

Please list the staff involved in carrying out this EQIA

(where non-CHCP staff are involved e.g. third sector reps or clients, please record their organisation or reason for inclusion):

Ann Firth ASM, Adoption Services CHCP, Kirn House, Shirley Cairney ASM, Residential Services CHCP, Kirn House

	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?	Age, Disability, gender reassignment, sexual orientation, race, religion & belief, ethnicity, socio economic status.	This data is collected from the assessment that adopters and permanent carers undertake as part of this process in line with the BAAF.	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?	The services procedure set out the guidance for assessment and now includes intercountry adoption, and post adoption support.	This is included in the procedure and collected at the point of assessment.	None
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.	Our procedures are laid out in a clear and concise way and are inclusive to ensuring that potential adopters are not faced with barriers that would excluded them from apply for this process.	The Adoption and Children (Scotland) Act 2007, laid out new regulations to minimise the protective characteristics and become widen equality.	None
4.	Can you give details of how you have engaged with equality groups to get a better understanding of needs?	The service collects data through questionnaires.	To continue to collect data.	None

5.	If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?	The service works across the CHCP and medical data is collected as part of the assessment process. As a result potential new carers or adopters may be sign posted to other services.	This information is included in the assessment which is considered at the adoption panel.	None
6.	Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?	Assessments take place in people's own homes.	Any access barriers could include access i.e. lighting, parking, and carer's pets.	To identify and remove barriers where necessary.
7.	How does the service ensure the way it communicates with service users removes any potential barriers?	Through communication and listening to the views, collecting information for the purpose of assessment for the potential placement of a child.	This data is collected via the form "F" which is the formal data collected in line with British Association of Adoption and Fostering.	None
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:	Those who wish to be assessed for as long term carers or adopters can apply via the council website, the service also has recruitment campaigns to encourage recruitment.	Assessment is carried out for applicants by the family placement team, All staff work within the SSSC code of conduct, staff assess to ensure that gaps in marginalisation against the protective characteristics are minimised and that inclusion, diversity and equality are intrinsic and embedded in practice.	None
(a)	Gender Reassignment	In terms of assessment transgender applicants would be assessed as per current BAAF procedures.		Gender reassignment needs to be included in our procedure.
(b)	Age			

(c)	Ethnicity	Inverclyde does have a small ethnic minority community at which 0.9% of the population which is 56% of the Scottish average.	Potential barriers may be that we have not yet had to use interpreting services, as to this date they have not been required.	To display NHS language posters in all offices.
(d)	Sexual Orientation	This service promotes families who are providing care to discuss or are signposted to other services across the CHCP, in relation to matters of sexual health and well being.		None
(e)	Disability	A disability would not prevent the process of assessment. The council has a double tick positive guarantee. The council would actively employ staff who have a disability.		None
(f)	Faith	This service has no barriers to the faith of and individual.		None
(g)	Socio – Economic Status	Where there are barriers to socio- economic status allowances are paid to reduce the impact of such.	This is an intrinsic part of the assessment.	None
(i)	Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers &	Marginalised groups are included in social work service planning.	All of these marginalised groups are routinely part of the issues that may impact on birth parents and this as a service reduces the protective	

	refugees, travellers		characteristics by inclusion and signposting to other services to reduce inequality.	
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?	Not cost savings have been made. The procedures have in fact streamlined efficiency in relation to moving permanence timescales.	This practice means that we are able to reduce the timescales of young people waiting on permanency.	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?	We have a skilled workforce who is promoting anti-discriminatory practice who are working within the Adoption and Children (Scotland) Act 2007 and BAAF guidelines.		None.
11.	What investment has been made for staff to help prevent discrimination and unfair treatment?	Training on <i>the Adoption and Children (Scotland) Act 2007</i> , workforce development and planning, in line with	Complaints procedure Grievance procedure Whistle blowing	None.

If you believe your service is doing something that 'stands out' as an example of good practice – for instance you are routinely collecting client 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.

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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 1. Gender reassignment needs to be included in our procedure. 2. To display NHS language posters in all offices.	June 2013 June 2013	AF/AG SC

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

June 2013

Lead Reviewer: Name Anne Glendinning
EQIA Sign Off: Job Title Service Manager
Signature
Date 18 Feb 13.

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.