

**NHS Greater Glasgow and Clyde
Equality Impact Assessment Tool for Frontline Patient Services**

Equality Impact Assessment is a legal requirement and may be used as evidence for referred cases regarding 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 EQIA@ggc.scot.nhs.uk for further details or call 0141 2014817.

Name of Current Service/Service Development/Service Redesign:

Family Nurse Partnership

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

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

<p>What does the service do?</p> <p>The Scottish Government is planning to roll out FNP nationally and is inviting NHS Boards to apply to test the programme. The programme has been piloted by Lothian and Tayside Health Boards and the Scottish Government intends to implement it in another five health board areas, including Glasgow, by the end of 2013. The programme is</p> <ul style="list-style-type: none"> • An intensive, preventive, home-visiting programme for first time young parents that begins in early pregnancy and ends when the child reaches the age of two. • The programme goals are to: improve maternal health and improve pregnancy outcomes, child health and development and parent's economic self-sufficiency. • It is a licensed, structured programme delivered by specially trained family nurses who have mainly been drawn from public health nursing/health visiting. <p>The FNP Programme is currently available in Glasgow City CHP North East Sector</p> <p>The eligibility criteria for the programme are as follows:</p> <ul style="list-style-type: none"> • First time mothers, aged 19 or under at their last menstrual period. • Living within the geographical reach of the local team. • No more than 28 weeks gestation. • Not planning to relinquish the child. • The programme is 'opt in' and those choosing not to enrol will be supported by universal public health/health visiting service. <p>The aim of testing the FNP is to:</p>
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Improve the health and wellbeing of a cohort of the most disadvantaged children & families and prevent social exclusion by:

- Improving pregnancy outcomes, both maternal and birth
- Improving child health and development
- Improving parents' economic self-sufficiency including education, training and work opportunities

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

The reasons for the EQIA are:

- This is part of the Service Level Agreement with FNP National and Scottish Government
- To ensure that the local implementation of this Programme does not increase existing inequalities.
- The learning from this pilot may provide evidence for tackling inequalities and supporting the more vulnerable families
- The licensed nature of programme may increase inequalities
- Parents have a choice to 'opt-in' to the programme therefore is not targeted to the most vulnerable families
- There are only limited numbers who will be able to access the programme (205 Teenage Mothers from a possible pool of 570)

Who is the lead reviewer and where are they based? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Lorna Dunipace – FNP Lead for NHSGGC

**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):**

The members of the FNP Implementation Group will be involved:

Lorna Dunipace, Marina Madden, Anne Margaret Black, Jackie Irvine, Kim Frater, Moira Murray, Deborah Blackhurst,

	Lead Reviewer Questions	Example of Evidence Required	Service Evidence Provided (please use additional sheet where required)	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 collected on service users to. Can be used to analyse DNAs, access issues etc.</i>	We will collect age, sex, race, sexual orientation, disability, gender assignment, faith and socio-economic status data for all service users.	None
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?	<i>A Smoke Free service reviewed service user data and realised that there was limited participation of men. Further engagement was undertaken and a gender-focused promotion designed.</i>	The information that will be collected will inform us whether particular groups are failing to 'opt-in', for example those from the: <ul style="list-style-type: none"> • Travelling Communities • South Asian • Chinese • Roma • Asylum Seekers and Refugees 	
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.	<i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.</i>	The on-going research from the pilot in Lothian may be able to provide information on equality groups and perceived barriers.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	<i>Patient satisfaction surveys have been used to make changes to service provision.</i>	As part of the recruitment process onto this programme, Children & Families Team, Maternity services and Education will be able to provide additional information about the needs of service users. In addition some communities of interest may only reside in one locality and the data will capture numbers from these that opt –in to the programme.	

			<p>Staff working with marginalised groups will be informed about the programme so that they can encourage service users to participate in FNP.</p> <p>Referral pathways will also be developed that will include services working with marginalised groups.</p>	
5.	<p>If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?</p>	<p><i>A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income maximisation.</i></p>	<p>As part of the Service Level Agreement , the following health improvement outcomes will be addressed:</p> <ul style="list-style-type: none"> • Reduction in smoking in pregnancy • Increased initiation in breastfeeding • An overall improvement in diet • Increased immunisation rates • Improved emotional and social wellbeing • Fewer accidents • Reduction in child abuse and neglect • Better language development • Increase in employment & training <p>in order to support service users to achieve the above outcomes, the FNP staff will ensure that barriers to engagement in the above services are minimised or additional support sought from statutory and voluntary services providers. This could be in terms of geographical location and access issues.</p>	
6.	<p>Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?</p>	<p><i>An outpatient clinic has installed loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.</i></p>	<p>Since FNP is an intense home-visiting programme, if meetings are to take place out with the service users home – staff will ensure that accessibility issues are taken into account</p>	

