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 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 2014560/4967

Name of Current Service/Service Development/Service Redesign:

School Nursing Team, Renfrewshire Community Health Partnership

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).

What does the service do?

School nursing teams lead and contribute to improving the outcomes for children and young people utilising a partnership approach with health and social care teams, teachers and youth workers and the third sector to deliver evidence based public health interventions as outlined in the Healthy Child Programme (5-19).

School nursing teams are the single biggest workforce specifically trained and skilled to deliver public health for school-aged children and deliver holistic, individualised and population health, and are in a unique position within community and education settings to improve the health and wellbeing of young people, reduce child poverty, and protect children and families.

Examples of specific school nursing activity includes referral and delivery of parenting interventions, the provision of population based immunisation programmes, provision of enuresis support, screening and identification of need, and the commissioning of services as appropriate to meet children and young people's needs. The Renfrew team for example have instigated joint working and a care pathway to meet the growing issue of self-harm within young people.

We are awaiting the outcome of the school nursing review which will have implications regarding service delivery and staffing levels. It is anticipated that there will a re-focus on public health and increased capacity for face to face engagement with children and young people which is welcomed. This will also provide more opportunities for direct engagement around young peoples needs and evaluation of the service provision. Protected characteristics will be considered with any resulting future re-design and opportunities to collect and analyse data will be considered.

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.)

The service has never undergone EQIA therefore there was the desire to formally assess the policies and practices within school nursing in relation to protected characteristics in order to explore current good practice and to address any inadvertent discrimination and promote equality within the service.

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: Lynda Mutter	**Date of Lead Reviewer Training: 11/9/13**

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):

Lynda Mutter, Emma Finlay, Rhona Morrison, Gillian Kiernan, Jenny Macdonald.

	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, 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.***	At present the service collects patient information on gender, age and postcode which provide information regarding possible deprivation/poverty. Once families engage with the service inequalities information re: socioeconomic status, disability, and ethnicity are collected.	It would be desirable to collect data for protected characteristics i.e. information re: ethnicity and disability could be added to GP/school referral forms to collect data prior to engagement with service. This will allow us to determine if particular groups are being referred

				but not then accessing the service. Evidence of reduced access for protected characteristic would allow us to explore barriers to access and how best we can eliminate these.
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?**	***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.***	Referrals to income maximisation services are collated by Advice Works and regular updates on numbers of referral per service and maximisation amount across Renfrewshire provided. We collect data on age, gender, postcode which informs in part socio-economic status, however at present we do not analyse this data.	A review of current patient data information is needed to identify current user patterns and identify any gaps in service. When additional equalities information is collected for example at referral, this will allow us to determine if particular groups are being referred but not then accessing the service. Any evidence of reduced access for groups with protected characteristic would allow us to explore barriers to access and how best we can eliminate these.
3.	**Have you applied any learning from research about the experience of equality groups with regard to**	***Cancer services used information from patient experience research and a cancer literature review to***	Research has been accessed previously re: inequalities and how this may reduce client's access to	None

	removing potential barriers? This may be work previously carried out in the service.	***improve access and remove potential barriers from the patient pathway.***	services. Patient experience forms (enuresis clinic) currently collect data regarding client's perception of the ease of the referral process and how accommodating the appointment date and time was for them- this is a generic form, however the clients numbers accessing enuresis clinics are small and protected characteristics in the main will be readily identifiable and therefore would be taken into consideration with questionnaire return.	
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.***	We regularly review the patient satisfaction forms although there are no identifiers on the forms however patients with protected characteristics numbers are small and in the main will be readily identifiable and therefore would be taken into consideration with questionnaire return. A children's separate evaluation was added to the evaluation last year to increase our patient feedback from younger clients. It includes questions such as " I understood what was being said to	An insert will be added to all evaluation forms advising service users how they can access the form in another language/format. If an interpreter is required they can translate the questions at the clinic.

