

Equality Impact Assessment Tool for Frontline Patient Services

Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for legislative 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. Please contact CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign (please provide service details and location):

Glasgow City Health and Social Care Partnership Homelessness service: Rodney Street Assessment and Emergency Centre

This is a: Service Development

2. Description of the service & rationale for selection for EQIA:

A. What does the service do?

Rodney Street homelessness service: This building has been reconfigured with an extension to be built that will allow existing homeless service provision and current assessment model to continue to provide both assessment of homeless individuals and emergency accommodation with support to move on to more appropriate accommodation

The service provides emergency accommodation for homeless males with multiple and complex needs. It is an 29 bedded unit This service is for male service users only as there are provisions for 'women only' services in other locations across Glasgow.

Service users can access various supports to address issues such as drug or alcohol addiction, mental health issues and provides information and support regarding welfare and benefit issues. The service works with individuals to assess and ultimately progress them to taking up their own tenancy where appropriate.

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

This is a redesign of an existing service.

This EQIA will meet the Human Rights 1998 and the Equality 2010: General Duties (eliminating discrimination, providing equality of opportunity and fostering relationships between the protected characteristics).

3. 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:	Date of Lead Reviewer Training:
Janet Hayes	2016

4. Please list everyone involved in carrying out this EQIA

Geraldine Lynch (Residential Services Manager Homelessness), Kevin O'Hagan (Service Centre Manager), Brian Grant (Senior Officer Planning, Accommodation and Development Team), Janet Hayes (Head of Planning and Strategy – Adult Services and North West Locality)

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	<i>Age, Sex, Race, Sexual Orientation, Disability, Gender Reassignment, Faith, Socio-economic status data</i>	The Community Homeless Teams (covering asylum & refugees, prisons leavers and localities)	We will ensure that the appropriate characteristics are collected and if anything missing will discuss his with the

		collected on service users to. Can be used to analyse DNAs access issues etc.	collate information at initial assessment from each individual referred to this service.	community Homeless Teams Manager. This information can be accessed by Rodney Street staff.
2.	Can you provide evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result? You should explain here how data is used to meet the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.	An addiction service used collected data to identify service uptake by sex. The review showed very few women attended and the service undertook local engagement to better understand perceived barriers.	The current building meets the physical disabilities requirement outlined in Equality Act 2010 and with the extension this will provide an extra accessible living area for wheelchair access. There will also be more ground floor accommodation (3 of which will be fully accessible) which is an increase of four rooms.	
3.	Have you applied any learning from research about the experience of equality groups with regard to removing potential barriers? This may be work previously carried out in the service. You should explain here how this learning has been used to meet the General Duty of removing discrimination, promoting equality of opportunity	Social work services used best practice models of engaging with adults with dementia tested in other parts of the UK. These were piloted locally with evaluation and review.	The Managers are aware that there have been referrals to the wider homeless service from transgender population. They are currently sourcing information in order to provide information and awareness rising for	

			staff should this need to be considered for referrals to this service.	
4.	<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p> <p>You should explain here how engagement has contributed to meeting the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.</p>	<p><i>Service user satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.</i></p>	<p>The service has individuals from ethnic minority groups. An example of meeting the general duty is staffs has made adjustments to ensure provision considers religious requirements for different faiths and access to languages interpreting if required. BSL users will also be able to access BSL interpreting if require.</p>	
5.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p> <p>You should explain here how reasonable</p>	<p><i>A service has installed loop systems and trained staff on their use. In addition, a review of signage has been</i></p>	<p>The service is fully accessible for both staff and service users. This includes:</p> <ul style="list-style-type: none"> • All floors 	

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undertaken with clearer directional information now provided.

- accessible by a lift
- Accessible car parking spaces clearly marked, entrance and circulation areas throughout the building have no barriers for people with visual impairment.
- Modern fully equipped medical room for visiting NHS community services
- Interview rooms with telephony and IT facilities for vision support services
- Access to IT facilities for service users
- Activity room for communal activities, staff training and service user training
- Welcoming visitors' room to allow service users to spend time with

			<p>visiting family and support workers</p> <ul style="list-style-type: none"> • Interpreting services for service users (including BSL) • Prominent public notice board for events, service and activities in a variety of languages 	
<p>6.</p>	<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p> <p>You should explain here how you communicate in a way that meets the General Duty of removing discrimination, promoting equality of opportunity and supporting good relations between protected characteristic groups.</p>	<p><i>A podiatry service has reviewed all written information and included prompts for receiving information in other languages or formats. The service has reviewed its process for booking interpreters and has briefed all staff on Interpreting Protocols.</i></p>	<p>As above, the service promotes a positive and supportive environment, a person centred care approach for service users and where any issues are raised, the staff ensure that service users are spoken to individually to ensure these can be resolved. In addition, there use of STAR assessment for learning disabled clients is available and the Sensory Impairment Teams are contacted should this be an issue for any service</p>	

		user.	
7.	<p>Equality groups may experience barriers when trying to access services. The Equality Act (2010) places a legal duty on Public bodies to evidence how these barriers are identified and removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration when considering discrimination, equality of opportunity and good relations in relation to:</p>		
(a)	<p>Sex</p>	<p><i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i></p>	<p>The service users have a variety of public protection presenting issues and can be referred via the Multi Agency Public Protection Arrangements (MAPPA) process; therefore, the service operates a male only policy.</p>

(b)	Gender Reassignment	<i>A service has held briefing sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and technical aspects of recording patient information.</i>	All staff are aware of the Greater Glasgow and Clyde Health Board Transgender policy.	
(c)	Age	<i>A home support service had operated age related exclusions for service users without objectively justifying the decision. This was reviewed and evidence sought to support the decision to limit service access.</i>	The service operates from 18 years onwards due to the nature of the presenting issues of residents.	

