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:

<table>
<thead>
<tr>
<th>Glasgow CHP - Community Mental Health Improvement Services.</th>
</tr>
</thead>
<tbody>
<tr>
<td>● LIFELINK Adult Stress Service</td>
</tr>
<tr>
<td>● LIFELINK Youth Mental Health Improvement Service</td>
</tr>
</tbody>
</table>

Both elements are delivered by a single 3rd sector supplier (LIFELINK) who acts on behalf of Glasgow CHP in their delivery. Given the expected transition from Youth Service to Adult service by young service recipients it is crucial that both services are compatible and therefore require having one single unified EQIA.

Please tick box to indicate if this is a:  
- [ ] Current Service  
- [x] 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).

What does the service do?

LIFELINK have been commissioned by Glasgow CHP to deliver two distinct services in linked settings across Glasgow CHP, with each replacing several discrete services with a new single enhanced service expanded across the whole city ensuring similar service and governance standards.

**LIFELINK Adult Stress Service**

This aims to improve the mental health and well being of people living in Glasgow City. It will do this by complimenting and making key contributions to current existing mental health improvement services. This will be achieved through the delivery of a comprehensive range of holistic support services and programmes, to adults (aged 16 and over) who are experiencing significant stress as a result of life circumstances, social and health inequalities and are living in the most deprived communities in the sector. According to their assessed / self identified need service recipients will be offered a range of supports including, one-to-one counselling, group work support, and training & educational support. Services will be delivered in community and NHS settings throughout each of Glasgow CHPs three sectors.

**LIFELINK Youth Mental Health Improvement Services**

Through the delivery of programmes of early intervention & prevention the service aims to support the empowerment, improve the mental health of secondary school ages young people, their parent / carers or other significant individuals involved with the care & well being of the young persons. This will be delivered across Glasgow CHPs three sectors, largely in secondary school settings with additional delivery in community settings as appropriate. According to their assessed / self identified need service recipients will be offered a range of supports including, one-to-one support, group work support & learning, & protected space drop-in support. Young people aged 16-18, their parents/ carers will have direct access to the LIFELINK adult services thereby providing longer term supports if required.

- 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.)

Glasgow CHP - Community Mental Health Improvement Services was selected as during commissioning of both services above it became clear that there was a clear overlap in each with key outcomes being the same, i.e. to improve the mental health of Glasgow’s citizens, to reduce isolation and health inequalities in our most vulnerable groups and communities. Both services are delivered by a single supplier, LIFELINK, who act in their delivery on the behalf of NHSGGC / GCHP, and therefore require to be compliant with 2010 Equality Act legislation and NHSGGC equalities toolkit.

Both service aims are linked across several settings within GCHP Development Plan (2013-16). For example, Corporate Priority Action (CPA) # 16 aims to improve mental health & well-being of YP through delivery of Mental health services in school settings, whilst CPA #100 aims to improve adult mental health by reducing inequalities of access and differences in waiting times across SIMD areas.

Each service fits completely within the GCHP Strategic Direction for Health Improvement Review which aims to make all HI services more accessible and more equitable to those groups and communities of greatest need.

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)

Janet Tobin Health Improvement Manager (Support) – Eastbank Conference and Training Centre.

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):

| Health Improvement Senior with responsibility for adult stress services |
| Health Improvement Lead Young People Services |
| Lifelink Services Manager As responsible officer for service delivery of the contract |
| Lifelink Senior Practitioners Youth Services, to support the EQIA in relation to service delivery and actions |
| LIFELINK Board Members (n.b. these include community members who have received LIFELINK services, or who are carers or family members of people who have received same). |

<table>
<thead>
<tr>
<th>Lead Reviewer Questions</th>
<th>Service Evidence Provided (please use additional sheet where required)</th>
<th>Additional Requirements</th>
</tr>
</thead>
</table>
| 1. What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data? | **Adult Stress Service**

   The service routinely collects age, sex ethnicity, disability and post code data at initial referral to aid access and communication barriers.

   Issues in collecting data may arise where, for example, staff do not routinely collect data, where service users decline to provide | **Adult Stress Service**

   As part of performance monitoring there will be a continual process of gathering and examining data to improve service to equality groups.

   An updated equalities monitoring form, including the protected characteristics will be in place by |
data, or where service users are unable to provide data, e.g. some may not be aware of their post code. Where data is identified as being incomplete staff will engage the service user to complete at this or subsequent session(s).

