

Equality Impact Assessment Tool for Frontline Patient Services



Equality Impact Assessment is a legal requirement and may be used as evidence for cases referred for further investigation for 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 CITAdminTeam@ggc.scot.nhs.uk for further details or call 0141 2014560.

1. Name of Current Service/Service Development/Service Redesign:

South West Alternative Night (SWAN) Addiction Recovery Group

This is a : Current Service

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

A. What does the service do?

The concept for the SWAN group, meeting on Tuesday evenings at Priesthill Community Hall, was developed from the aspirations of the Scottish Government 2008 'The Road to Recovery'™ publication that acknowledged recovery from drug and alcohol dependency as a journey during which people are enabled to move from problem use towards a drug free life while being supported to become active and contributing members of society. SWAN is a peer led community group first constituted in January 2013 to promote recovery from alcohol and drugs, encourage members of the recovery community to come together for mutual support and discuss common issues that affect the individual's™ recovery, represent the views of the wider recovery community in south west Glasgow on addiction structures, help identify gaps in existing services, assist in research and comment on relevant policies on addiction related issues on behalf of service users in the south west of Glasgow. Membership was free and open to men and women aged sixteen years who are currently engaged with services, those in recovery who have achieved personal independence, carers affected by addiction and people living in the south west of Glasgow with an interest in addiction issues. The group's™ current (2014) constitution states that no racial/gender/disability/religious/ageism or any other discriminatory views, language or practices will be accepted and that behaviour under all circumstances must be acceptable, consistent and respectful. The focus on the geographical area reflected the funding structure of the Community Health and Care Partnership at that time and an amended in 2014 constitution subsequently dropped all geographical restrictions. The group's™ basic function was to provide services and activities based on an alternative night model, meaning that it provides a safe alcohol and drug free café style space where people in early recovery from addiction can come out of isolation and support each other. In addition to the social element, SWAN provided therapeutic activities such as circuit training, reiki and acudetox. It is funded by Glasgow City Alcohol & Drug Partnership (ADP) monies through Glasgow Addictions Service (GAS). It is delivered by volunteers who are all in recovery from addictions with minimal support from the GAS Recovery Coordinator and Lead as well as some input from a South Sector NHS Health Improvement Practitioner. There was no formal referral process the service was accessed by word of mouth between members of the recovery community, most of whom had completed treatment for addiction in community or residential rehabilitation centres and by November 2014 the group had thirty seven registered members. SWAN has now ceased in its present form, with most of the members now operating from another location under another name which is RISE. However, this Equalities Impact Assessment will be based on the original SWAN with recommendations for RISE and other recovery groups.

B. 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.)

It is part of the Glasgow City Community Health Partnership Development Plan and was operational since 2013 but had not had an Equalities Impact Assessment (EQIA) carried out. As such it was agreed with the SWAN Committee that as it was fully funded by the NHS it should be done to ensure it meets the terms of the Equalities Act (2010). In addition, it was recognised that the

learning from this EQIA could be used to produce a report that could be a basis for all recovery groups seeking to meet the terms of the Act. Participating in this EQIA is Peter Hunter, the Chair of SWAN alongside the NHS staff named.

3. Who is the lead reviewer and when did they attend Lead reviewer Training? (Please note the lead reviewer must be someone in a position to authorise any actions identified as a result of the EQIA)

Name:	Date of Lead Reviewer Training:
James McDaid	11/09/2014

4. 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):

Lara Calder, Goldie, John, Taylor, Sofi

	Lead Reviewer Questions	<i>Example of Evidence Required</i>	Service Evidence Provided	Additional Requirements
1.	What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?	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.	The service collects information on sex, age, race and disability. It also collected post codes for SIMD data and referral pathway i.e. community or residential rehabilitation services, Community Addiction Teams, other recovery groups and word of mouth. Barriers include the fact that this type of group tends towards the informal, members can be resistant to probing questions and bureaucracy in general. There are also possible literacy issues. Time is limited for data collection and as the recovery café is a semi-open environment, client sensitivities must be considered.	Recommend the SWAN Committee adopt the NHS 'Why do we want information about you?' equalities questionnaire that is separate from the registration form to preserve anonymity and capture information on all protected characteristics. Remove all equalities questions from the current SWAN registration form and add anti discriminatory statements from the Code of Conduct section of its constitution. Two of these statements are relevant to this EQIA 'No Racial/Gender/Disability/Religious/Ageism or any other discriminatory views, language or practice will be accepted' and 'At all times under all circumstances the group has the right to expect all attending to behave in a manner that is acceptable, consistent and respectful'. Recommend that new members are asked to sign and date that they have read and understood the SWAN Code of Conduct and agree to be bound by it'. These actions will allow SWAN to develop robust registration and data collection procedures to capture all 9 protected characteristics.
2.	Can you provide	A Smoke Free	Analysing the data	BME communities may be unaware of the

