

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:

Compass Team – Asylum Seeker and Refugee Mental Health Service

Please tick box to indicate if this is a : Current Service yes 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?

The COMPASS team is a city-wide mental health service which exists to provide mental health care and treatment for asylum seekers and refugees with moderate – severe mental health problems stemming from trauma. The service aims to provide specialist interventions (Psychological, OT, Art therapy) to clients as well training and consultation to support mainstream mental health services statutory and voluntary agencies in their work with asylum seekers and refugees.

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.)

COMPASS wished to conduct an EQIA to ensure that the service is meeting its' legal and ethical requirement to ensure that individuals from different "protected characteristics" backgrounds are not disadvantaged in terms of accessing the service or in terms of their experience of the service.

The EQIA was also conducted to ensure that the needs of individuals from protected characteristic backgrounds with which COMPASS has apparently less frequent contact (e.g. ex-offenders, transgendered individuals) are given careful consideration.

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)

Dr Sharon Doherty, Principal Clinical Psychologist, COMPASS Team, Hyde Park Business Centre (Unit 34) G21 4SF.

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):

- Dr Anne Douglas, Consultant Clinical Psychologist and Trauma Services Lead
- Dr Sharon Doherty, Principal Clinical Psychologist - COMPASS
- Ms Rachel Morley, Child and Adolescent Clinical Psychologist - COMPASS
- Ms Tracey McMillan, Art Psychotherapist - COMPASS
- Dr Zara Lipsey, Clinical Psychologist - COMPASS
- Ms Maureen Semple, Administrator -COMPASS
- Ms Sarah Westney, OT - COMPASS
- Ms Sarah Young, Trainee Clinical Psychologist - COMPASS
- The COMPASS User Group

Lead Reviewer Questions	<i>Example of Evidence Required</i>	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?	<i>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</i>	Data is routinely collected through our referral form or at interview on clients:	<ul style="list-style-type: none"> • Use the 2011 census ethnicity categories to describe the ethnicity of

issues etc.

1. Age
2. Sex
3. Race/ethnicity
4. Faith, Language
5. Need for an interpreter
6. Country of origin
7. Asylum status
8. Homelessness status.
9. Family make-up/status,
10. Exposure to gender-based violence (for women)

COMPASS clients.

- Routinely ask clients “Is there, or was there anyone special in your life? (i.e. non-gender-based enquiry).
- Think of a way to routinely and sensitively ask our female clients about Female Genital Mutilation (FGM).
- Adjust our referral form to incorporate questions around Socio-Economic Status (SES), physical disability, sensory impairment and any associated functional difficulties.
- Develop a front sheet to go in

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.

1. Information collected on language is used to inform the selection of appropriate translated appointment letters and the booking of an appropriate interpreter.
2. Information collected on language leads to staff working to use plain jargon free English in all communication with clients.
3. Awareness of the asylum status of our clients has lead to the service routinely

the mental health notes containing information re: clients' asylum status; name, age and DOB of the children of clients; physical disability, sensory impairment and functional impact.

- Routinely ask clients about abuse of prescription and/or other drugs
- We know that the sex ratio of our referrals is approximately 50/50 male: female. At the present time COMPASS staff are 100 % female. Informally, our experience suggests that male clients with

sending out maps with first appointment letters which include photos of our department

4. Information collected on family make-up/status – allows us either to be sensitive to the losses that people have experienced and/or to be aware of possible unidentified mental health needs of other family members.
5. Information on Gender – Based Violence: allow us to have conversations with clients about their exposure (and that of family members) to any ongoing violence risk
6. Information on SES of clients (i.e. asylum seekers, unemployed refugees) is used to assess eligibility for support with bus travel to appointments.
7. Information on SES of clients (e.g. destitution) is used to inform decision to provide clients with information on services (providing food, clothing) for destitute people in Glasgow.
8. Information on sex ratio of referrals to COMPASS was used to drive the

a history of trauma prefer to be seen by a female therapist. This assumption should be more formally evaluated through clinical audit.