Anonymised Data is collated & reviewed at quarterly performance monitoring meetings attended by the 3 Sector Health Improvement Staff, PCMHT staff and Lifelink.

**Youth Mental Health Improvement**

The service routinely collects age, sex, ethnicity, disability and post code data at initial referral to aid access and communication barriers.

Issues in collecting data may arise where, for example, staff do not routinely collect data, where service users decline to provide data, or where service users are unable to provide data, e.g. some may not be aware of their post code. Where data is identified as being incomplete staff will engage the service user to complete at this or at subsequent session(s).

Given the age range and school setting for the Youth MHI service there may be barriers to collecting all PC data.

01/04/2014. Where possible this should be completed during the assessment period. Where not possible staff will endeavour to complete at any subsequent session(s). Staff awareness sessions focusing on the need to collect Protected Characteristics data will precede use of updated equalities monitoring form.

**Youth Mental Health Improvement**

As part of performance monitoring there will be a continual process of gathering and examining data to improve service to equality groups.

An updated equalities monitoring form, including the protected characteristics will be in place by 01/04/2014. Where possible this should be completed during the assessment period. Where not possible staff will endeavour to complete at any subsequent session(s). Staff awareness sessions focusing on the need to collect Protected Characteristics data will precede use of updated equalities monitoring form.

The collection of all protected characteristic data may be problematic in some settings. Lifelink via the Health Improvement team are exploring with Education and CIT the use of an updated equalities monitoring form. This will include agreement with partners on referral/assessment equalities data that will be collected for all characteristics as part of the equalities legislation. Depending on the setting or the individual service user this may be completed during the assessment period or, if appropriate as close thereafter to this assessment. Staff awareness sessions focusing on the need to collect Protected Characteristics data will precede use of
| 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? | **Adult Stress Services**  
This is a high demand service. Capacity could easily be taken up by those who find services easily accessible. However, Lifelink look at particular groups of individuals to offer a service e.g. disability community, kinship groups, addictions services. This is achieved by utilising time set within the contract to deliver outreach and taster sessions to targeted groups. Services are located in neighbourhoods with high SIMD 1 populations. However services are available to people from all areas of Glasgow with issue of accessibility being a key consideration.  
We have received awareness raising sessions by Scottish Refugee Council (SRC), Glasgow Advice and Information Network (GAIN) and Young Men’s Christian Association (YMCA) on the service they provide. As a result, staff make onward referrals and signposting to these agencies.  
**Youth Mental Health Improvement**  
NHS staff examined available intelligence data such as SIMD, free school meals entitlement to consider improved targeting of services.  
The flexibility within the contract allows the service to respond to issues that are identified through analysis of the equalities data received. | **Adult Stress Service**  
As part of performance monitoring there will be a continual process of gathering and examining data to improve service to equality groups. Staff will participate in training provided by Lesbian, Gay, Bisexual, & Transgender (LGBT) Youth Scotland on equality and diversity issues experienced by these protected characteristic groups.  
Onward referral to external agencies will be routinely recorded.  
**Youth Mental Health Improvement**  
As part of the contract, data will be examined citywide as part of performance review where key issues will be discussed and examined. We will then agree and prioritise actions on improving accessibility. This will include further analysis of performance data as it becomes available. |
|---|---|---|
| 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. | **Adult Stress Services**  
In 2010-11 Lifelink service users and board members were interviewed as part of a students research towards gaining an MSc in Equality and Human Rights (2011) | **Adult Stress Services**  
Lifelink are exploring outcomes within this MSc research, titled “An exploration of the journey of people at risk of suicide and factors that support or hinder help-seeking behaviour during times of crisis”, with particular regard to any findings related to protected characteristic groups and / or marginalised communities. Recommendations |
Due to sensitivities around working with people experiencing mental health problems Lifelink are able to offer gender specific groups / training where required. For example female only groups / training has been offered to service users within the Glasgow Women’s Justice Service & to Black African women who attend Terence Higgins Support Group. Lifelink provides stress management workshops as part of the Mens Health Improvement programme. Interrogation of data collected by Lifelink show the split for participants of the general adult community based service is approximately 70% female and 30% male. In Glasgow City the split of the population is 52% female and 48% male.

Lifelink have supported a research student who explored suicide attempt/ ideation among men and what has helped them from talking based services.

The current single session delivery approach was developed from research which showed that 50% of people referred for therapy only attend for 1 or 2 sessions and that 75% find that enough to support them to deal with their presenting issue. Ongoing 1-1 counselling sessions are available to those requiring further therapy. Implementation of the single session approach began in July 2010.

