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

Name of Current Service/Service Development/Service Redesign:

Screening and Assessment Tool for Learning Disability

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).

The North Learning Disability Team is responsible for delivering health and social care services to those with, or affected by, learning disabilities who live in the North CHCP. This is an integrated service with professionals from both health and social work co-located in the one office. Core team members carry out screens and single shared assessments for new referrals to the service. The purpose of the screening visit is to determine if the client has been signposted to the correct service and meets the eligibility criteria for learning disability services and to assess and arrange services for people according to what they need.

The screening tool is a local tool that was developed by members of the team to collate essential information prior to completing a full single shared assessment.

Who is the lead reviewer and where based?

Jean Cherry, Project Manager

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):

Social Care Worker
### Impact Assessment – Equality Categories

<table>
<thead>
<tr>
<th>Equality Category</th>
<th>Existing Good Practice</th>
<th>Remaining Negative Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>• Practitioner's facilitates the screening tool using verbal communication.</td>
<td>• Not all staff have gone through “Learn Pro” induction. Staff cannot access StaffNet at the Quadrangle.</td>
</tr>
<tr>
<td></td>
<td>• Current training provision for the team includes ASPA and Equality and Diversity.</td>
<td>• Some clients don't fall into any specific care group but still are socially disabled.</td>
</tr>
<tr>
<td></td>
<td>• There is sometimes non-compliance but repeat visits are offered.</td>
<td>• Need to review accessibility of client letter.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Autism is a specialised field often described as a learning disability or a mental health issue and this can impact on service referrals.</td>
</tr>
<tr>
<td>Gender</td>
<td>• Gender is collected. Performance management reports are carried out by the Learning Disability Partnership which analyses data.</td>
<td>• No recording of transgender status unless this is the reason for referral. There is no direct question on the form.</td>
</tr>
<tr>
<td></td>
<td>• Background information can be extracted if the client is already on Care First. This can help to plan visits e.g. if a male worker is required, if two people are required for home visit and/or language/communication support.</td>
<td>• Not everyone has attended ASPA training</td>
</tr>
<tr>
<td></td>
<td>• The service tries to gender match where possible.</td>
<td>• Mixed experience, knowledge and training in terms of GBV.</td>
</tr>
<tr>
<td></td>
<td>• Service can sign post people to other services.</td>
<td>• There is no routine enquiry around Gender Based Violence on the form.</td>
</tr>
<tr>
<td></td>
<td>• Social workers respond to Adult Support and</td>
<td></td>
</tr>
</tbody>
</table>
| Protection Act (ASPA) vulnerabilities if picked up during assessment.  
• ASPA training has been delivered to staff | Need to check what ethnic monitoring categories are collected on Care First.  
• Background information is on Care First, but this is not necessarily updated for other staff to know e.g. ethnic background, communication and language preference/ support.  
• A problem exists around the flexibility of interpreters when planning ad-hoc or emergency visits.  
• Lack of knowledge around cultural issues and training needs analysis required for staff on issues surrounding culture e.g. dealing with clients during fasting. |
|---|---|
| Ethnicity | • Ethnicity is collected and analysed.  
• Booking of interpreters is done before appointment with patients and recorded on Care First for future planning.  
• Most referrals received by team contain information around language support. If information is incomplete then a request is made for more information in order to provide language support  
• Information requested includes family details e.g. carers.  
• Carers often interpret with permission from the client.  
• There is a feedback system for the quality of interpreting which the service uses if the information hasn't been disclosed from the interpreter. | • No accessible information about the service. |
| Disability | • Practitioner's facilitates the screening tool using verbal communication.  
• Disability is recorded on Care First  
• Sexual health services have a focus on disability and there is specific health support for clients.  
• Physical Disability is also assessed in addition to learning disability.  
• Communication needs identified and supported by speech and language therapist. Background checks for people i.e. if they have a visual/hearing impairment via support services |
- Availability of aids and adaptations are taken into account during the assessment.
- Assessment of home/living environment also takes place and there is onward referrals to OT/Housing Providers
- Basic information about the service is lacking, however funding is secured to get information printed professionally.
- A short letter in bold print is used as a template most staff are encouraged to use the main template.