- Data from Glasgow Housing Providers indicates that the highest number of asylum seekers arriving in Glasgow at the time of writing are individuals from China. Cross referencing this data with COMPASS country of origin data, it is clear that individuals from China are significantly under-represented amongst referrals to COMPASS. It is

development of a stage 1 therapy group for women (when women comprised the majority of referrals). With service data now indicating a more equal numbers of men and women, a first stage trauma therapy group for Men has also been developed.

9. Information on a clients religious beliefs is a) used to inform the timing of appointments (e.g. we would not send a Muslim client and appointment at Eid), and b) taken into consideration during psychological therapy.
10. Information on a client's country of origin – prompts staff to research human rights, religious and cultural information relevant to the client's case.
11. COMPASS staff proactively seek to update clients information in order to engage them in the service (checking addresses, clarifying if have moved house, doing home visits).
12. Information on the demographic of our clients was used to inform the choice of photos for the COMPASS service

proposed that a group be formed to look at understanding why this is with a view to improving access for Chinese people to our service.

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.

Cancer services used information from patient experience research and a cancer literature review to improve access and remove potential barriers from the patient pathway.

information leaflet.

1. Based on the information available about the existence of trafficking in Scotland, staff are: sensitive to a possible history of trafficking amongst clients, particularly females aware of the specific difficulties clients may have in disclosing a history of trafficking (e.g. due to direct threats made by traffickers, fear of retribution because of oaths taken) and/or any trauma. Staff are also sensitive to the possibility that trafficked clients may still face a real ongoing threat from their traffickers. Staff are able to share this learning with other agencies during formal training and consultation.
 2. Research indicates that the mental health of asylum seekers tends to deteriorate following their arrival in the host country, and that in addition to pre-migration trauma, post-emigrational living difficulties contribute to psychological distress amongst asylum seekers
- Arrange staff training to increase awareness of gender dysphoria.

(Carswell 2010). In view of this, and mindful of the value of social case-work therapy for the effects of trauma (Briere, 2006), COMPASS staff work proactively with clients to reduce social isolation, increase involvement in meaningful and purposeful activity, to problem solve with, and to sign post client to organisations who can offer appropriate support.

3. Research indicates that people with PTSD and depression experience cognitive (including memory) difficulties. We are also aware that a past history of loss of consciousness may be indicative of a possible brain injury which can result in cognitive problems for clients. We have initiated a system of texting clients' appointment reminders to help reduce the impact of these aspects of disability on clients' accessing the COMPASS service.
4. Feedback from men attending the men's and women's therapy groups has been used to directly inform the development of

4. Can you give details of how you have engaged with equality groups to get a better understanding of needs?

Patient satisfaction surveys have been used to make changes to service provision.

- the content and process of these groups.
5. Research relating to hopelessness and suicidality informs constant monitoring of suicidality amongst COMPASS clients, particularly at crisis points.
 6. Clinicians have looked at the literature to identify ways in which therapy (e.g. CBT) can be adapted for use with individuals from non-western cultures.
 7. Research papers are discussed at the COMPASS monthly discussion group. These papers inform clinical practice and service delivery.
1. We have developed a "User Group" at COMPASS. This group is routinely consulted about proposed service developments/changes (e.g. the development of the COMPASS service information leaflet).
 2. In April 2011, COMPASS held a Users Conference, which was attended by 29 service users. During the Conference, users were

- To encourage young people involved with the service to join the users' forum/ participate in the guardianship project looking at services.
- Use questions identified by users when interviewing new

5. If your service has a specific Health Improvement role, how have you made changes to ensure services take account of experience of inequality?

A service for teenage mothers includes referral options to smoking cessation clinics. The clinics are able to provide crèche facilities and advice on employability or income

asked to comment/discuss/advise on a range of issues concerning impacts on their own mental health and treatment. A summary report with recommendations from this conference has been compiled and is due to be circulated to relevant agencies.

3. At present, an ex- client from COMPASS, with encouragement from COMPASS, attends the Greater Glasgow and Clyde Patient-Focussed Public Involvement (PFPI) meetings at the Health Board
4. The COMPASS User Group attends the Scottish Refugee Council Policy Forum.
5. A group of COMPASS users were last year supported to attend a cross-parliamentary group meeting on asylum issues at the Scottish Parliament
1. We have “Stopping Smoking” information translated into different languages on the notice boards in our waiting area.
2. We encourage and support

staff.

