

NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Please refer to the EQIA Guidance Document while completing this form. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Proposed Service Redesign – Penumbra Bardowie Street Alcohol Related Brain Injury Residential Service

Is this a: Current Service Service Development Service Redesign New Service New Policy Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.

Penumbra Supported Accommodation, Alcohol Related Brain Damage, (ARBD) registered Care home is located within a residential street in Possil, Glasgow. Accommodation consists of eight single bedrooms with en-suite toilet and shower, a communal bathroom, two lounge areas (one with a dining area), two communal kitchens and a laundry room. At the rear of the home there is a garden area, which is shared with adjoining properties. Within the service there are two staff offices. Staffing cover is provided 24 hours a day with overnight support by a waking nightshift. The service aims to provide support to people with alcohol related brain damage, enabling individuals to regain a better quality of life. This assists with their recovery in the hope that individuals can then move on to their own tenancy within the community.

Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.)

Glasgow City HSCP proposes to enter into a discussion with Penumbra to explore options for a service redesign in line with ARBD pathway developments. This would involve scoping an option to replicate a Penumbra service currently operating in Edinburgh City in partnership with City of Edinburgh Council. The Edinburgh service is an alcohol-free 10-bedded step-down unit that provides short-term care for vulnerable men and women, aged 18+, who have a diagnosis of Alcohol Related Brain Damage. The emphasis on the unit is to maintain capacity to reduce delay in acute hospitals whilst providing an environment conducive to rehabilitation and recovery from the patient's cognitive impairment. It is important to remember that ARBD is not a degenerative condition and up to 75% of people with ARBD will recover to some degree with abstinence and appropriate rehabilitation support. The proposals for the redesign are in line with the Mental Welfare Commission for Scotland Good Practice Guide, Alcohol Related Brain Damage, and (ARBD).

The proposed new model will operate with focused partnership arrangements, with in-reach support (physical, psychiatrist, psychologist, occupational therapist, physiotherapist and community substance misuse nurses and social work).

The style of the assessment model would present potential benefits to ARBD in-patient settings and acute settings where individuals with ARBD often present. The HSCP ARBD team will support the reconfigured service to deliver the new model.

Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name: Terry Martin Senior Officer	Date of Lead Reviewer Training: 25/10/19
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Please list the staff involved in carrying out this EQIA

(Where non-NHS staff are involved e.g. third sector reps or patients, please record their organisation or reason for inclusion):

Penumbra Bardowie St ARBD service user's views have been included as their feedback at the review on the current service provision helped shape the proposals from the review.

Terry Martin, (Senior Officer)

Thomas Paterson, (Principal Officer)

Alison Garrow, (ARBD Provider Service Manager)

	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
1.	What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in	Age-Yes Disability-Yes Gender reassignment-No Marriage and civil partnership status-No Pregnancy and maternity-No Race-No Religion and belief-Yes Sex-Yes Sexual Orientation-No	None currently identified.

	<p>your submitted evidence and an explanation for any protected characteristic data omitted.</p>			
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p>	<i>Due regard promoting equality of opportunity)</i>	<p>The service manager reports that the data is used to support good outcomes including identifying and addressing areas such as:</p> <ul style="list-style-type: none"> • Maximising benefits/income due to age and disability • Supporting specific health issues more apparent in people as they age – arthritis for example. Looking at practical aids to support independence and self-management. We work with OT dept. at local health centre re walking frames and incorporating appropriate exercise routines into individual support routines. • Delivering targeted workshops on age related health issues – such as diabetes, COPD and even flu vaccine uptake. 	None currently identified.

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<ul style="list-style-type: none"> Ensuring the service layout/rooms/access are accessible and work best for people with potentially poor and deteriorating mobility issues. <p>Addressing the issue of literacy and communication issues (not being able to read/write, hearing impairment, by adapting the programme, environment to ensure information is shared visually and not just narratively. Throughout the service we use pictorial prompts and information to aid orientation and participation. At groups visual aids are maximised to ensure greater inclusion</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment.</i></p> <p><i>Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>In 2005, an open tender process was carried out by Glasgow City Council. The 2005 tender made particular reference to “A Fuller Life – Report of the Expert Group on Alcohol related Brain Damage” (2004 Stirling university). This document raised concerns that the needs of people with ARBD was not being met by current service provision at the time and estimated that Greater Glasgow had 341 ARBD cases (population base 1999). A study in Argyle and Clyde reported a prevalence of 70/100,000. If a similar prevalence existed in Glasgow there would be in excess of 600 cases. Following the tender, contracts were awarded to providers across the city</p> <p>The proposed service redesign has borrowed learning from Penumbra’s successful model which is currently operational in Edinburgh City. The model has been developed over a number of years working with third sector and public sector agencies and people with ARBD. The model is driven through an</p>	None currently identified.