	<p>evidence of how the equalities information you collect is used and give details of any changes that have taken place as a result?</p>	<p><i>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></p>	<p>shows a good balance between the sexes with 20 males and 17 females and an average age of 47 with the youngest member at 33 and the oldest 70. In terms of ethnicity, all members were White Scottish indicating that Black and Minority Ethnic (BME) communities may be unaware of the existence of the service or the fact that, while located in G53 it is funded to meet the needs of all residents. Action was taken to link with Glasgow Addiction Services BME workers to raise the profile of the group. Also a link was established with the voluntary sector Minority Communities Addiction Support Services (MCASS) for advice on cultural sensitivities and needs. In addition, the available information also showed that there were no members between the ages of 16 and 32 which indicated a need to link with young people's addiction services. These recommendations were fed back to the SWAN committee and South Sector Alcohol and Drug Partnership Recovery Sub Group for discussion on how best to raise the group's profile and those organisations it would be relevant to inform.</p>	<p>existence of the service or the fact that while it is located in G53 it is funded to meet the needs of SW Glasgow residents. Action will be taken to link with South Sector GAS BME workers to raise the profile of the service. Also link with voluntary sector Minority Communities Addiction Support Services (MCASS) for advice on cultural sensitivities and needs. Complete review. Feedback to SWAN and ADP Recovery Sub Group</p>
3.	<p>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</p>	<p><i>Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the</i></p>	<p>When SWAN was established, the original members carried out a mapping of exercise to identify the best premises in the local area in terms of access, availability of the venue during the day and in the</p>	<p>Address barriers to Black & Minority Ethnic people accessing SWAN by linking to BME services to promote the group and provide referral procedure to NHS Interpreting Service.</p>

	out in the service.	patient pathway.	evening as well as space for possible crÃche provision. More recently the group adopted the recommendation from the ADP to seek insights and guidance from the BME research 'My Story with Addictions- An Insight to the Road to Recovery: South Glasgow ethnic minority community and problematic drug use.' (Coalition for Racial Equality & Rights, 2011). The group also agreed that on request, separate prayer/contemplation space would be made available to meet the needs of religious and spiritual practices. MCASS also agreed to provide a phone number for use in cases where newcomers are Urdu or Punjabi speakers and have difficulty communicating in English.	
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	Patient satisfaction surveys with equality and diversity monitoring forms have been used to make changes to service provision.	This group played a central role in the organisation and participation of the second of two Women In Recovery development sessions delivered in its premises in November 2013. The findings from the sessions were included in the SWAN Action Plan for 2014/15 which itself was generated from four development sessions between December 2013 and January 2014. The group was also involved in the delivery of the south Glasgow element of Getting Real about Alcohol N Drugs (GRAND) Week 2014, an annual programme of events that engages	Aim to engage with groups and organisations representing other protected characteristics.

			with communities on substance abuse issues.	
5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	<p><i>A parenting service includes referral options to smoking cessation clinics. The service provides cr�che facilities and advice on employability and income maximisation.</i></p>	<p>The service aims to help people come out of isolation, recover from addictions, develop healthy lifestyles and overcome inequalities. A number of development sessions were undertaken which informed the structure of the current service. Members are offered information and workshops on smoking, diet, exercise, stress management as well as access to organised physical activities such as five a side football. Feedback from female members indicated that other fitness programmes would be appreciated so time in the big hall was allocated for hoola hoop fitness classes and circuit training. A number of alternative therapies were also available to assist with the stress of early recovery. Literacy, numeracy classes are available through Glasgow Life and SWAN offers a basic computing class to provide members with core skills. The group is now aware of the pathways to refer members to welfare rights and money advice services. Members are also able to access free training opportunities such as Tier 1 & 2 Alcohol and drug awareness provided by the South Operational Alcohol & Drug Partnership. Tiers 1 & 2 refers to the 4 tier structure of alcohol and drug services where Tier 1 deals with the provision of general prevention and</p>	