			me" and has a scale of strongly agree to strongly disagree and accompanying smiley type faces as of the children are around 6 years old and not proficient readers.	
5.	**Is your service physically accessible to everyone? Are there potential barriers that need to be addressed?**	***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.***	• All clinics are on the ground floor and are wheelchair accessible. • Parking with disabled spaces available and adjacent to the entrance. • All doors are automatic and wide enough for wheelchairs. • Signage is clear and staff collects clients from the waiting area and leads them to clinic room (at enuresis clinics). • All clinics have public transport links nearby. Most clients are referred from the local area as 3 venues for enuresis services are provided to improve ease of access. • A loop system is available at Renfrew health centre but not at other older local	Re: induction loop- at present this has not posed any problems due of very small number of hearing impaired clients however if required a portable induction loop could be acquired.

			clinics. • Assistance dogs have access to clinic areas. • Toilets are wheelchair accessible within clinic areas.	
6.	**How does the service ensure the way it communicates with service users removes any potential barriers?**	***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.***	The referral service currently adopts an "opt-in" approach to appointment provision which may inadvertently disadvantage those who struggle to read English. The school health service is persistent in following up children who do not attend appointments in recognition that some of the most deprived or marginalised families often struggle to engage. All members of staff use plain English when talking with patients and avoid clinical jargon. Written information is in plain English following the accessible information policy. All staff are personable and friendly in their communications with patients. An information leaflet "eleven steps to bladder control" produced by ERIC is sent to parents with a letter regarding the - for many parents this	It may be more inclusive to provide actual appointments rather than opt-in letters. Providing an appointment however this may increase the number of failed appointments I.e. non-attendance and have a negative impact on service delivery. Presently, some parents get sufficient information via "eleven steps to bladder control" – which is sent out with the opt in details) and subsequently don't access. This will need to be explored in more detail.

			is enough information to allow them to make positive changes and improve their child's symptoms meaning they subsequently do not need to attend, however the leaflet is only printed in English Immunisation booklets are available in 14 languages and are being disseminated along with pertinent immunisation information in parents preferred language at a GGC wide level. All staff are aware and comply with the interpreting policy including face to face, telephone and British Sign Language (BSL). Staff access learn pro equality and diversity modules.	An insert will be added to all forms or leaflets advising service users how they can access the information in another language. Information regarding interpreter service will be made available to patients via posters in the clinic areas. Additionally, at referral (within paperwork) the referrer will be asked to record if an interpreter is needed and specify the language.
7.	**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**	***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.***	We record gender of children accessing the service. The school health service responds in a sensitive manner to gender issues for example sexuality, GBV. There is awareness of the policy regarding female genital mutilation. Staff have attended ASSIST training and have an understanding of the possible gender trends in relation to suicide, eating disorder and self-harm. The Renfrew team are working closely with interagency colleagues to inform and enhance their response to self-harm and recognise the changing trend in sex distribution amongst young people- previously a predominately female issue which now affects increasingly young men. The school nursing service challenges gender stereotypes and promote equality of access to male and females. All staff are trained in GBV and sensitive routine enquiry although at present the opportunities to engage in meaningful conversations with young women and men is limited due the structure of the service.	On-going development and enhancement of self-harm support and education so that the school nurses can support both young men and women and recognise specific gender based barriers to disclosure, and any specific needs that are influenced by gender. There are plans to evaluate the changes to the school health response to self-harm both with staff and service users. There is currently limited face to face contact (out with immunisations) between school nurses and young people however the long-awaited school nursing review appears to refocus school health within the realm of public health and an increase in face to face contact and direct support for young people is anticipated. There will be clear direction regarding the types of engagement