	<p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ☐</p> <p>4) Not applicable ☐</p>		<p>understanding that people with ARBD are at risk of delayed discharge from acute and residential care settings when a more managed support and assessment infrastructure could facilitate progress towards independent or other supported living accommodation.</p> <p>Penumbra's expertise in working with a diverse range of disabled people with ARBD means transfer of sound methodology and person centred care models.</p>	
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this</p>	<p><i>Due regard to promoting equality of opportunity.</i></p>	<p>There has been engagement with service users on an ongoing basis in terms of the care experience delivered in the Bardowie Street Unit. A 2018 Care inspectorate report graded the quality of care and quality of management as excellent. Engagement with service users at this time highlighted the high regard the unit is held in and the value of focus on</p>	<p>Engagement plan to be agreed and actioned with outcomes noted for commissioning brief.</p>

<p>engagement tell you about user experience and how was this information used?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>rehabilitation leading to re-learned life skills and greater independence.</p> <p>Service users were not asked their view on the redesign at the service user feedback sessions for the review, as it was recognised that this had the potential to cause unnecessary anxiety. The proposal to redesign the service had also not been fully formulated at this stage. Five service users returned questionnaires and two service users agreed to give their views face to face during the service review visit. Views were also collected in a less formal manner during the open day event which took place in September 2017. The feedback was very positive in general.</p> <p>Service users were also asked for their views in relation to the wider strategic review at the 2019 consultation event hosted by the ARBD team. The key themes that emerged from the completed responses to the questionnaires related to: lack of knowledge of ARBD, misattributing symptoms, crisis/external intervention and the importance of engaging with services. With additional points raised regarding feeling involved in goal-orientated care planning which would again reinforce more person-centred aspects of care. The use of compensatory strategies was also identified as the use of whiteboards/diaries, assistance in structuring their days and the on-going process of learning about and understanding ARBD were key features of their treatment experiences. This feedback will be considered in the development of the new service with the view to ensuring these themes are imbedded in practice going forward.</p>	
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			<p>While there is no expected negative impact on protected characteristics through the redesign, a specific engagement plan with current and past users of the Bardowie Street Unit will be undertaken and findings used to inform the final redesign model.</p> <p>We appreciate there may be nuanced differences between a successful model operating in Edinburgh and a proposed service in Glasgow and time will be spent to unpack and remove any potential barriers.</p> <p>Engagement will take time to listen sensitively and learn from service users and be fully inclusive of their protected characteristics.</p>	
		<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>		<p>The Bardowie Street Unit is fully accessible and facilitates unaided movement throughout the accommodation for a range of service users. Where specific needs are highlighted all reasonable adjustments to the physical environment are made.</p>	<p>None currently identified.</p>

	<p>victimisation ✓</p> <p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected Characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>			
	<i>Example</i>	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation ✓</p>	<p><i>Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity.</i></p>	<p>In addition to service user and staff engagement, future service users will receive detailed information in appropriate formats and languages to describe the Edinburgh model and associated care pathway. The provision of communication support for service users will not change with the adoption of the service redesign, with anyone requiring interpreting, translated materials or other communication assistance receiving this in line with respective communication support policies/protocols. Communication support will be provided for every intervention received as part of the proposed multi-agency model. Communication support will also be extended to facilitate engagement with service user advocacy.</p>	<p>None currently identified.</p>

	<p>2) Promote equality of opportunity ✓</p> <p>3) Foster good relations between protected characteristics ☐</p> <p>4) Not applicable ☐</p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>			
7	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
a	<p>Age</p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or</p>	<p>The proposed service model has been designed for people who are 18+. There is no maximum age limitation to the service. The average age at which people present with ARBD is between 40-50 with few presenting below the age of 30. There is evidence that age of presentation is patterned by sex with</p>	<p>None currently identified.</p>	

	<p>policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>women typically presenting 10 years earlier than men.</p>	
<p>b</p>	<p>Disability</p> <p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p>	<p>People with ARBD currently using the Bardowie Street Unit have the protected characteristic of disability, in that their experience of ARBD constitutes a physical or a mental condition which has a substantial and long-term impact on their ability to do normal day to day activities.</p> <p>The proposed Penumbra Edinburgh model has been developed to be sensitive to the rehabilitation and assessment needs of a disabled population group. To this end it applies a social model of disability to uphold the rights of disabled people and the requirement to make all reasonable adjustments as part of the rehabilitation journey. The ultimate goal of the Edinburgh model is to ensure people with ARBD are supported to realise the aspiration of independent living, and where this is not achievable</p>	