			education approaches where there is no assumption of problematic substance use and Tier 2 training provides trainees with the knowledge, tools and skills to engage in the short, structured, evidence based conversation known as a brief intervention	
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>	This service is physically accessible, for more detail see disability section. There are also good transport links to, and adequate parking, at the venue. The group has both a mobile phone number and email address that people can use to enquire about services, where and when the group meets and how to join.	The group will investigate the possibility of installing a loop system with the landlord. Build relationships with CAT and community rehabilitation services staff in order to promote the service and be able to address any equalities issues before any prospective member attends.
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'sTM Interpreting Protocol.</i>	The group has posters and flyers in GP practices and Community Addiction Team offices. The group is aware of the NHS Greater Glasgow and Clyde Equality Scheme Communication Support and Language Strategy (CSLP) and Action Plan	SWAN should ensure, as far as is reasonably possible, that all written information provided by the group is compliant with CSLP and the group is able to liaise with the relevant NHS staff member for guidance. SWAN will also ensure members and external facilitators delivering classes at SWAN are aware of the NHS interpreting services and the protocol for accessing it.
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	<p><i>A sexual health hub reviewed sex disaggregated data and realised very few young men were attending clinics. They have launched a local promotion targeting young men and will be analysing data to test if successful.</i></p>	<p>The group has been capturing data on sex since its inception. As stated in its constitution there are no sex barriers to involvement with SWAN either at member of committee level and both sexes are well represented on the SWAN committee where decisions are made with regard to all its activities. During these meetings decisions were made to utilise the big hall at its premises to provide football training that, while open to both sexes, turned out to attract men only. During a review of services it was decided to divide the time in the hall for football training, hoola hoop fitness classes and circuit training not that would be suitable for both sexes. The group has been fully involved in the series of Promoting Women's Recovery events in Glasgow.</p>	<p>SWAN should seek training on gender based violence & child protection issues. It should also investigate developing a policy with regard to disclosure of childhood sexual abuse during its caf� evenings.</p>
(b)	Gender Reassignment	<p><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></p>	<p>The NHS Health Improvement staff member supporting this group has received training on trans gender issues and the legal duty to protect the needs of trans members.</p>	<p>Disaggregated data on this protected characteristic will be collected for all existing and new members using the equalities questionnaire. It is recognised that there may be members and others engaging with this group who have undergone or may be planning to undergo gender reassignment. The SWAN Committee will be made aware of NHSGG&C Transgender Policy with a recommendation it engage in an awareness session. In line with recommendations for all protected characteristics it will be also be recommended that the group writes protection for transgender members in to its constitution, stating that no one will be discriminated against or be forced to disclose this information and that members and staff working with the group will act to prevent any transphobic behaviour.</p>

(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>	While Glasgow Addiction Services and Health Improvement staff have received training on children and vulnerable adult protection training and the SWAN constitution states that the service is available to those over the age of 16 with no upper age limit	As the service is for vulnerable people and Glasgow Addiction Services/Health Improvement Team staff are not always in attendance, key members of SWAN will be encouraged to undertake adult protection training.
(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>	This protected characteristic is written into the SWAN constitution and data on ethnicity is collected when new members are registered. SWAN is aware that over one in 10 of the City's population is of a BME background (including Other White) and just under half of the BME population is estimated to live in South social work area (Social Work Area Demographics, 2011). To date there have been no race related incidents. SWAN is able to access a range of written information in a range of languages on services relating to drugs and alcohol through Glasgow Addiction Services (GAS).	Black & Minority Ethnic communities may be unaware of the existence of the service or the fact that, while located in the south west of Glasgow SWAN is now funded to meet the needs of all south Glasgow residents. Action should be taken to link with South Sector GAS Black & Minority Ethnic workers to raise the profile of the service. Also link with voluntary sector Minority Communities Addiction Support Services (MCASS) for advice on cultural sensitivities and needs. SWAN should ensure members and external facilitators delivering activities are aware of the availability of the NHS interpreting service and the protocol for accessing it.
(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</i>	None at present	NHS Health Scotland indicates that the best available data suggest that between 5% and 7% of the Scottish population aged 16 and over is lesbian, gay or bisexual. In addition, while it is unclear if substance dependency is higher among this group, it is known that substance use is higher among this population. SWAN will be encouraged to use the new equalities form to collect data on sexual orientation, to write protection on this protected characteristic into SWAN