Youth Mental Health Improvement
A Report on service user engagement highlighted young people prefer a service which fits in with their day and is not seen as separate which has informed the outreach model which includes school based work and other community projects.

Family work is included as part of the service model recognising that external influencers such as family support are essential to maintain improvements in young peoples mental health and

Youth Mental Health Improvement
| 4. | Can you give details of how you have engaged with equality groups to get a better understanding of needs? | Adult Stress Service | Lifelink are currently working with a research student who is looking at suicide attempt/ideation among men and what has helped them from talking based services. Lifelink Adult engaged with several partner agencies to support them to better identify needs of their service users in relation to stress management. Partnerships have included young carers groups, LGBT Scotland, Glasgow Association for Mental Health (GAMH), Aberlour Bridges, Community Safety Glasgow (CSG) to look at needs and ensure our services are sensitive to those needs.

Youth Mental Health Improvement
Lifelink Youth engaged with service users from several partner agencies to support them to better identify their needs in relation to stress management. These have included: Glasgow City Colleges in Anniesland, North Hanover Street and Bath Street, Supported Housing units for LAAC, in all three sectors across the city and LGBT groups.

Adult Stress Service | It is intended that the work of the research student will help identify ways to increase the numbers of men who access the service. Lifelink are currently conducting a small scale research project partly aimed at exploring the impact services have on service users and partly to gain further insight into the needs of equality groups including the differences in engagement between men and women.

| 5. | If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality? | Adult Stress Service | Within new contract NHS have taken a more robust approach to examining inequalities and targeting services.

Youth Mental Health Improvement | Within new contract NHS have taken a more robust approach to examining inequalities and targeting services.

| 6. | Is your service physically accessible to everyone? Are there potential barriers that | Adult Stress Service | Lifelink have a health and safety policy which includes physical accessibility and annual risk assessments. All venues are fully accessible.

|  | Review of signage of older venues is required. |
| need to be addressed? | All venues undergo a risk assessment and health and safety check prior to utilising. Signage varies from venue to venue depending on whether it’s a shared location with suitable signage being installed as necessary.  

**Youth Mental Health Improvement**  
Lifelink have a health and safety policy which includes physical accessibility and annual risk assessments.

All venues are fully accessible. In schools that have hearing impairment units (ie St Rochs) young people with a hearing impairment attend and suitable resources provided to teachers/visitors so that the young people are included in lessons/groups/one to one support outwith the hearing unit. |
|---|---|
| 7. How does the service ensure the way it communicates with service users removes any potential barriers? | **Adult Stress Service**  
Lifelink customises its marketing activities to ensure that in areas where we have fewer service enquiries it organises taster sessions at neighbourhood and group events to improve engagement.

Lifelink’s written communications such as service information leaflets, banners, letters are checked against the NHS GG&C ‘Providing Accessible Information Toolkit’ and monitored against easy read scales. Leaflets are available in large print and translated into 5 languages Chinese, Arabic, Polish, Urdu and Punjabi. There is provision of DVDs and talking communications which describe/promote services, access and engagement. An audio CD is available for relaxation exercises.

The impact of referrals received against engagement is regularly monitored and analysed to inform service development. This information is shared with HI improvement staff.

NHSGGC Interpreter Service Booking Flowchart is used to provide Interpreting when necessary. Use of these will involve regular service user feedback on their efficacy.

Leaflets are available in other languages. | **Adult Stress Service**  
Talkphone and electronic communications are being developed as part of the Information Communication Technology strategy.

New Lifelink website is currently under construction, and will be monitored and assessed against removing barriers to communication. Where there is a need in a community where other languages are requested further translations into this language will be undertaken.

Lifelink’s website is currently being re-developed and will also be accessible by smart phone. Additionally on line self help resources such as DVD guides were updated in March 14 to include sub-titles. |
**Youth Mental Health Improvement**

- Protocols for monitoring communications and removing barriers for accessibility are integrated into the marketing plan and activities.

- NHSGGC Interpreter Service Booking Flowchart is used to provide Interpreting when necessary. Use of these will involve regular service user feedback on their efficacy.

- Leaflets are available in other languages.

- Clarification for communication and engagement approaches with young people within identified schools will be provided in partnership with education services.

- Young people are involved in reviewing marketing materials.

**Youth Mental Health Improvement**

- Targeted Work will be provided within the service delivery plan in areas where we identify service gaps linked to the contract. This can be tailored to suit identified needs.