				school nurses will be involved in. As the service develops there will be opportunities to explore service user needs and patterns of engagement.
(b)	**Gender Reassignment**	***An inpatient receiving ward held sessions with staff using the NHSGGC Transgender Policy. Staff are now aware of legal protection and appropriate ways to delivering inpatient care including use of language and technical aspects of recording patient information.***	The school health service provides a supportive and empathetic service that challenges gender stereotypes. The staff are aware of the transgender policy and would comply in a sensitive and appropriate way to any disclosures, however there have not been any trans-gender young people in contact with the service. Any young people who came to the attention of the service would be referred on to specialist services i.e. Sandyford for on-going support	None at present as staff have an awareness although have not had contact with anyone with this protected characteristic.
(c)	**Age**	***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.***	We record age of children who access the school health service. The remit covers ages 5 years to 19. Policies which are cognisant of children's age and ability are in place for example regarding consent for immunisation i.e. The 1990 Age of Legal Capacity Act states that a child from the age of 12 is able to	An evaluation of young people's experiences of immunisation was planned last year but hindered greatly by bureaucracy, however the rhetoric to engage with clients is across the age range and another attempt at this engagement will be

			consent to their own medical intervention and treatment and this would certainly be no problem with the older children however, to maintain good relationships with parents School Nurse's would aim to seek parental consent with the younger population where possible (less than 14 years). Our evaluation, aimed at 5-7 year olds uses “smiley faces” to rate satisfaction amongst young service users. In addition, school health staff supports the delivery of Triple P, a positive parenting programme and provide tailored support in relation to the Childs age and stage of development, and encourage parents to have age appropriate expectations. The staff are aware and complies with child protection policy and guidelines including GIRFEC. The team regularly input into child protection investigations and care planning, and integrated assessments for the protection of children’s safety and well-being, and liaise with necessary partner	considered. Plan to re-engage with education to explore feasibility.

			agencies to facilitate the best outcomes for children. The school health service assess and identify health related concerns and refer and liaise with key partners to meet the needs of children including CAMHS, paediatricians, education, health visitors, and income maximisation services. School Nurses have no role in the transition of children to adult services within mainstream schools, however young adults in specialist school may have more support with transition from their specialist school nurses.	
(d)	**Race**	***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.***	The school health service has previously not used or offered interpreter services, however very few ethnic minority groups attend services- there is subsequently a gap and a need to explore whether this is related to need or barriers to accessing the service. There is also a gap in staff knowledge re: specific needs of young people from ethnic minority groups due to small numbers accessing service. The NHS GG&C Interpreting	It would be advisable to gather information re: the specific needs of young people from ethnic minority groups- this may be done by contacting a school health team who work with/engage with young people from ethnic minority groups routinely to share knowledge and learning. Inserts to be incorporated into information hand-outs

			Protocol has been circulated to school health staff.	or leaflets offering information in another language. Learn-pro modules will be encouraged to increase equality and diversity (E&D) awareness within the service. In addition to CCG e-module on working with interpreter, Glasgow University has provided excellent video excerpts of the benefits of using interpreters and the barriers to accessing services, while the E&D team can provide the resource DVD "happy to ask, happy to tell".
(e)	**Sexual Orientation**	***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 appropriate language and the risk of making assumptions about sexual orientation in service provision. Training was also provided on dealing with homophobic incidents.***	The school health service acknowledges that young people may experience isolation and bullying secondary to their sexual orientation. Gay or bisexual young people often experience higher rates of suicide, self-harm and mental ill-health. The school health service provides sensitive and responsive service that is non-stigmatising and is aware of their	

			legal responsibilities to protect young people with this characteristic, however at present their face to face engagement with young people in general is limited out with immunisations. Sexual orientation information is currently not collected due the limited nature of engagement with young people.	
(f)	**Disability**	***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.***	Venues accessibility is discussed earlier in EQIA providing equality of access. All information is made accessible and in plain English.	Staff are aware of how to book a BSL interpreter through the NHSGGC Interpreting service. Training via learn-pro to be accessed by staff. A portable induction loop may be accessed if need arises. A loop is fitted in one clinical area already.
(g)	**Religion and Belief**	***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.***	The school health service is sensitive to religious practices and avoids Christian assumptions when supporting families. Data re: religion or belief is not collected by the service. There is limited face to face contact with young people at present however there is acknowledgement that	

