

NHS Greater Glasgow and Clyde  
Equality Impact Assessment Tool for Frontline Patient Services

It is essential to follow the EQIA Guidance in completing this form

Name of Current Service/Service Development/Service Redesign:

Netherton Residential Home for Learning Disabilities

Please tick box to indicate if this is a :      Current Service       Service Development       Service Redesign

Brief description of the above: (Please include if this is part of a Board-wide service or is locally determined).

Netherton Learning Disability Service: Netherton is an assessment and treatment unit for people with learning disabilities (at present for men only) whose behavioural and/or mental health difficulties present an enduring challenge to services. The people who live within Netherton are known as residents. The main aim of the service is to support the residents to develop and maintain existing life skills and to provide therapeutic interventions on a proactive basis. Netherton is an 8 bedded unit with a multi disciplinary input to care. Glasgow Learning Disabilities Partnership (GLDP) was dissolved on 31<sup>st</sup> March 2010 and the Learning Disabilities service was absorbed into Mental Health Partnership (MHP) from the 1<sup>st</sup> April 2010.

Reports/ Information used to complete this EQIA

Evaluation – Users and Staffs feedback questionnaire

Who is the lead reviewer and where based?

Elaine Shepherd, Manager

Please list the staff groupings of all those involved in carrying out this EQIA  
(When non-NHS staff is involved please record their organisation or reason for inclusion):

Elaine Shepherd, Manager  
GLDP x3  
Student

Equality and Diversity Assistant  
Registered Nurses and Health Care Assistants all participated in the EQIA  
Residents (5 out of 8)

Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
All	<ul style="list-style-type: none"> <li>• Referrals are signposted to other external agencies should they require additional support. This is carried out as and when patient needs.</li> <li>• Service has information for all age groups</li> <li>• Patient allocation of rooms etc are based on patients specific needs carried out via risk assessments</li> <li>• All staff to go on equalities training in May as part of Knowledge Skills Framework.</li> </ul>	<ul style="list-style-type: none"> <li>• Residents request for more social contact with befrienders and advocates.</li> </ul>
Gender	<ul style="list-style-type: none"> <li>• Gender is currently recorded on assessment forms</li> <li>• Although the service is all male there is room for women to be included in the centre if organisation opted to do so.</li> <li>• There is a gender mix of staff across all key worker groups 50:50</li> </ul>	<ul style="list-style-type: none"> <li>• The service users number are all male</li> <li>• Absence of female residents.</li> <li>• No clear implementation of organisation policy on Gender Based Violence</li> <li>• Disclosure of Gender Based violence is resident dependent</li> <li>• Existing organisational gaps on training and treatment of transgender</li> </ul>
Ethnicity	<ul style="list-style-type: none"> <li>• Ethnicity is recorded on initial assessment</li> <li>• Use of service is 8 residents and the Ethnic groups using this service are over 12% of client group.</li> <li>• Assessments of the communication and language needs take place on admission.</li> <li>• Referrals are signposted to other external</li> </ul>	<ul style="list-style-type: none"> <li>• There is no patient information which reflects the needs of equalities categories, clients ethnicity is recorded within their care plans.</li> <li>• Cultural issues are not yet part of the initial assessment- this presently is by patient /key worker communication. (there is a cultural</li> </ul>

	<p>agencies should they require additional support. This is carried out as and when patient requires specific services, groups such as Ethnic Enable/Advocacy groups/Local Community groups</p> <ul style="list-style-type: none"> <li>• A formalised resource pack to be created to enable staff to access information relating to ethnic services</li> </ul>	<p>assessment in the unit however any assessments or cultural profile must be completed with the support of the cultural liaison team)</p> <ul style="list-style-type: none"> <li>• Under-representation of Black Minority ethnic key workers within the service.</li> <li>• Some of the untrained staffs remain unaware of the process of booking interpreters</li> <li>• A formalised resource pack to be created to enable staff to access information relating to services that may be required by Black ethnic users</li> </ul>
Disability	<ul style="list-style-type: none"> <li>• Disability is recorded as part of service</li> <li>• All other additional disabilities are recorded and monitored</li> <li>• The service is wheelchair accessible.</li> <li>• Modifications have been made to the building with the possible inclusion of a chair lift.</li> <li>• Use of pictorial card for communication and language support</li> <li>• The staff have use of a resource pack for Disability groups</li> <li>• Information is available in Braille</li> <li>• All staff have access to British sign Language Interpreters.</li> </ul>	<ul style="list-style-type: none"> <li>• Under-representation of disabled staff.</li> <li>• There are no facilities for text phones and induction loops</li> <li>• Doorways are too narrow for residents using larger or a specialised enlarged wheelchair is used.</li> </ul>
Sexual Orientation	<ul style="list-style-type: none"> <li>• Data is collected on sexual orientation</li> <li>• Stonewall champion to be announced as part of continuous improvement</li> <li>• Referrals are signposted to other external</li> </ul>	<ul style="list-style-type: none"> <li>• Information on sexual orientation is based on residents' disclosure and monitored case by case basis. No analysis of data takes place</li> </ul>

