

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:

Delivery of the Glasgow City Parenting Support Action Plan 2012-2014. Delivery of the Parenting Support Framework is a core priority across health, social work, education and the voluntary sector
 The service in described in Action Plan

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

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

What does the service do?
 The Parenting Support Framework aims to improve outcomes for all children and their families by ensuring that those who most need support benefit appropriately from parenting support services.
 A range of Triple services delivered universally to meet the needs of families living in Glasgow
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.)
 Review EQIA . Previously undertaken in 2009
 It is a priority in the corporate plan

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)

Liz Lamb Mary Ann Tanzilli Parenting Coordinators

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):

Alastair Low, Corporate Inequalities team; Maggie Lachlan, Consultant in Public health; Uzma Rehman, Public health; Aileen Shaw, Service Manager, Social work; Kathryn Farrow, QIO, Education; Elizabeth McKenna, Voluntary Sector; Louise Marryat , Research and Evaluation team; Liz Lamb Parenting Coordinator (PC), Mary Ann Tanzilli PC, Louise Gaunt PC, April Montgomery PC, Claire Keenan PC.

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	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>	Family Background Questionnaire collects information on postcode, age, gender but does not collect information to cover all equality groups Referral form has nothing about disability	Need to scope out and decide how to remodel the Family Background questionnaire and Triple P referral form
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>	Parents from Equality groups are given a choice about whether to attend a mainstream group or if available a targeted group. The information has been used to identify gaps and plan targeted services, to meet the needs of individual families, ensuring that they receive the service. Reports sent from evaluation team to core group where decisions re future actions are made	Consideration needs to be given to increasing access to mainstream services for parents from protected groups Staff need Inequality Sensitive Practice awareness sessions Equalities information collected needs to be disseminated widely with service providers
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>	Parents from Equality groups are given a choice about whether to attend a mainstream group or if available a targeted group. Delivery of parenting support in GAMH, Deaf Connections and a range of voluntary sector organisations	Ensure there is a process to review programmes and amend them to reduce 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>	Engaged with parents form various equality groups e.g. Deaf Connections Seminar delivered to groups as a taster prior to parents attending a parenting group. Parent satisfaction forms completed Pilot of evening group evaluated well however currently no evening /weekend service	Through voluntary sector, information can be gathered as to whether there are any specific barriers to accessing parenting services Develop an evening /weekend service
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<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>	When planning groups consideration given to timing, location, access to crèche, interpreter Health staff routinely signposting parents to other services e.g. primary care mental health, smoking cessation, healthier wealthier children.	Need to ensure all multi agency staff have same information to signpost parents to a range of services
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	<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>	We know that some venues would not be accessible for parents with mobility problems. We don't ask specifically on referral form if there are any disabilities –but assume the referrer might add that information	There will be a requirement :- 1. to ensure that some of the service runs in venues that are DDA compliant to ensure parents with physical disabilities can access the service 2. to gather information re physical disabilities on referral form.

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>	Interpreters used as per protocol Through routine screening of referrals parenting coordinators identify potential barriers through written information on referral form.	Staff awareness required re whispering interpreters And re the communication support language plan
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>	Collect data if male /female attending Triple P services South sector has a fathers only group	All health staff will have had access to GBV – Routine Enquiry training Need to check whether other agencies have access to GBV training
(b)	Gender Reassignment	<i>An inpatient receiving ward has held briefing sessions with staff using the NHSGGC Transgender Policy. Staffs are now aware of legal protection and appropriate approaches to delivering inpatient care including use of language and</i>	Workforce development issue	Circulate transgender policy to all practitioners Assess competence of staff and e- Learning available if required

		<i>technical aspects of recording patient information.</i>		Anti discriminatory training
(c)	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>	Specific work with kinship carers Multi agency work with young teenage parents through delivering a Triple P group Targeted work with parents with teenagers who are at risk of being non attenders	Future links with Family Nurse Partnership
(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>	Parents where English is not their first language are supported to attend mainstream services however if parents request a group in same language then some targetted groups are available For example, there is a Group for Chinese speaking parents and a Group for Slovakian speaking parents Collect data on race in Family background Questionnaire Seminar data will link to education system and there will get data on race	Identify ways to increase access, for parents whose first language is not English, to mainstream services
(e)	Sexual Orientation	<i>A community service reviewed its information forms and realised that it asked whether someone was</i>	Not routinely collecting data	Need to amend family background questionnaire to ask

		<p><i>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>questions under family composition re same sex couples, civil partnerships etc Staff need to be aware of policies</p>
(f)	Disability	<p><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></p>	<p>We know that some venues would not be accessible for parents with mobility problems. We don't ask specifically on referral form if there are any disabilities –but assume the referrer might add that information</p> <p>Work developing with GAMH and Deaf Connections</p>	<p>There will be a requirement :- 1. to ensure that some of the service runs in venues that are DDA compliant to ensure parents with physical disabilities can access the service 2. to gather information re physical disabilities on referral form.</p> <p>Need to add disability to referral form</p>

(g)	Religion and 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>	Not routinely collecting data	Need to add question in Family Background Questionnaire Staff awareness re being sensitive to parents religion/beliefs e.g. times may not suit in relation to worship, fasting etc
(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>	There are some issues in relation to accessing the service, transport, crèche etc. Work with PACT team to reduce barriers to access	Ensure support available in relationship funding for crèche, transport etc
(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>	Targeted work currently being delivered:- prisoners(Barlinnie) addictions vulnerable fathers Roma/Slovakian families	Monitor and review to develop these services
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	<i>Proposed budget savings were analysed using the Equality and Human Rights Budget Fairness Tool. The analysis was recorded</i>	Currently in process of a redesign of parenting support Moving to a central model of delivery	Ensure through redesign that services continue and there is a robust exit strategy from the existing

	disproportionately on equalities groups?	<i>and kept on file and potential risk areas raised with senior managers for action.</i>		sector resource
10.	What does your workforce look like 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>Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.</i>	The workforce is staff across health, social work , education and voluntary sector	Identify deficits in representation in workforce
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>	All health staff have had access to GBV training	Encourage staff to take up opportunities to access Equalities training and link to their KSF

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.

Delivering Triple P Group in Barlinnie for prisoners and their partners
Development of a service for the Roma/Slovakian population
Delivery of seminar delivered universally for parents whose children are starting P1. This is available for all parents in this group and introduces parents to further support if required.

<p>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</p>	<p>Date for completion</p>	<p>Who is responsible?(initials)</p>
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>Induction/staff awareness for practitioners :- Inequality Sensitive Practice, GBV, Equalities training, whispering interpreters, communication /language protocol, transgender policy, signposted to e-learning as required</p>	<p>Nov 2012</p>	<p>Staff identified once new structure in place July 2012</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>Amend Family Background Questionnaire Amend Triple P Group referral form Develop an evening/weekend service</p> <p>Check venues are DDA compliant Circulate transgender policy to all staff</p> <p>Communicate with voluntary sector to ask what potential barriers to access are</p>	<p>Nov 2012</p>	<p>Staff identified once new structure In place 2012</p> <p>Elizabeth McKenna</p>

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

Nov 2012

Lead Reviewer:

Name: Liz Lamb /Mary Ann Tanzilli

EQIA Sign Off:

Job Title: Parenting Coordinators

Signature

Date: 3rd May 2012

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.