			religious belief be recorded in the future to inform service delivery if needed. Historically the service provided sexual health sessions however the content was tailored to meet specific religious faiths, for example Roman Catholic schools and the awareness raising regarding contraception.	
(h)	**Pregnancy and Maternity**	***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.***	The school health service has little input into the care and support of pregnant young people as they most often are accessing midwifery services. The school health service however would always act in a sensitive and empathetic manner to provide support where needed.	
(i)	**Socio – Economic Status**	***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.***	Patient postcodes are collected and both enuresis clinic sites are in areas of multiple deprivation, with significant rates of poverty and associated poor health. All staff routinely offers referral to income maximisation services i.e. healthier, wealthier children. All sites are readily accessible by public transport and local provision avoids people travelling long distances thus reducing costs. The service acknowledges that	We have patient post-codes on the patient notes but haven't analysed them to see who uses the service. An exploration of how the "opt-in" nature of the service may deter those with protected characteristics including those of low socio-economic status is needed and could be rolled out as

			often the most in-need families fail to attend and are therefore persistent and accommodating in providing an accessible service to those who may have most difficulty engaging.	an appointment system under a small test of change.
(j)	**Other marginalised groups – Homelessness, prisoners and ex-offenders, ex-service personnel, people with addictions, asylum seekers & refugees, travellers**	***A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health Board Areas.***	All staff is trained in child protection and gender based violence. Staff routinely carries out routine sensitive enquiry. Currently one team member is on secondment to the Looked after and accommodated service (LACC) and regularly shares learning/insights from this post. The school health service actively support travelling families/asylum seekers and families experiencing human trafficking by encouraging access/registration with a general practitioner and school. A new charitable organisation "Migrant Help" is based in Paisley and more families have been located in the locality recently. How we support travelling families and evidence of good practice from other GGC areas with higher travelling family numbers is being explored and will inform service	Continued emphasis on Staff accessing E&D training as stated previously via learn pro. Additional human trafficking session by Migrant Help being organised to raise awareness of the potential needs and difficulties experienced by this marginalised group to be organised. Rachel Morley has been asked to attend staff learning session re: specific needs of refugees with regard to trauma and mental health support. Utilisation of interpreting services as before.

			delivery across children & families teams. School health staff have very limited contact with children of current or ex-prisoners and the responsibility for support rests currently with education, however where there are also child protection or well being concerns, school health input to multiagency plane via child protection and interagency assessment framework.	
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?**	***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.***	Year on year savings in line with board recommendations which have not had a disproportionate response on children and families with regards to protected characteristics.	
10.	**What investment has been made for staff to help prevent discrimination and unfair treatment?**	***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.***	Interpreting service policy disseminated to increase awareness and access. Many staff has already completed E&D training and the emphasis on this will be maintained. Training session planned.	Awareness raising sessions including interpreting e-learning and session regarding human trafficking, refugee trauma and support, benefits and domestic violence learning session planned for staff quarterly meeting in December.

				Uptake of E&D training can be audited via learn-pro.