(d)	Race	<p><i>An outpatient clinic reviewed its ethnicity data and saw it was not providing information in other languages. It included a prompt on information for patients to request copies in other languages. The clinic realised it was dependant on family to interpret and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i></p>	<p>All information is provided in a variety of languages and interpreting services are available for all residents where appropriate.</p>	
(e)	Sexual Orientation	<p><i>A community service reviewed its information forms and realised that it asked whether someone was single or 'married'. This was amended to take civil partnerships into account. Staff were briefed on appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.</i></p>	<p>The service displays a variety of information and ensures this is gender neutral, LGBT friendly where appropriate</p>	

(f)	Disability	<i>A receptionist reported he wasn't confident when dealing with deaf people coming into the service. A review was undertaken and a loop system put in place. At the same time a review of interpreting arrangements was made using NHSGGC's Interpreting Protocol to ensure staff understood how to book BSL interpreters.</i>	As above, the building is fully accessible and in addition the new extension is set up that a LOOP system can be added. The accessibility issues is particularly important as a number of service users are amputees and/or alcohol and drug users who may have mobility issues and have poor physical health	
(g)	Religion and Belief	<i>A spiritual care/faith manual was provided to staff visiting families in their homes to support inclusive and sensitive care. A quiet room was made available for prayer in the service area.</i>	The staffs are aware of the requirement of a quiet room for prayer times and this is made available to residents. An example of this is where the service recently provided a questionnaire to all residents re food requirements as they offer free breakfast and emergency food for individuals where required. This was to	

		ensure that all residents' needs were being catered for.	
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(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	N/A	
(i)	Socio - Economic Status	<i>A staff development day identified negative stereotyping of working class patients by some practitioners characterising them as taking up too much time. Training was organised for all staff on social class discrimination and understanding how the impact this can have on health.</i>	This service works with the most vulnerable clients group and ensures appropriate visiting services including homelessness health service, visiting GPs, assistance with benefit applications, income maximisation, education programmes and wider social networking	

(j)	Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers	<i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various HSCP areas.</i>	This is a specific service for homeless males and open to all marginalised groups	
9.	Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesn't impact disproportionately on equalities groups?	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded and kept on file and potential risk areas raised with senior managers for action.</i>	No	
10.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	There are regular supervision sessions with staff and as this has been a developing service staff are all trained to SVQL3 and above as well as being registered with the SSSC. The Care Inspectorate inspects the service at least every two years.	

		<p>Staff are encouraged to access all e-learning modules and must complete any mandatory training</p>	
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11. In addition to understanding and responding to our legal responsibilities under the Equality Act (2010), services have a duty 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 (including dementia care) may be considered higher risk in terms of potential human rights breach due to 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.

Please give evidence of how you support each article, explaining relevance and any mitigating evidence if there's a perceived risk of breach. If articles are not relevant please return as not applicable and give a brief explanation why this is the case.

Right to Life

This service is a protector to the Right to Life to this group of homeless people as it assists them to be supported whilst preparing them for moving on to their own tenancy.

Everyone has the right to be free from torture, inhumane or degrading treatment or punishment

This accommodation is designed to support residents and assist them to avoid being in a situation where they may experience inhumane treatment.

Prohibition of slavery and forced labour

All staff is trained in suicide prevention and can assist if any resident shows signs of not coping with their situation.

Everyone has the right to liberty and security

This accommodation provides security to residents whilst in an environment where they feel supported and confident to move on. Residents can also come and go from the premises.

Right to a fair trial

Individuals have their situation and/or case reviewed on a regular basis with appropriate representation and support plans been discussed and mutually agreed to be put in place.

Right to respect for private and family life, home and correspondence

Residents can keep their own belongings/letters etc. in their own flat within the accommodation.

Right to respect for freedom of thought, conscience and religion

All residents can access their own faith/religion by attending appropriate services. In addition, there are facilities in house for prayer rooms/quiet space and for those with no faith.

Non-discrimination

The service complies with the Equality Act 2010

12. 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.

- Staff in the service are aware of the dates of Ramadan and the hours of fasting that service users may be observing. They will also note prayer times and take this into account when carrying out well-being checks.
- Staff will facilitate the need for Service Users that require to cook and eat in the hours of darkness to ensure they maintain their own religious beliefs and customs
- Service Users have the opportunity to improve their physical and mental health by being involved in a “Build Your Own Bike” scheme where they are able to build a bicycle and use it once complete, allowing them freedom and access to the wider area.
- Service Users have access to a wide range of visiting services important to homeless people including:
 - Weekly G.P.service
 - CPN service
 - Occupational Therapy (OT)
 - Podiatrist
 - In-House Activities (Arts and Crafts, DVD Nights etc.)
 - Service User Day Trips
 - Visiting hairdresser (haircut and shave)

Lead Reviewer Name:

Date: