It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:
Use of Tidal Model- within Eriskay Partial Hospitalisation/Eriskay In-Patient and Kershaw Unit

Please tick box to indicate if this is a :  Current Service  □  Service Development  □  Service Redesign  □

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

Currently within the Addiction Service setting, the Tidal Model is a practitioner led assessment tool which is a questionnaire which supports recovery.

- The tidal model is a theory-based approach to psychiatric and mental health nursing which focuses on a person centred approach, empowerment and empathy.
- Focus of the model is on the relationship between health and illness, however, it acknowledges life events such as physical and sexual abuse.
- The assessment used is holistic so an ability to understand and empathise are critical.
- Trust is developed which is the basis of the therapeutic relationship.
- Social physical and spiritual resources are assessed and the relationship with the world is examined.
- It acknowledges the feelings and a belief of the world an individual has and allows better understanding of the person.
- The holistic assessment acknowledges the need to examine spiritual supports including beliefs, values and faith.
- There is good practice in the guidance for assessment ensuring that if the nurses complete paperwork for service users that they check that the service user understands what is being recorded and there is a focus on presenting the service users own voice.
- Patients can opt out of using the tidal model and in these cases the standard care plan is used.
- Tidal model can be used daily within the service and can be utilised to examine key areas, such as, risks of drinking.
Key elements in the paperwork include:

- Identification of problems and needs
- The scale of the problems (How big are they)
- What can help to overcome difficulties?
- What needs to happen to bring about change?

Who is the lead reviewer and where based?

Jennie McCormack – Senior Officer – Glasgow Addiction Services

Please list the staff groupings of all those involved in carrying out this EQIA (when non-NHS staff are involved please record their organisation or reason for inclusion):

Ward Manager *3
Equality and Diversity Team Manager
Equality and Diversity Manager Glasgow Addiction Services.
Staff Nurse

Impact Assessment – Equality Categories

<table>
<thead>
<tr>
<th>Equality Category</th>
<th>Existing Good Practice</th>
<th>Remaining Negative Impact</th>
</tr>
</thead>
</table>
| Gender            | • Gender is included within the assessment.  
                   • In relation to women the increased risk of self harm is identified in the training package for the model.  
                   • Gender is recognised as a factor in suicide risk. | • No gender specific tidal model groups delivered.  
• Consider the equality sensitivity of questions in relation to gender used in discovery group. |
| Ethnicity | • Ethnicity is included within the assessment  
• The keyworker assists the service users to complete the tidal model and uses language interpreters when required. | • Not all staff have had cultural competency training.  
• Consider the equality sensitivity of questions used in discovery group in relation to ethnicity.  
• Tidal does use a lot of written materials and no audio/visual support available.  
• Tidal Model available in English only. |
| --- | --- | --- |
| Disability | • The potential for individuals with dementia and impaired cognitive functioning requiring additional support are acknowledged through the training of the tidal model approach.  
• Physical health is recognised as a factor in suicide risk in the training package for the model. | • The Tidal model requires people to complete questionnaire and sometimes due to literacy issues, service users are unable to complete this.  
• Short term memory loss may influence ability to participate in model- however support can be offered to overcome barriers-see good practice/recommendations  
• Need to look at additional communication needs of people with disabilities.  
• Consider the equality sensitivity of questions used in discovery group in relation to disability  
• There are no visual tools associated with the Tidal Model which may assess individuals with poor literacy skills as above |
| Sexual Orientation | • No identified specific good practice points identified in relation to the model. | • Consider the equality sensitivity of questions used in discovery group in relation to sexual orientation. |
| Religion and belief | • No identified specific good practice points identified in relation to the model. | • No identified specific negative impact points identified in relation to the model. |
| **Age (Children/Young People/Older People)**                  | • In relation to young people (under 30) the increased risk of self harm is identified in the training package for the model.  
• Age is recognised as a factor in suicide risk in the training package for the model.  
• The potential for older people requiring additional support are acknowledged through the training of the tidal model approach. | • No identified specific negative impact points identified in relation to the model.  
• Consider the equality sensitivity of questions used in discovery group in relation to age |
| **Social Class/Socio-Economic Status**                        | • Social class, employment statue and socio-economic statue are all identified as factors in suicide risk in the training package for the model. | • No identified specific negative impact points identified in relation to the model. |
| Additional marginalisation | • There is good practice in the guidance for assessment ensuring that if the nurses complete paperwork for service users that they check that the service user understands what is being recorded and there is a focus on presenting the service users own voice.  
• The Tidal Model Paperwork should be completed with the patient, however, in Eriskay, if there are literacy issues then the paperwork would be the patient's words written by the nurse.  
• Information on the Tidal model is available for service users The Tidal Model is open to all service users and is used as part of care planning  
• There are tidal groups running at Eriskay which focus on verbal communication as opposed to written skills.  
• Mental Health Paperwork is used alongside Tidal Model Paperwork and the Mental Health Assessment has been changed in order to fit with the Tidal Model and avoid duplication.  
• Information on the Tidal model is available for service users  
• The Tidal Model is open to all service users and is used as part of care planning  
• Tidal Groupwork sessions underway to overcome literacy issues including a Discovery group (focused questions on a card), an Information group (to help share and exchange information. A community group and a solutions group also exist  
• The Tidal model requires people to complete questionnaire and sometimes due to literacy issues, service users are unable to complete this.  
• There are no visual tools associated with the Tidal Model.  
• There is no information about the service at present, although there is information available about the Tidal Model.  
• Consider the equality sensitivity of questions used in discovery group. |
but not currently delivered
  • Service information pack given, discussed and available to carers or relatives

<table>
<thead>
<tr>
<th>Actions</th>
<th>Date for completion</th>
<th>Who is responsible?(initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cross Cutting Actions</td>
<td>May 2010</td>
<td>Ward Manager/Equalities manager</td>
</tr>
<tr>
<td>• With some small adjustments the Tidal Model paperwork is supportive of an equalities sensitive approach in all the above areas. The paperwork is used alongside existing paperwork which gathers baseline data. Consideration should be given to integrating the evaluation of this model more closely within the reporting framework of the overall service to analyses in more detail its impact on specific equality groups.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Need to ensure that communication needs are identified during initial assessment and taken into account during the tidal model assessment with appropriate support provided</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Review the equality sensitivity of questions used in discovery group.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Specific Actions

- Review the need to develop specific visual tools or other techniques and to aid completion of paperwork directly by service users.
- Above tools/methods to be considered within the delivery of groupwork.
- Equalities training to be considered for staff. The effective delivery of this assessment and approach can be improved by equalities sensitive practice. Basic training to include appropriate language, understanding of the needs of asylum seekers and refugees.
- Recommend that awareness of literacy issues and appropriate support via nurses is maintained.
- The need for gender specific tidal groups and consideration of gender issues within mixed groups should be considered and reviewed.
- Equalities / cultural competencies training for staff

---

**Ongoing 6 Monthly Review**

Please write your 6 monthly EQIA review date:

| April '09 |

---

**Lead Reviewer:**

Name: Jennie McCormack  
Job Title: Senior Officer  
Signature  
Date: 8.10.09

---

Please email copy of the completed EQIA form to irene.mackenzie@ggc.scot.nhs.uk

---

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.