- Arrange for users to meet with potential candidates for new service posts with a view to their informing the candidate selection process.
- Seek the views of mothers with small babies on service accessibility.
- Make extra effort to engage clients experiencing homeless and/or financial hardship in users’ forums.
- Look at the Health Boards Health Improvement Toolkit with a view to

maximisation.

our clients to take up the 6 week free gym access to which they are entitled through Glasgow Life.

enhancing our practice around Health Improvement

3. We actively encourage physical activity in our clients :- e.g. Through Glasgow Life free gym access (6 weeks), Branching out Gardening Project, British Trust of Conservation Volunteers.
4. We provide healthy eating options for men and women attending therapy groups.
5. Where appropriate, we link our clients into Healthier Wealthier Children.
6. We give our clients advice on healthy living as part of our interventions with clients
7. We sign-post clients experiencing financial hardship to organisations which provide practical and financial support.
8. We link unaccompanied asylum seeking children into the Red Cross Chrysalis Project which enables young people to learn to live safely, healthily and independently.

6. Is your service physically

An outpatient clinic has installed

1. The COMPASS service manager arranged for a

Our base is at Hyde Park Business Centre in the

accessible to everyone? Are there potential barriers that need to be addressed?

loop systems and trained staff on their use. In addition, a review of signage has been undertaken with clearer directional information now provided.

- handrail to be fitted to the outside of the building to facilitate access.
2. The COMPASS service manager arranged for disabled parking spaces to be made available immediately outside the building to facilitate access.
 3. The accessibility of the COMPASS service has been discussed with Service users through the user group, and they have expressed a wish that accommodation be improved.

North of the Glasgow. However the service is a city-wide service. The building has 60 internal steps and 6 external steps at the front of the building. It does not have a lift and is therefore not accessible for people (staff or clients) with a physical disability, clients who are pregnant or clients attending with small children. Signage at the door and in the building is poor and there is no disabled toilet:

- Put up a sign on the second floor directing clients to the COMPASS base.
- Request that the landlord replace the list of office names and numbers so that clients can know which buzzer to ring when they arrive to enter the building.

7. 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.

1. Clarification around language is routinely sought for all clients referred to the service
2. Interpreters are always booked for a client's first appointment even if the client is known to speak some English.
3. Clients are always asked after their first appointment as to the suitability of the

- Formally ensure that all COMPASS staff are aware of options for accessing rooms off base for clients who have difficulty accessing the COMPASS base.
- Continue to make a case for alternative service premises to service managers so that service can be accessed in line with equalities legislation.
- Review the quality and suitability of our communication with clients (letters, maps and bus route information).
- Review within the team translated materials websites to

interpreter in terms of gender, dialect, and manner.

4. Clients preferences re interpreters are recorded in their notes, and where possible, attempts made to book preferred interpreters at future appointments.
5. Where possible, clients are sent appointment letters in their own language.
6. With their first appointment, clients are sent a service leaflet translated, where possible into their first language
7. Staff are experienced in using simple, jargon free language to communicate with clients.
8. Staff routinely brief interpreters in advance of session as to the purpose of the session to allow the interpreter to be clear as to the context and meaning of the appointment.
9. Staff are experienced and continually seek to understand the culturally-based

ensure quality of materials we are using.

- Update the COMPASS website to include links to translated materials.
- Check clients' addresses before appointing.
- Take client mobile number to ensure we can trace clients if they move house.

meaning of mental health difficulties, and to be aware of different interpretations of symptoms of mental health problems (e.g. auditory hallucinations signalling “possession”, bad events being a consequence of voodoo curse).

10. The user group has been asked to comment on the quality of language support services users receive when they attend COMPASS.
11. The User Group has been asked to contribute to the development of the COMPASS service information leaflet to ensure that it is accessible.

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

A sexual health hub reviewed sex disaggregated data and realised that very few young men were attending clinics. They have launched a local promotion targeting young men and will be testing sex-specific sessions.