<table>
<thead>
<tr>
<th>8.</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>Sex</td>
</tr>
</tbody>
</table>
For year 1st April 2012 – 31st March 2013, the proportion of adult service users were 72% female and 28% male. Data was not collected in relation to transgender during this reporting period.

Adult services do not currently provide specific male only groups or training programmes. However these can be provided where need is identified.

**Youth Mental Health Improvement**

Previous data highlights the gender of individual therapy service users was 56% female and 44% male.

As service is largely delivered to young people in school settings gender specific group work is offered as appropriate. E.g. Issues of sexuality, gender based violence, child protection may make it appropriate to deliver in single sex group.

Additional information will be gathered in due course with the introduction of a new equalities monitoring form. All data will be regularly monitored and analysed to inform service development. This information is shared with HI improvement staff. A small scale research project will be conducted with Lifelink service users to explore the reasons behind the differences in engagement between males and females. Outcomes from this study will be analysed and discussed at contract management meetings.

**Gender Reassignment**

Lifelink staff has attended LGBT training that covered gender reassignment and issues faced by this group. Staff will receive regular updates from LGBT organisation.

All Lifelink staff have an awareness and working knowledge of NHS Transgender policy.

Due to ongoing discussions with Education, NHS HI and Lifelink, there is currently no agreement in place with Education to capture this data within the youth service.

Additional information will be gathered in due course with the introduction of a new equalities monitoring form. All data will be regularly monitored and analysed to inform service development. This information is shared with HI improvement staff.

**Age**

Adult services are provided to 16+ year’s age group.

Progress in relation to capturing equalities data will be reported and reviewed at quarterly contract management meetings.
Youth Mental Health Improvement
The age of our users will be restricted to the range identified in the contract (11-18 years)

Age legislation applies to those 18 and over. However as both services have potential to deliver to those aged 16-18 both Adult and Youth Services will continue monitor statistical information in relation to age.

All data will be regularly monitored and analysed to inform service development.

(d) Ethnicity

Adult Stress Service
Service leaflets have been translated into 5 languages (Arabic, Polish, Urdu, Punjabi and Chinese) and interpreters are used where English is not the first language.

We have also recently made links with REACH project in Govanhill that works with members of the BME community with mental health issues. It is intended these links will support training for Practitioners in cultural issues faced by some BME communities that affect their mental health including forced marriage and FGM. Our marketing plan includes advertising our services in the Scottish Ethnic Minorities Directory 2013 and displaying copies at our operating venues.

Youth Mental Health Improvement
It is anticipated our service will reach the same ethnicity as is the area demographics. Previous contract had 92% white Scottish users.

Adult Stress Service
Adult services will continue to monitor statistical information in relation to ethnicity. Where there are communities or neighbourhoods with other language barriers, Lifelink will translate information in this language. Exploring staff training in cultural issues affecting mental health of BME communities including forced marriage and FGM.

Youth Mental Health Improvement
Youth services will continue to monitor statistical information in relation to ethnicity.

(e) Sexual Orientation

Adult Stress Service/Youth Mental Health Improvement
Currently neither service gathers this information. Adult will incorporate it into their Equalities Monitoring Form.

Youth Mental Health Improvement
NHS is discussing with Education the introduction of the

Adult Stress Service/Youth Mental Health Improvement
An updated equalities monitoring form, including the protected characteristics will be in place by 01/04/2014. Where possible this should be completed during the assessment period. Where not possible staff will endeavour to complete at any
| (f) | Disability | **Adult Stress Service**  
Currently collected via clients self assessment. [Service is available to clients across the range of disabilities including learning disability where appropriate](#)  

**Youth Mental Health Improvement**  
Currently collected via clients self assessment. The service is currently provided in mainstream schools identified by NHS Health Improvement teams and where schools have an integrated unit, all pupils have the same access to Lifelink services. [Service is available to clients across the range of disabilities including learning disability where appropriate](#) | **Adult Stress Service / Youth Mental Health Improvement**  
Adult and Youth will continue to monitor information in relation to disability. |
| (g) | Faith | **Adult Stress Service**  
Currently do not measure service user faith or belief. So have no evidence as to whether specific faith groups fare more poorly than others. We do recognise that some faith groups may require services that are sensitive to religious commitments, e.g. some Muslims may not attend appointments during time of Friday prayers.  

New Equalities Monitoring Form will be used to collect faith & belief data to allow service to be adapted if required.  