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 school health service in the past had provided more face to face interventions including nurture groups, drop in sessions where young people could discuss any issues they had or concerns and also provided sex education sessions all of which were well received. The drop in service evaluated very well, however these services have been reduced/stopped due to competing demands, however school nurses have the desire, if not the capacity to deliver these supports and look forward to the forthcoming re-design of the service.
The enuresis questionnaire was updated to introduce a children's section- getting the views of the child.
The school nurses have highlighted the changing trend in self-harm- younger children, increased incidence in males and a general increase in the number of children expressing emotional difficulties in this way. The Renfrew team have led the way in working very closely with the 3rd sector specialists (ASIST) to develop case discussion, supervision and shared learning across school health, increased and earlier access to self-harm research, tools and support that work and enhanced training opportunities. High levels of collaboration and shared agendas are driving forward good practice. The team in general and specifically Claire Jones have been nominated for the Scottish Health Award under top team and innovation for Claire's work instigating and project managing the joint work with ASIST.
School nurses offer and refer families to income maximisation 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)**
Inserts to be added to all evaluation forms, letters and information leaflets advising service users how they can access in another language/format. Process has been agreed locally with Jean Still (Head of Administration) for translation of written materials as required.	October 2014	LM
Information regarding interpreter service will be made available to patients via posters in the clinic areas.	October 2014	LM
Learn-pro modules will be encouraged to increase equality and diversity (E&D) awareness within the service, specifically CCG e-module on working with interpreter. Additionally, Glasgow University has provided excellent video excerpts of the benefits of using interpreters and the barriers to accessing services, while the E&D team can provide the resource DVD "happy to ask, happy to tell" which are useful resources.	January 2015	EF
Training session to cover : human trafficking session (Migrant Help) to raise awareness of the potential needs and difficulties experienced by this marginalised group to be organise, Rachel Morley has been asked to attend staff learning session re: specific needs of refugees with regard to trauma and mental health support, Advice works to increase knowledge re: the on-going effects of benefits reform and the positive impact of income maximisation services and Children 1st, a local domestic violence support service.	January 2015	LM
On-going development and enhancement of self-harm support and education so that the school nurses can support both young men and women and recognise specific gender based barriers to disclosure, and any specific needs that are influenced by gender. There are plans to evaluate the changes to the school health response to self-harm both with staff and service users.	April 2015	Team plus EF
Re-engage with education re: evaluation of young people's experiences of immunisation sessions-questionnaire ready to use.	April 2015	EF, LM

Identify and contact a school health team who work with/engage with young people from ethnic minority groups routinely to share knowledge and learning re: their specific needs.	January 2015	EF
Review and explore options to increase data capture of protected characteristics and how these might be used to improve service.	April 2015	LM, EF, RM, GK

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

20/4/15

Lead Reviewer: **Name Lynda Mutter**
EQIA Sign Off: **Job Title Practice Development Nurse**
Signature *LMutter*
Date 22/9/14

Quality Assurance Sign Off: **Name: Sofi Taylor**
Job Title: Health Improvement Lead (Equality and Diversity)
Signature: *STaylor*
Date: 23rd Sept 2014

Please email a copy of the completed EQIA form to eqia1@ggc.scot.nhs.uk, or send a copy to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospital, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967. The completed EQIA will be subject to a Quality Assurance process and the results returned to the Lead Reviewer within 3 weeks of receipt.
PLEASE NOTE – YOUR EQIA WILL BE RETURNED TO YOU IN 6 MONTHS TO COMPLETE THE ATTACHED REVIEW SHEET (BELOW). IF YOUR ACTIONS CAN BE COMPLETED BEFORE THIS DATE, PLEASE COMPLETE THE ATTACHED SHEET AND RETURN AT YOUR EARLIEST CONVENIENCE TO: eqia1@ggc.scot.nhs.uk

NHS GREATER GLASGOW AND CLYDE EQUALITY IMPACT ASSESSMENT TOOL
MEETING THE NEEDS OF DIVERSE COMMUNITIES
6 MONTHLY REVIEW SHEET

Name of Policy/Current Service/Service Development/Service Redesign:

Please detail activity undertaken with regard to actions highlighted in the original EQIA for this Service/Policy

		Completed	
		Date	Initials
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			
Action:			
Status:			

Please detail any outstanding activity with regard to required actions highlighted in the original EQIA process for this Service/Policy and reason for non-completion

		To be Completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any new actions required since completing the original EQIA and reasons:

		To be completed by	
		Date	Initials
Action:			
Reason:			
Action:			
Reason:			

Please detail any discontinued actions that were originally planned and reasons:

Action:	
Reason:	
Action:	
Reason:	

Please write your next 6-month review date

Name of completing officer:

Date submitted:

Please email a copy of this EQIA review sheet to eqia1@ggc.scot.nhs.uk or send to Corporate Inequalities Team, NHS Greater Glasgow and Clyde, JB Russell House, Gartnavel Royal Hospitals Site, 1055 Great Western Road, G12 0XH. Tel: 0141-201-4560/4967.