1. Mindful of the fact that women with a history of trauma (particularly if this has been gender-based violence) may be fearful of men, a women's creative therapy group was developed by the Art Therapist at COMPASS approximately 8 years ago. This group has been evaluated and has been shown to improve subjective well-being and sense of connectedness among women referred to the service. It was the subject of an Award for Innovation award by the Scottish Government in 2004.
2. To ensure that treatment options available to men and women referred to COMPASS are broadly equivalent, The COMPASS team has recently developed and piloted a Men's First Stage Trauma Therapy Group, aimed at

helping men understand how trauma affects a person and to develop skills to cope with symptoms of trauma.

3. The gender of the client is taken into consideration when booking an interpreter, with female interpreters routinely booked for female clients for first appointments.
4. Clients are always asked after their first appointment as to the suitability of the interpreter in terms of gender.
5. The COMPASS team carry out routine enquiry into gender based violence (domestic violence). The team are also aware that some female clients may have been subject to rape or female genital mutilation in their country of origin.
6. The service includes the first name of therapists on communication to clients to assist clients

in knowing the sex of the therapist they are due to see.

(b) Gender Reassignment

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.

We do not routinely ask clients about whether they have been or wish to be gender re-assigned.

- Arrange training on gender dysphoria to increase staff awareness.
- Increase staff awareness of the GGCHB transgender Policy

(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.

1. The COMPASS service proactively responds to the needs of clients of all ages.
2. The service has a 0.5 Consultant Child and Adolescent psychologist who sees young people under 18 as well as staff who are trained to work with adults
3. Child clients are offered a flexible appointment times so that they are not disadvantaged in accessing

- Look further into the needs of children involved in Family Reunification
- Provide reading materials for individuals of all ages in the COMPASS waiting room.

(d) Ethnicity

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 service e.g. family therapy appointments are scheduled for after school and clinics run until 6.30 pm to cause least disruption possible to clients schooling, and appointments where possible in daylight in winter.

4. The COMPASS Child and Adolescent Psychologist is addressing issues for children involved in the family re-unification after a period of separation from family.

1. We make every effort to identify where there might be tension between clients and interpreters for reasons of ethnicity.
2. We endeavour to learn about the differences between different ethnic groups in our clients' country of origin (e.g. Bajuni and Somali), and the importance of these differences to our clients.
3. The Team lead currently attend the GCSS Hate Crime Action Group meetings.

- Convene a working group to look at how best to engage members from the Chinese community in our service.
- Use codes from the recent government census to describe the ethnicity of the clients we see.
- Give some consideration to how we might recruit

(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.

1. Staff are very aware that homosexuality is taboo, outlawed and severely punished in some countries, and keep up to date on UKBA rulings around persecution on grounds of homosexuality and asylum.
2. Staff work sensitively with clients who have been prosecuted for reasons of their sexuality in their country of origin, and are aware of different cultural/religious responses to those who are homosexual.

individuals from non- white backgrounds onto the staff group.

- Invite an advisor from Lesbian and Gay services to look at how we might make our service more accessible to L&G individuals from different cultures ("Out and Proud vs. In and Safe").
- Team to consider how best to approach issues regarding sexual orientation with clients

(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

1. Where possible clinicians see clients in venues as close to their home as possible.
2. All clients are texted appointment reminders.

- Look into a loop system for the hard of hearing
- See 6.

book BSL interpreters.

(g) Faith

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.

1. COMPASS staff consider the timing of appointments so as not to offer appointments which clash with important religious festivals (e.g. Eid).
 2. Staff are also aware of the potential impact on clients of the requirement to fast during Ramadan.
 3. Staff are considerate of the fact that Muslim clients often attend Friday Prayers at the Mosque, and endeavour where possible to facilitate mosque attendance by offering appointments around prayer times.
 4. During the recent COMPASS Users conference, a prayer room was set aside. Care was also taken to ensure that the direction to pray towards was indicated in the room.
 5. COMPASS staff are planning a consultation meeting with local priests and ministers to respond to the needs of trafficked children and adults who hold Christian beliefs but
- Update staff awareness on dates of religious festivals/holidays throughout the year.
 - Have a sure-fire means of knowing when Ramadan is starting.

(h) 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.

who also believe that they are experiencing the effects of a voodoo curse.

