</li><li>• Representation - ensure all age groups needs are targeted.</li><li>• Older people more likely to have issues around fuel poverty, single occupancy households - exacerbated by rurality.</li><li>• Delivery projects including children and young people require additional considerations through <u>GIRFEC principles and values</u>, and support wellbeing through the 8 <u>SHANARRI indicators</u></li></ul>

Protected Characteristic	Potential Impact
<b>Disability</b>	<ul style="list-style-type: none"> <li>• Mobility &amp; Access to Services</li> <li>• Additional support needs; e.g. carer</li> <li>• Greenspaces and natural places are not designed with disabilities in mind.</li> <li>• Include mental ill health within disabilities</li> <li>• Feelings of safety</li> <li>• Communications channels, materials and methods</li> <li>• Additional impact of rurality and limited transport</li> </ul>
<b>Gender Re-assignment</b>	<ul style="list-style-type: none"> <li>• Representation and feelings of safety, and stigma heightened by rurality.</li> <li>• Impact of gender dysphoria on feelings of inclusion</li> </ul>
<b>Married &amp; Civil Partnership</b>	<ul style="list-style-type: none"> <li>• Neutral.</li> </ul>
<b>Pregnancy and Maternity</b>	<ul style="list-style-type: none"> <li>• Access, clothing, perceived safety and representation</li> <li>• Potential mobility limitations</li> </ul>
<b>Race</b>	<ul style="list-style-type: none"> <li>• Representation, language, available peer support impacted upon by rurality.</li> <li>• Cultural differences, clothing and safety.</li> </ul>
<b>Religion</b>	<ul style="list-style-type: none"> <li>• Representation, language, available peer support impacted upon by rurality.</li> <li>• Cultural differences, clothing and safety</li> <li>• Timing of events and activities</li> </ul>
<b>Sex</b>	<ul style="list-style-type: none"> <li>• Known gender differences in participation</li> <li>• Isolation and safety concerns for women</li> <li>• Stereotypes</li> <li>• Menopause</li> </ul>
<b>Sexual Orientation</b>	<ul style="list-style-type: none"> <li>• Representation, stereotypes and stigma heightened by rurality.</li> <li>• Peer support impacted by low numbers and rurality.</li> </ul>

## Other Considerations

<b>Socio-Economic Status/Social Class</b>	<ul style="list-style-type: none"> <li>• Less affluent have less opportunity to access greenspace</li> <li>• Financial costs of participation, clothing or transport</li> <li>• Rural communities making travel difficult and activities hard to sustain due to low participation.</li> <li>• More affluent may be more politically active and ask for support</li> </ul>
<b>Asylum Seekers</b>	<ul style="list-style-type: none"> <li>• May be less likely to engage or feel included</li> <li>• May have less knowledge of resources and support available</li> </ul>
<b>Greenhouse Gas Emissions</b>	<ul style="list-style-type: none"> <li>• Negative impact due to travel.</li> <li>• Ensure funding sources are not high carbon emitters</li> </ul>
<b>Impact on Environment &amp; Wildlife</b>	<ul style="list-style-type: none"> <li>• Wildlife &amp; habitat disturbance through participation.</li> <li>• Access disputes</li> <li>• Litter</li> </ul>
<b>Resilience to Climate Change</b>	No negative impacts seen

Footnote: The purpose of this screening is to highlight potential negative impacts. There are also opportunities for enhance positive impacts and the Highland Green Health Partnership are invited to continue to discuss these for inclusion in work plan outputs.

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