		<p><i>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>constitution and to ensure that no one will be discriminated against or be forced to disclose this information and members will act to prevent any homophobic behaviour.</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>There is appropriate car parking space outside and the premises used by the group are wholly ground floor with access ramp and all internal spaces are wheelchair accessible including a wheelchair accessible toilet. However, the double doors at the entrance to the centre are heavy fire doors that are not automatic or push button opening. Carer and support workers are free to attend to support clients to participate in the activities of the group</p>	<p>While as yet there have been no requests for the use of a loop system, the group should consider costs of purchasing a portable hearing loop system. The group should also request the landlord's accessibility policy with a view to discussing the possibility of making the entrance doors more wheelchair accessible.</p>
(g)	Religion and Belief	<p><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></p>	<p>The Church of Scotland owns the premises and welcomes people of all faiths and no faith The group meets in their community centre that is non denominational. Church notices are confined to one notice board while SWAN has its own board and table with no religion or belief restrictions on what can be displayed. The group has identified a room that can be used as a prayer/meditation space if it is required. The group is also able to access supportive information about other faith groups in relation to addictions from Glasgow Addiction Services and MCASS</p>	<p>The group should access the NHS Health Improvement Get Cooking, Get Shopping course to gain knowledge of faith based dietary requirements such as halal, kosher etc. and how to prepare dishes that meet these needs.</p>

(h)	Pregnancy and Maternity	<i>A reception area had made a room available to breast feeding mothers and had directed any mothers to this facility. Breast feeding is now actively promoted in the waiting area, though mothers can opt to use the separate room if preferred.</i>	The group has been made aware of the Breastfeeding Scotland 2005 Act. The group has stated it has no problem complying with the Act. Mothers can now breastfeed in the community area or, if they so choose, will be provided with a separate space.	
(i)	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>	The demographic profiles of Greater Glasgow and Clyde show that there are a large number of areas of high socio-economic deprivation and SWAN is free to members with all equipment costs for activities met from the group's funds. Members are able to claim back travel expenses including mileage if they are on SWAN related business. There is also a mileage allowance for 5 a side football and other external activities. Due to the fact that members should have addressed their substance abuse issues, there is normally no travel allowance for attendance at group's premises. However, due to the fact that the group has financial autonomy, the committee is able to consider applications for travel expenses in cases where hardship would prevent a member attending. As already outlined in the health improvement section, the group also has access to a number of services related to health education and core skills. Due to the fact that most members are unemployed, few	Understanding implications of SES and building referral routes

			<p>have landlines and there is little access to the internet at home. Therefore, there is a lot of reliance on very basic mobile phones to stay in touch. Because of this steps have been taken to build mobile phone distribution lists that can be used to contact members and keep them up to date.</p>	
(j)	<p>Other marginalised groups - Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p><i>A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.</i></p>	<p>SWAN offers a service to people with addiction history that can include offending, homelessness, involvement in the sex trade. It also has a links to the peer support worker at the veterans charity Glasgowâ€™s Helping Heroes.</p>	<p>Build links to agencies that offer support to other marginalised groupâ€™s such as the 218 service in order to be able to signpost and raise the profile of the services offered by SWAN with these organisations.</p>
9.	<p>Has the service had to make any cost savings or are any planned? What steps have you taken to ensure this doesnâ€™t impact disproportionately on equalities groups?</p>	<p><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></p>	n/a	
10.	<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p><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></p>	<p>All paid staff supporting this group have completed and recorded statutory and mandatory training including equality and diversity. In relation to SWAN members, funding was secured by MCASS from Glasgow Alcohol and Drug Partnershipâ€™s GRAND365 fund in 2014 to deliver a 1 hour Equalities Act (2010) training session members of the group on August 22nd 2014.</p>	<p>Write all protected characteristics into SWAN Constitution as part of the group's ongoing development.</p>

5. 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.

The use of regular text messaging to member distribution lists is an example of responding appropriately to the circumstances of the membership. This is valuable in combating isolation, encouraging group involvement and cohesion as well as providing a conduit for communicating opportunities that strengthen personal recovery. In addition, the development of a positive group identity through the design of a logo and marketing materials have gone some way to diminish the sense of marginalisation.