6. Staff routinely enquire about client's religious beliefs and aim to understand with the client how these beliefs contribute to recovery or else to difficulties which clients face.
7. Staff routinely make an effort to link clients into churches/mosques/temples to support clients to express their faith and to become more integrated within Glasgow communities
1. Staff routinely ask clients about their asylum status and their financial situation in relation to this.
2. Staff reimburse the costs of clients travel to appointments for eligible clients.
3. Staff are aware of the risk of destitution when asylum claims fail.
4. Staff routinely provide information on sources of financial support and free food to clients in this position.
5. Staff are also aware that the period immediately after

being granted refugee status can be financially unstable as financial support from UKBA ends and clients look for work/apply for benefits.

6. Staff will proactively link clients into advice agencies to assist clients in applying for benefits.
7. Staff routinely consider the impact of poverty on the welfare of clients children and will make referral to social work and support agencies (e.g. Healthier Wealthier Children) where appropriate.
8. Staff work to help clients link into organisations providing work skills training and support (e.g. Bridges Project, North Glasgow Regeneration Agency) and to education which will enhance their employability once refugee status is granted (e.g. European Computer Driving Licence).

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

A health visiting service adopted a hand-held patient record for travellers to allow continuation of services across various Health

<ol style="list-style-type: none"> 1. Our core client group is asylum seekers and refugees and we consider that as such we are sensitive to their needs. 2. We work hard to retain contact, 	<ul style="list-style-type: none"> • Proactively ask clients about possible misuse of substances.
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seekers & refugees, travellers

Board Areas.

manage risk and to link our homeless clients into homelessness supports in Glasgow.

3. When we work with ex-offenders, we ensure that we balance an understanding of risk issues and client needs to provide an equitable experience of service to the client.

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.

As a consequence of cost savings, the service has only been able to recruit an OT on a fixed term basis. This may mean that people with physical disabilities referred to COMPASS in the future may be negatively impacted. Spending limitations have also meant that the service has not been in a position, as yet, to relocate to more physically accessible accommodation (see A6).

- Service managers continue to make a case for a permanently funded OT
- Service managers are engaged in

discussion around a move to more suitable accommodation.

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?

Analysis of recruitment shows a drop off between shortlisting, interview and recruitment for equality groups. Training was provided for managers in the service on equality and diversity in recruitment.

1. At present, the majority of our work force is white, although we have an Indian counselling psychology trainee on placement for the next year.
2. We are aware that our workforce does not reflect the characteristics of those who use our service. Consequently, in recent recruitment cycle, we sought advice from HR as to whether we could specify that we particularly welcome applications from individuals from BME backgrounds. We gained approval to do so and modified our advert accordingly.

11. 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.

1. COMPASS is a service aimed at helping people recover from the effects of abuse and trauma in their past. Clients may be vulnerable to re-victimisation as a result of their previous experiences. Staff working in the service are therefore particularly

- Staff may benefit from active discussion around meeting the needs of homosexual and

attuned to issues relating to discrimination and unfair treatment towards our clients.

transgendered clients.

- Routine case review and active team discussion of all new referrals allows for team scrutiny of its own practice and ensures certain internal checks around discrimination and unfair practice.
- A programme of continuing education operates within COMPASS (and its sister trauma services, Sexual Abuse and Assault Service and Trauma and Homelessness). This ensures that staff continue to develop awareness of the needs and risks of our client group.
- All staff have had training in detecting and responding to gender-based violence

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.

1. At COMPASS, we go the extra mile in facilitating access to our service – where possible finding out why a client may have dna'd and being proactive in tracing clients if they move accommodation (as our clients often do).
2. We routinely provide translated appointment letters, a map and a picture of our building in all first appointment letters.

3. We are mindful of our clients' poverty and reimburse the cost of bus fair to appointments where tickets are provided as receipts.
4. We offer separate women's and men's therapy groups.
5. We have developed expertise as therapists in working with individuals from other cultures who have experienced torture, rape and other forms of persecution in their country of origin.
6. We aim to display cultural and religious sensitivity and awareness to all clients, and are open to formulating a client's distress with them according to their own cultural references (e.g. I am seeing things in my flat due to evil spirits, because I am possessed/cursed)
7. We have developed expertise in delivering effective therapy via interpreters.
8. We provide support, information and training to other health, statutory and voluntary agencies in working with this complex client group. We offer telephone consultation and joint assessment of clients to other agencies in Glasgow. We hope that this is useful aspect of the work we do.
9. We prioritise reducing client's isolation and facilitating their involvement in meaningful activity in the early stages of therapy in recognition of the fact that these are key ingredients in a client's recovery from the effects of trauma. This may involve direct action – calling colleges, referring for voluntary work, linking client into the British Red Cross Orientation service.
10. We routinely enquire as to whether our clients are experiencing gender based violence.
11. The COMPASS team was awarded a Scottish Health Care Award for Innovation in 2004, Dr Anne Douglas the British Psychological Society Standing Committee Award for Promotion of Equality of Opportunity in 2006, and the COMPASS team the Scottish Health Equality in Healthcare Award in 2008.