	<p>agencies should they require additional support. This is carried out as and when patient needs.</p>	<ul style="list-style-type: none"> <li>• Absence of training for issues relating to dealing with homophobia</li> </ul>
<p>Religion and belief</p>	<ul style="list-style-type: none"> <li>• Religion and belief are recorded on initial assessment</li> <li>• Strong links with religious leaders of all faiths</li> <li>• Cultural awareness of religious requirements i.e. diet /washing/prayer times/ food.</li> <li>• Private space available for prayer</li> <li>• Observance of religious occasions</li> <li>• Staff to undergo Equality training in May as part of the Knowledge Skills Framework.</li> <li>• Referrals are signposted to other external agencies should they require additional support. This is carried out as and when patient needs.</li> </ul>	<ul style="list-style-type: none"> <li>• No formalised Resource Pack for Staff to access</li> <li>• No analysis of data.</li> </ul>
<p>Age (Children/Young People/Older People)</p>	<ul style="list-style-type: none"> <li>• Data is collected on age</li> <li>• All staff to undergo Equalities training in May as part of Knowledge Skills framework.</li> </ul>	<ul style="list-style-type: none"> <li>• Uptake on service is between 26-63- this is due to the specialised services for adolescents available throughout the Glasgow Health Board</li> <li>• No formalised resource for age related issues and activities.</li> </ul>
<p>Social Class/ Socio-Economic Status</p>	<ul style="list-style-type: none"> <li>• Staff are responsible for distributing budgets for patients</li> <li>• No particular up-take from one section of the community.</li> <li>• Data is not captured on social stratification Patients are given £15.00 a week to spend (this may inhibit independent living-if patients are not given control over spending)</li> </ul>	<ul style="list-style-type: none"> <li>• £15 is pocket monies and all other cost are met within the unit. 2 of the 8 residents has receive most of their benefits in preparation to moving on. All the residents have saving supported by the unit. Money management remain an issues for the residents.</li> <li>• No analysis of social stratification</li> </ul>

Additional marginalisation	<ul style="list-style-type: none"> <li>• Unit endeavours to promote individual learning on independent living</li> </ul>	<ul style="list-style-type: none"> <li>• Decision making in the “moving on” process rests out-side the unit.</li> <li>• Cannot set time-frame on how long it will take people to settle into independent living.</li> <li>• Achieving independent living depended on accessing to suitable housing and purchasing of package which is outside the unit contrl.</li> </ul>
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Actions	Date for completion	Who is responsible?(initials)
<p>Cross Cutting Actions</p> <ul style="list-style-type: none"> <li>• Formalised Resource Pack for all staff ( we have started work on this)</li> <li>• Equality Training for all staff (some of the staffs have attended this training, more funding will have to be found to train the rest of the staffs)</li> <li>• Consider a review of assessment to include GBV and LGBT monitoring</li> <li>• Appoint Stonewall Champion ( We are unable to locate the GGC Stonewall Champion)</li> <li>• Analysis of data</li> <li>•</li> </ul>	December 2010	Elaine Shephard
<p>Specific Actions</p> <ul style="list-style-type: none"> <li>• A named nurse can become “culture champion” to cascade and inform other staff members</li> <li>• Source the use of deaf/blind communicators</li> <li>• Inclusion of Text Phone within unit</li> </ul>		

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

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Lead Reviewer:      Name:  
Sign Off:            Job Title  
                             Signature  
                             Date:

Please email copy of the completed EQIA form to [irene.mackenzie@ggc.scot.nhs.uk](mailto:irene.mackenzie@ggc.scot.nhs.uk)

Irene Mackenzie, Corporate Information and Development Manager, Corporate Inequalities Team, NHS Greater Glasgow and Clyde, Dalian House, 350 St Vincent Street, Glasgow, G3 8YZ. Tel: 0141-201-4970.