**Youth Mental Health Improvement**  
See above NHS is discussing with Education the introduction of the Equalities Monitoring form to gather this data from schools. | **Adult Stress Service/Youth Mental Health Improvement**  
Lifelink will develop partnerships and links with REACH and Leeds Institute of Health Sciences, Leeds University. This will be in relation to planned clinical research study addressing depression in Muslim communities and the development of a treatment manual for professionals.  

NHS Faith & Belief Communities Manual is available to all staff to increase general awareness & understanding and to allow referrals to other agencies / faith leaders if appropriate  

**Youth Mental Health Improvement**  
As above |
### (h) Socio – Economic Status

**Adult Stress Service / Youth Mental Health Improvement**

Currently measure this information.

Adult services are delivered across a wide range of Community and NHS setting, with each readily accessible by those using public transport.

Youth Service are largely delivered in school settings and so can be accessed as part of normal school day.

Lifelink have developed links with GAIN network to develop staff awareness of supports available for clients with financial issues.

**Adult Stress Service / Youth Mental Health Improvement**

Adult and Youth will continue to monitor statistical information in relation to Socio-Economic Status.

This is developing further with the introduction of a telephone support helpline for staff working with clients facing financial hardship but are unsure of best service to direct client to.

### (i) Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers

**Adult Stress Service**

Adult service currently delivers a service within Barlinnie prison with offenders and continues this work on their release. Due to data protection restrictions we are unable to identify these service users as ex-offenders.

In addition, the adult service is working on a pilot programme with Help For Heroes, delivering an individual service for ex-service users with a view to gauge demand and potentially seek additional funding resources to expand.

Stress management workshops/courses can be targeted through the outreach and taster programmes to support other marginalised groups including people with addictions or homeless community.

**Adult Stress Service**

Currently neither service gathers this information. However other Protected characteristics data will be collected using new Equalities Monitoring form.

### 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?

**Adult Stress Service/Youth Mental Health Improvement**

None
| 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? | Lifelink is committed to the principle of equal opportunities. Equality monitoring takes place as part of the organisation recruitment procedures with information gathered in ethnic origin, disabilities and age range, the organisation has pro-actively made efforts to recruit from more diverse backgrounds e.g. using partners such as Positive Action In Housing | Lifelink will develop a fully inclusive monitoring form. |
| 11. | What investment has been made for staff to help prevent discrimination and unfair treatment? | Lifelink has a comprehensive set of policies and procedures which staff members are well versed in which include: Equal Opportunities, Complaints Policy, Vulnerable Adult and Child Protection Policy, Disciplinary, Grievance, and Whistle blowing Policies. These policies are reviewed with staff annually. Vulnerable Adult, Child Protection, Equality and LGBT training are all key areas of the organisations 2013/14 training plan. | |

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.

Lifelink Adult staff have received training/information sessions with staff from the GAIN network in order to better identify clients who would benefit from financial inclusion services. This includes having access to a telephone helpline for Lifelink staff to gain support and advice when they are uncertain where best to refer clients for financial support.
### Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.

<table>
<thead>
<tr>
<th>动作</th>
<th>完成日期</th>
<th>负责人（首字母）</th>
</tr>
</thead>
<tbody>
<tr>
<td>BOTH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>作为表现监控的一部分，将有一个持续的过程来收集和分析数据，以改善服务与平等团体。</td>
<td>长期</td>
<td>IM/JA</td>
</tr>
<tr>
<td>更新的平等监测形式，包括受保护特征，将在2014年4月1日之前完成。如果可能的话，应在评估期间完成。如果不可能的话，工作人员将尝试在后续的会面（次）中完成。工作人员将意识到收集保护特征数据的需求，并将促进使用更新的平等监测形式。</td>
<td>长期</td>
<td>IM/Senior Practitioners</td>
</tr>
<tr>
<td>Lifelink正在进行一项小规模的研究项目，部分目的是探索服务对服务使用者的影响，以及获取需要平等团体包括男性与女性之间参与差异的进一步了解。</td>
<td>10月2014</td>
<td>IM/JT</td>
</tr>
<tr>
<td>更新的标识牌服务的旧场所是必要的。</td>
<td>8月14</td>
<td>LR</td>
</tr>
<tr>
<td>电话和电子通讯正在作为信息通信技术策略的一部分而开发。</td>
<td>1月15</td>
<td>LR</td>
</tr>
<tr>
<td>新的Lifelink网站将被监测和评估，以消除沟通障碍。</td>
<td>长期</td>
<td>LR</td>
</tr>
<tr>
<td>Lifelink的网站也将通过智能手机访问。</td>
<td>4月14</td>
<td>LR</td>
</tr>
<tr>
<td>成人和青年将更新平等数据，符合平等法2010年，并且当前收集数据的年龄、性别、残疾、种族和社会经济状况。一旦与合作伙伴包括教育和CIT就同意，预计将收集更多的信息，例如信仰和性取向。所有数据将被定期监控和分析，以启发服务开发。这些信息将与HI改进团队共享。</td>
<td>长期</td>
<td>IM/AB</td>
</tr>
<tr>
<td>所有Lifelink工作人员将被识别与平等法有关，以涵盖收集平等数据的所有方面。</td>
<td>完成2014年4月</td>
<td>IM/Seniors</td>
</tr>
</tbody>
</table>
Progress in relation to capturing equalities data will be reported and reviewed at quarterly contract management meetings.