| Sexual Orientation | • The assessment explores what vulnerabilities exist for the patient and any support required to support the sexual orientation of client e.g. relationships.
• There is specific work around sexual orientation relationships/consent and establishing boundaries with the client group | • Some family members/carers like to intervene on what is right for their son/daughter.
• Sometimes there is an assumption by carers that people with Learning Disabilities don’t have a sexual orientation
• Sexual Orientation not recorded on care first. |
| --- | --- | --- |
| Religion and belief | • Religion/ Belief is being captured and recorded on Care First and can be entered as a free text on Care First.
• Bereavement policy contains useful information around religion and belief. | • Religious codes are different from NHS/ Local authority.
• Religion and cultures manual/training required for team.
• Screening tool needs to include section on when is the best time/day to visit client. |
| Age (Children/Young People/Older People) | • Age is recorded on care first
• Service is provider from 16 upwards there is no upper age limit-Older people services are also | • No negative impact |
| Social Class/Socio-Economic Status | accessed  
  • Education history (special schooling) is asked during assessment.  
  • There are ongoing discussions to improve the transition of care between different age groups to support seamless services.  
  • Housing status is asked on the assessment  
  • North CHCP awareness training for SW staff around learning disabilities and strategies for support  
  • A number of people are being supported through work placements. (Supported model of employment)  
  • Benefits are also checked during the assessment. Practitioners use benefit ready reckoners.  
  • Social services provide Welfare benefits training to staff.  
  | No negative impact |
### Additional marginalisation

- There is work underway around sexual health awareness with client group, looking after body, health and hygiene using scenarios of abuse, bullying and rape and there is a specific Glasgow Learning Disability Partnership (GLDP) policy in relation to sexual Health and Well being.
- There are an increased number of referrals from people from asylum seeking backgrounds.
- The service offers visits for people who don’t have access to a telephone.
- Solus Screens will be used in areas to provide information about the service.
- Physical Health assessment also takes place as part of the assessment.
- Clients using the service often have a Communication passport which is similar to a Hand held record-when they leave school to help plan care needs.
- There is also a hospital booklet produced by team, to explain what happens when a client goes to hospital.

### Cross Cutting Actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Date for completion</th>
<th>Who is responsible? (initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Everyone to attend ASPA training and have baseline knowledge around GBV including routine enquiry.</td>
<td>October 2010</td>
<td>Jill Murray</td>
</tr>
</tbody>
</table>
- Ensure consistency of approach in relation to ethnic categories being recorded across different systems and structures.
- Review accessibility of client letter
- Address lack of knowledge around cultural issues

<table>
<thead>
<tr>
<th>Specific Actions</th>
<th>October 2010</th>
<th>Hazel Gray</th>
</tr>
</thead>
<tbody>
<tr>
<td>Structure and flow of information on the assessment tool needs to be looked at on the form. Need to also include information on best time to visit and section for communication and language support.</td>
<td>October 2010</td>
<td>Karen Wilson/ Elspeth McLean</td>
</tr>
<tr>
<td>Ensure update of communication “preferences” on Care First to support client needs.</td>
<td>October 2010</td>
<td>Hazel Gray</td>
</tr>
<tr>
<td>Develop information about service</td>
<td>November 2010</td>
<td>Karen Wilson</td>
</tr>
<tr>
<td>Continue to work with providers in relation to age based transition of care.</td>
<td>December 2010</td>
<td>Jill Murray</td>
</tr>
<tr>
<td>Need to access information around religion/ belief for team.</td>
<td>October 2010</td>
<td>Jean Cherry</td>
</tr>
</tbody>
</table>

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

Lead Reviewer:       Name: Jean Cherry
Sign Off:       Job Title: Project Manager
       Signature
       Date: 8.6.2010

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.