	<p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>to support individuals with ARBD to achieve all they can on an independent living continuum.</p> <p>As part of the engagement programme associated with the transfer to a redesigned service model, any communication support required by service users will be provided.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>c</p>	<p>Gender Identity</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of gender identity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Bardowie Street service will uphold the rights of trans people, ensuring dignity, respect and personal safety at all times. The Unit operates in line with the Equality Act and understands responsibilities in relation to provision of goods and services as described by the Act. The unit also understands the additional rights applied by the Gender Recognition Act and works in a way to ensure all related freedoms can be enjoyed by people protected by the Act.</p> <p>It is not expected the redesign will present any additional barriers on the grounds of the gender reassignment. Multi-agency staff will only be informed of the trans identities of service users where it is required and then only with the express permission of the trans person.</p> <p>Staff are aware of the risk that trans people will experience hate incidents during and after their transition and that this can contribute to use of alcohol. Disclosure of hate incidents will be supported by staff sensitively and hate incident reports submitted where agreement has been given.</p>	<p>None currently identified.</p>

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
(d)	<p>Marriage and Civil Partnership</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>	<p>The proposed service redesign will not have any disproportionate impact on the people with the protected characteristics of marriage and/or civil partnership.</p>	<p>None currently identified.</p>
e	<p>Pregnancy and Maternity</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and</p>	<p>It is not envisaged that the service change or policy will have a disproportionate impact on the people with the protected characteristics of Pregnancy and Maternity. If there were any service users in this category the expectation is the service will be responsive to the support needs of the individual person. The provider will make reasonable adjustments where possible however due to the set up and support needs of other people the service would not be appropriate as a mother and baby resource. In instances that this would be required care management and commissioning would</p>	

	<p>victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	endeavour to identify a more suitable resource.	
	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
f	<p>Race</p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Bardowie Street service will uphold the rights of Black and Minority Ethnic (BME) people, ensuring dignity, respect and personal safety at all times. Experience of racism may be a contributing factor in ARBD and may play an important role in appropriate person centred rehabilitation.</p> <p>Where a service user does not have English as a first language, provision of interpreting and translation services (as per respective organisational policies) will offer all necessary communication support to promote equality of opportunity.</p> <p>As part of the planned engagement activity to better understand possible implications of the proposed service redesign, interpreting support will be provided where required.</p>	None currently identified.
g	<p>Religion and Belief</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and</p>	<p>The proposed service model will continue to support individuals to fulfil their personal faith commitments and understands faith can be central to someone's identity and a strong motivator/influence. It is not anticipated that the service redesign will</p>	

	<p>Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>create negative impact for people with the protected characteristic of religion and belief.</p>	
	<p>Protected Characteristic</p>	<p>Service Evidence Provided</p>	<p>Possible negative impact and Additional Mitigating Action Required</p>
<p>h</p>	<p>Sex</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p>	<p>As with all referrals the service would firstly rely on referral information and begin with other professionals as appropriate to develop a personalised support plan considering any protected characteristics. We would ensure staff knowledge and awareness are maximised by identifying and accessing specialist services available and by being aware of current best practice through research and consultation.</p> <p>The relatively small scale of the model and the 24/7 support provision allows us to personalise each residents ARBD recovery programme to accommodate particular considerations and requirements. We respond and will continue to respond by working with other agencies and experts as appropriate to ensure all people receive a programme tailored best to their needs to ensure a</p>	<p>None currently identified.</p>

	<p>4) Not applicable <input type="checkbox"/></p>	<p>comprehensive assessment experience whilst they are in the service.</p>	
<p>i</p>	<p>Sexual Orientation</p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The Bardowie Street service will uphold the rights of lesbian, gay and bi people, ensuring dignity, respect and personal safety at all times.</p> <p>It is not expected the redesign will present any additional barriers on the grounds of the sexual orientation and the multi-disciplinary teams will work in a person centred way that understands sexual orientation is a fundamental aspect of someone's identity and needs to be considered and included as part of the rehabilitation journey. This would extend to understanding experience of prejudice, fear and homophobic hate incidents and the role they may have in the route to ARBD.</p>	