Both services will continue to monitor statistical information in relation to ethnicity. Where there are communities or neighbourhoods with other language barriers, Lifelink will translate information in this language

An updated equalities monitoring form, including the protected characteristics will be in place by 01/04/2014. Where possible this should be completed during the assessment period. Where not possible staff will endeavour to complete at any subsequent session(s). Staff awareness sessions focusing on the need to collect Protected Characteristics data will precede use of updated equalities monitoring form

Adult and Youth will continue to monitor information in relation to disability

Lifelink will develop partnerships and links with REACH and Leeds Institute of Health Sciences, Leeds University. This will be in relation to planned clinical research study addressing depression in Muslim communities and the development of a treatment manual for professionals.

NHS Faith & Belief Communities Manual is available to all staff to increase general awareness & understanding and to allow referrals to other agencies / faith leaders if appropriate

Adult and Youth will continue to monitor statistical information in relation to Socio-Economic Status

Partnership work with GAIN network is developing further with the introduction of a telephone support helpline for staff working with clients facing financial hardship but are unsure of best service to direct client to

**Adult Stress Service**

As part of performance monitoring there will be a continual process of gathering and examining data to improve service to equality groups. Staff will participate in training provided by Lesbian, Gay, Bi-sexual, & Transgender (LGBT) on equality and diversity issues experienced by these protected characteristic groups.

Onward referral to external agencies will be routinely recorded.
Lifelink are exploring outcomes within this MSc research, titled “An exploration of the journey of people at risk of suicide and factors that support or hinder help-seeking behaviour during times of crisis”, with particular regard to any findings related to protected characteristic groups and/or marginalised communities. Recommendations from this research will be reviewed to assess whether these are appropriate to be integrated into service delivery.

A small scale research project to explore the reasons for the difference in number of males and females accessing the service is being developed in line with current Lifelink evaluation protocols. The recommendations from this could help identify ways to increase the numbers of men who access the service, with gender specific male groups being considered an option if appropriate.

**YOUTH**

The collection of all protected characteristic data may be problematic in some settings. Lifelink via the Health Improvement team are exploring with Education and CIT the use of an updated equalities monitoring form. This will include agreement with partners on referral/assessment equalities data that will be collected for all characteristics as part of the equalities legislation. Depending on the setting or the individual service user this may be completed during the assessment period or, if appropriate as close thereafter to this assessment. Staff awareness sessions focusing on the need to collect Protected Characteristics data will precede use of updated equalities monitoring form.

As part of the new contract, data will be examined citywide as part of performance review where key issues will be discussed and examined. We will then agree and prioritise actions on improving accessibility. This will include further analysis of performance data as it becomes available.

Lifelink will ensure recommendations from “Right Here” Research 2009 and “The Mental Health & Emotional Wellbeing Needs of Young People in SW Glasgow” (2010) are incorporated into service delivery arrangements where possible.

Targeted Work will be provided within the service delivery plan in areas where we identify service gaps linked to the contract. This can be tailored to suit identified needs.

Young people will remain regularly involved in reviewing marketing materials throughout the contract period. It is expected that additional information will be gathered in due course with the introduction of a new equalities monitoring form.

All data will be regularly monitored and analysed to inform service development. This information is shared with HI...
improvement staff.
Ongoing 6 Monthly Review

Please write your 6 monthly EQIA review date:

December 2014

Lead Reviewer: Name Janet Tobin
EQIA Sign Off: Job Title Health improvement Manager (Support)
Signature
Date 6/6/14

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.