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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 Support & Information Service

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).

Description of the service

The service provides Emotional, practical support & information to families with a child as an inpatient or outpatient. Our aim is to offer a one stop shop where families do not have to make an appointment, as families who have a child receiving treatment may already have busy appointments; our system allows them to come to us when it is most suitable for them. The service operates on both a reactive and appointment (previously identified needs) basis

We can be contacted Monday . Friday 9.00-5.00 pm by:

- Coming to the centre
- Telephone

- Staff carry a Page within the hospital
- Referrals can be made by anyone who feels families need an extra bit support e.g. emotional, practical or information
- We also refer to other supports within the hospital or relevant outside agencies
- Weekly drop in service allows parents to get away from ward meet up with other parents/carers, Aromatherapy sessions weekly for parents/ carers These added sessions are good for their Health & Well being

Rationale for selection for EQIA

This service delivers a high degree of sensitive yet reactive care and support to parents and carers in times of significant anxiety. It is important that all parents and carers can access the service as easily as possible and we can evidence how the service identifies and removes any perceived or real barriers to accessing support equitably. We also appreciate that experience of inequality (outwith the immediate care needs of children) may create additional barriers in the way that some parents and carers feel able to use services.

The EQIA was locally determined for the Royal Hospital for Sick Children.

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)

Irene Court Manager
Yorkhill Family Bereavement Centre Royal Hospital for Sick Children

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):

<p>3 staff members all part time</p> <ul style="list-style-type: none"> • 1- 29 hrs • 1- 28 hrs • 1- 20 hrs • 1 volunteer Wednesday pm who is involved in all aspects of service
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Lead Reviewer Questions	Service Evidence Provided (please use additional sheet where required)	Additional Requirements
<p>1. What equalities information is routinely collected from people using the service? Are there any barriers to collecting this data?</p>	<p>Name, address, race, gender and age. A large percentage of our time is spent with parents/cares who are in a heightened state of anxiety and emotional distress and finding an appropriate time to capture all the data fields for protected characteristics can be incredibly challenging and may impact on opportunities to deliver empathetic enquiry.</p>	

	<p>For instance we may receive a call from a ward to visit with parents who are having a particularly difficult time coping with the illness of their child. During a period of expressed anxiety we need to engage as quickly as possible to create an understanding of trust and respect. Prefacing this engagement with an equality monitoring and diversity pro-forma would be inappropriate. The information we do collect tends to be given to us by the nursing team responsible for the care of the child.</p>	
<p>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?</p>	<p>All data collected with regard to protected characteristics and service use is now analysed by a central data team. We are currently waiting for the first report from statistics collected to date and will review the findings with members of the team.</p>	<p>The report from the first review will be helpful to shape the way FSIS service records information in the future</p>
<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 out in the service.</p>	<p>We understand that the lived experience of parents and carers doesn't start and stop when a child is admitted for treatment and care. We have established a support group that meets every week so parents can discuss their experiences and gain valuable insights from other parents and carers. This can be an extremely valuable opportunity for parents who may, through their own experience of inequality in</p>	

	<p>wider society, experience degrees of social isolation. We make sure that the group is promoted to all parents and carers and reassure anyone who may not have English as a first language that they will receive full communication support to enable them to participate.</p>	
<p>Can you give details of how you have engaged with equality groups to get a better understanding of needs?</p>	<p>We haven't undertaken any targeted work with specific equality groups though review of the data (pending) may highlight any areas we would like to focus on.</p>	<p>The report from the first review will be helpful to shape the way FSIS service records information in the future</p>
<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>One of the most important aspects of our role is to make sure parents and carers are given appropriate emotional support through traumatic periods. Mental health promotion is a core part of the package of care we deliver.</p> <p>In addition, parents and carers will have access to any health promoting information available via the wards and respective nursing staff.</p>	
<p>Is your service physically accessible to everyone? Are there potential barriers</p>	<p>We are a peripatetic team so work with patients in a range of ward environments, all of which are DDA compliant. Our newly refurbished resource centre by</p>	

	the main reception area is also fully accessible.	
<p>How does the service ensure the way it communicates with service users removes any potential barriers?</p>	<p>All members of the team are aware of the accessible information policy and the Interpreting protocol. If a situation arose whereby a member of the team was unsure how to meet any written communication needs, we would contact our AIP lead Elaine Love. There is an ongoing review of written material available in the wards to ensure a consistent and compliant approach to meeting communication needs of parents and carers.</p>	
<p>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:</p>		