<p>Actions – from the additional requirements boxes completed above, please summarise the actions this service will be taking forward.</p>	<p>Date for completion</p>	<p>Who is responsible?(initials)</p>
<p>Cross Cutting Actions – those that will bring general benefit e.g. use of plain English in written materials</p> <ol style="list-style-type: none"> 1. Adjust our referral form to incorporate more specific questions around SES, physical disability, sensory impairment and any associated functional difficulties. 2. Develop a front sheet to capture key client information (asylum status; name, age and DOB of the children of clients; physical disability, sensory impairment and any functional impact), mobile phone number to go in the mental health notes. 3. Routinely Check that clients' address is current before sending out an appointment. 	<p>December 2011</p> <p>December 2011</p> <p>For immediate action</p>	<p>AD/OD</p> <p>AD/OD</p> <p>All COMPASS Staff</p>
<p>Specific Actions – those that will specifically support protected characteristics e.g. hold staff briefing sessions on the Transgender Policy</p> <ol style="list-style-type: none"> 1. Systematically record client ethnicity. 2. Agree a team-based system of knowing when and how to sensitively enquire around sexual orientation, gender dysphoria and FGM. 3. Incorporate routine clinical enquiry into clients' use of substances into practice of all team members. 4. Convene a small working group to look at how Chinese individuals 	<p>12 months (November 2012)</p> <p>6 months (May 2012)</p> <p>6 months (May 2012)</p> <p>12 months (November 2012)</p>	<p>SD</p> <p>AD</p> <p>AD</p> <p>SD</p>

might best be engaged in the Service.		
5. Encourage a trainee to conduct a small audit to clarify client preference in relation to the gender of their therapist.	12 months (November 2012)	SD/AD
6. Arrange staff training to increase awareness of gender dysphoria.	6 months (May 2012)	AD
7. Increase staff awareness of the GGCHB transgender Policy.	6 months (May 2012)	AD
8. Encourage young people involved with the service to join the users' forum/ participate in the guardianship project looking at services.	6 months (May 2012)	RM
9. Begin to use questions identified by users when interviewing new staff.	2 months (January 2012)	AD
10. Arrange for users to meet with potential candidates for new service posts with a view to their informing the candidate selection process.	3 months (February 2012)	RM
11. Seek the views of mothers with small babies on service accessibility.	12 months (November 2012)	RM
12. Make extra effort to engage clients experiencing homeless and/or financial hardship in users' forums.	One month (December 2011)	All COMPASS staff
13. Look at the Health Boards Health Improvement Toolkit with a view to enhancing Service practice around Health Improvement	6 months (May 2012)	AD
14. Improve access to the Service by putting up a sign on the second floor and request that the landlord replace the list of office names at the building entrance.	1 month (December 2011)	AD
15. Formally ensure that all COMPASS staff aware of options for accessing rooms off base for clients who have difficulty accessing the COMPASS base.	1 month (December 2011)	AD
16. Continue to make a case for alternative service premises to service managers so that service can be accessed in line with equalities	With immediate effect	AD

legislation.		
17. Review the quality of translated materials in routine use.	6 months (May 2012)	AD/OD
18. Update staff awareness on dates of religious festivals/holidays throughout the year.	One month (December 2012)	AD
19. Look into a loop system for the hard of hearing when alternative premises are identified.		

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

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Lead Reviewer:
EQIA Sign Off:

Name
Job Title
Signature
Date

Dr Sharon Doherty
Principal Clinical Psychologist – COMPASS team
15.11.11

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.