	Protected Characteristic	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required
j	<p>Socio – Economic Status & Social Class</p> <p>Could the proposed service change or policy have a disproportionate impact on the people because of their social class or experience of poverty and what mitigating action have you taken/planned?</p> <p>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage in strategic planning. You should evidence here steps taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status.</p>	<p>While there is a link between ARBD and experience of poverty, the service redesign will not create additional barriers to people who experience poverty. There is no charge for the service and any proposed multi-disciplinary interventions will be free at point of delivery.</p> <p>As part of the rehabilitation pathway, individuals will be supported to live independently and this will include appropriate support to realise income maximisation.</p>	None currently identified.
k	<p>Other marginalised groups</p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers & refugees and travellers?</p>	<p>The manager reports the service would liaise with all professionals and other agencies as appropriate to support good information sharing and awareness of best practice. The service will respond to the needs of other marginalised groups. The service have worked with people under legislation including people under Compulsory Treatment Orders and Guardianship. This also includes people with addictions and a forensic background. This will continue in the reconfigured service.</p>	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3</p>	<p>The service redesign is cost neutral. The redevelopment has been proposed as a means of improving the service response for people with ARBD in residential care.</p>	

	<p>parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input checked="" type="checkbox"/></p>		
	Service Evidence Provided	Possible negative impact and Additional Mitigating Action Required	
9.	<p>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</p>	<p>All Penumbra staff undertake the following training as standard:</p> <p>Safeguarding (Scotland) RBS Mentor Live</p> <p>Safe Administration of Medication* SSSC Learning Zone</p> <p>Adult Support & Protection</p> <p>Bullying & Harassment</p> <p>Equality & Diversity</p> <p>Data Protection</p> <p>Personalisation & Risk</p> <p>All staff are registered with the SSSC and regularly undergo internal training re their role and</p>	<p>None currently identified.</p>

responsibilities.

The provider/service regularly review and incorporate into their learning/practice the Health & social care Standards, Health and Wellbeing Outcomes, Mental welfare Commission Good practice Guide and the Drug & Alcohol indicators as well as informing themselves of best practice and organisational policy on areas such as:

Equality & Diversity

Rights

Complaints

Participation & Inclusion

Use of Advocacy

Personal Relationships

Record Keeping

Recovery & Risk – Working Together to Ensure Personal Safety

Safeguarding - Adult Support & Protection

Safeguarding – Child Protection

Our Commitment

Safeguarding – Online Safety & Mobile Technology

Safeguarding - Child Sexual Exploitation

		Duty of Candour Safeguarding - Modern Slavery & Human Trafficking Safeguarding - Prevent Policy Safeguarding – Adult Sexual Exploitation Safeguarding – Hate Crime	
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10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.

The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.

Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.

The proposed service model is designed to support the rights of service users through the application of multi-disciplinary teams working together to facilitate independent living for people who may be at risk of unnecessarily prolonged institutional care. In this way the model supports the right to respect for private and family life and liberty and security

Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR* .

The proposed service model is underpinned by aligned PANEL principles. The **PANEL principles** are one way of breaking down what a human rights based approach means in practice in relation to Participation, Accountability, Non-Discrimination and Equality, Empowerment and Legality. Focusing on the participation of service users through engagement in design and delivery of person centred interventions with accountability sitting with commissioning partners delivering equitable services that are inclusive of protected characteristics.

*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements). The requirement for engagement with current and past service users of the service will be used to inform the final redesign model. This will be done in a way that alleviates any anxiety from current service users.
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. If you believe your service is doing something that 'stands out' as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, faith etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

The service routinely collect information on people's faith or religious beliefs in order that staff can research/identify opportunities to support them to further explore or to access places/organisations to pursue this interest. The service supports an open-door policy and encourages the wider community to come in to the service twice yearly in order to maximise people's understanding of the issues faced by people with ARBD, to allow the residents to socialise with a wide variety of people/cultures etc. and finally to enhance the recovery experience of the people they support.

The most recent care inspection report secured grades of 6 in all areas inspected and evidenced their sector leading support delivery. People are achieving outcomes that will secure better opportunities and life chances for people moving on from the service.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)
November 2019	Terry Martin

Service user engagement.

Ongoing 6 Monthly Review please write your 6 monthly EQIA review date:

April 2020

**Lead Reviewer:
EQIA Sign Off:**

**Name
Job Title
Signature
Date**

Quality Assurance Sign Off:

Name	Alastair Low
Job Title	Planning Manager
Signature	
Date	5th November 2019

**NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET**

Name of Policy/Current Service/Service Development/Service Redesign:

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Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

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Name of completing officer:

Date submitted:

Please ensure a copy of your completed EQIA is published for viewing externally.