<p>Sex</p>	<p>Members of the team are aware of NHSGGC's GBV plan and have met on numerous occasions with workers and also contacted them at Stobhill CHP building Resource unit for advice.</p> <p>Team members are sensitive to all issues disclosed to them and know or find out an appropriate person to contact for further advice or support.</p> <p>Female carers are more likely to use the service but this is mainly due to work commitments for male carers. For instance, when a child is seriously ill and both parents/carers work, they may be faced with a choice of one of them having to stop work to support the child. As men still receive higher wages/salaries in society, it is often the mothers or female carers that are pushed to give up their job for purely financial reasons. We would support any male carer to use the service and often work with men alone or as a partner in a couple.</p>	
<p>Gender Reassignment</p>	<p>Members of the team are aware of and have access to NHSGGC Transgender policy and other support provided by the Equalities Toolkit and the Inequalities in Health website. From this learning, we are</p>	

	<p>confident we would provide an entirely inclusive support to transgender service users.</p>	
<p>Age</p>	<p>The team predominantly works with parents and carers of children though we will also work with grandparents and other older carers. We appreciate that grandparents may often be perceived to have a peripheral role in child care duties when they may in fact be a primary carer and could need the same level of support and signposting to other services as parents.</p>	
<p>Race</p>	<p>All team members are aware of and know how to access NHSGGC Interpreting services. Team members may visit wards where an interpreter is already in situ to support parents so will use this resource. The main office uses language identifying posters in case a parent without English as a first language would like to use the drop in facility. This allows us to book an interpreter for a future appointment. However, there is an issue around being able to communicate without prior notice to book an interpreter. The service has identified this as a gap although they have access to the language line interpreting service for unplanned communication support needs Written information includes options for other formats.</p>	

	Standardised information packs for wards are being compiled and will be available in a range of other languages.	
Sexual Orientation	<p>All team members are aware of the requirement to avoid making assumptions in relation to the sexual orientation of parents, and use appropriate terminology/language at all times.</p> <p>All paperwork and direct parent/carer engagement uses non-heterosexist language (e.g. partner instead of husband/wife)</p>	
Disability	<p>The main office area is fully accessible and is located in the main concourse next to the reception area.</p> <p>The team are aware of how to access BSL communication support through the NHSGGC interpreting service arrangement and a loop system is available for anyone with a hearing impairment. The team also have access to a FSIS service leaflet in Braille</p>	
Faith	The team has access to the NHSGGC Spiritual Care manual and makes referrals to chaplaincy services where appropriate.	

<p>Socio – Economic Status</p>	<p>The team members always make sure they ask if financial assistance is needed while parents and carers are in hospital. We also have direct contact from North West Carers on a regular basis to keep up to date with changes in benefits and entitlements. The FSIS has access to emergency funds for families who are brought in as an emergency, e.g. help with food, clothing fares to get homes to see to other children The hospital site now has a worker specifically for Income maximisation and team members liaise with the post holder frequently.</p>	
<p>Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers</p>	<p>The team has a copy of Asylum Seekers/refugees resource book in office.</p> <p>The team will refer or act as an advocate for families with relevant agencies they are involved with e.g. Social Work, Addiction workers, Community Service, and Prison Officers</p>	
<p>Has the service had to make any cost savings or are any planned? What</p>	<p>None planned. The service generates funding from donations from parents and carers which in turn helps support families in times of sustained stress and</p>	

<p>ensure this doesn't impact disproportionately on equalities groups?</p>	<p>financial pressure.</p>	
<p>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?</p>	<p>This is a small team with 3 part-time members of staff and one volunteer. All team members are female and this appears to reflect the general association between caring/NHS roles and women. There would be no specific barriers to employing a male worker in this role.</p>	
<p>What investment has been made for staff to help prevent discrimination and unfair treatment?</p>	<p>The KSF and ongoing PDPs keep staff up to date with all mandatory training. Equality and diversity training is essential to deliver a service which responds to the individual needs of the families you we work with as part of our ongoing service development.</p> <p>Support and supervision is provided by the team's line Manager and also 6 weekly Psychology support.</p> <p>All members of the team have started their e-learning courses e.g. bereavement which include a module on cultural sensitivity and a plan for team members to complete Equality & Diversity e. learning modules will commence before the end of the year.</p>	

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)
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <p>General review of ward operational procedures all ward /dept. written information to help families</p>		

<p>Review of data collection with central to identify any gaps in service uptake</p> <p>The report from the first review will be helpful to shape the way FSIS service records information in the future</p>		
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <p>FSIS will make every effort to complete necessary equality e learning modules</p> <p>FSIS will work with ward staff re. completing ward operational procedures information to help all families</p> <p>FSIS will ensure Language Line is fully operational</p>	<p>December 2012</p> <p>May 2013</p>	

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

<p>May 13</p>