7.	How does the service ensure the way it communicates with service users removes any potential barriers?	<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 NHSGGC's Interpreting Protocol.</i>	The information leaflets for FNP service users will be reviewed by including service users in the design and development of resources to reduce the potential barriers	
8.	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 removed. What specifically has happened to ensure the needs of equality groups have been taken into consideration in relation to:			
(a)	Sex	<i>A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.</i>	The FNP will recruit first time young mothers; however their partners may also be involved in the support provided by the project and access services that they may not otherwise have engaged with. FNP actively engages with Gender Based Violence Groups and Services. All staff have received training and / or awareness raising in GBV. Data is gathered in a sensitive manner. Concepts like power/control are explored in training session and with clients.	

(b)	Gender Reassignment	<i>An inpatient receiving ward 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>	AS part of the FNP staff induction process they will be made aware of the NHSGGC Transgender Policy.	
©	Age	<i>A urology clinic analysed their sex specific data and realised that young men represented a significant number of DNAs. Text message reminders were used to prompt attendance and appointment letters highlighted potential clinical complications of non-attendance.</i>	The license requirements of FNP state that only first time mothers under 19 can be recruited onto the programme. Mother's outwith this age group may be signposted to other services like SNIPs and PACT in Glasgow City.	
(d)	Race	<i>An outpatient clinic reviewed its ethnicity data capture and realised that it was not providing information in other languages. It provided a prompt on all information for patients to request copies in other languages. The clinic also realised that it was dependant on friends and family interpreting and reviewed use of interpreting services to ensure this was provided for all appropriate appointments.</i>	Ethnicity data will be recorded and additional support in terms of language and culturally sensitive information and support will be provided through the Board's interpreting services.	

(e)	Sexual Orientation	<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>	The client recruitment form will contain appropriate categories i.e. single, married, living with partner, co-habiting.	
(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>	The FNP programme will ensure that any type of disability, including learning disability affecting the mother, the child or others members of the family that could have a bearing on the delivery of the service is taken into account.	
(g)	Religion & Belief	<i>An inpatient ward was briefed on NHSGGC's Spiritual Care Manual and was able to provide more sensitive care for patients with regard to storage of faith-based items (Qurans etc.) and provision for bathing. A quiet room was made available for prayer.</i>	This will be recorded on the client recruitment form and staff will ensure that they record any sensitive aspects of belief that may affect the service that they provide. The NHSGGC's spiritual care manual will be included as part of the induction pack.	

(h)	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>	It is anticipated that a majority of the young mothers who are recruited will be from more deprived communities. FNP Nurses will ensure that families are able to access services such as welfare rights, local regeneration agencies, voluntary projects that can provide additional support, There will be direct referral routes to Healthier Wealthier Children and Financial Inclusion Projects. Staff have received guidance on this and a number of referrals have already taken place. Review learning from the Lothian Pilot on equalities groups, also at regular intervals, e.g every six months, we will identify whether there is any evidence of reduced or increased inequalities and consider mitigation measures for the latter.	
(i)	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 Health Board Areas.</i>	FNP clients are may include those from more marginalised groups. Links will be made with local agencies and others services to provide support.	
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>	The FNP is funded by Scottish Government for approximately three years. Learning from the programme will be taken into account to work with vulnerable young women.	
10.	What does your workforce look like	<i>Analysis of recruitment shows a</i>	NHSGGC's recruitment process has been used	

	in terms of representation from equality groups e.g. do you have a workforce that reflects the characteristics of those who will use your service?	<i>drop off between short listing, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	to employ all staff. It is yet to be determined whether the final staff team has representation from equality groups.	
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	<i>A review of staff KSFs and PDPs showed a small take up of E-learning modules. Staff were given dedicated time to complete on line learning.</i>	FNP staff will have access to learning modules as part of their induction and personal development plans.	

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.

Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.	Date for completion	Who is responsible?(initials)
Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials		
Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy Review learning from the Lothian Pilot on equalities groups, also at regular intervals, e.g every six months, we will identify whether there is any evidence of reduced or increased inequalities and consider mitigation measures for the latter.		

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

Lead Reviewer:
EQIA Sign Off:

Name: Anne Hawkins
Job Title: Director, Glasgow City CHP
Signature: *E. Anne Hawkins*

Date: 25th March 2013

Quality Assurance Sign Off:

Name
Job Title
Signature
Date

Please email a copy of the completed EQIA form to EQIA@ggc.scot.nhs.uk , Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.