

## NHS Greater Glasgow and Clyde Equality Impact Assessment Tool

Equality Impact Assessment is a legal requirement as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues. Evidence returned should also align to Specific Outcomes as stated in your local Equality Outcomes Report. Please note that prior to starting an EQIA all Lead Reviewers are required to attend a Lead Reviewer training session or arrange to meet with a member of the Equality and Human Rights Team to discuss the process. Please contact Equality@ggc.scot.nhs.uk for further details or call 0141 2014560.

Name of Policy/Service Review/Service Development/Service Redesign/New Service:

Renfrewshire HSCP and Independent Sector Joint Policy on Anti-Racist Practice in Care at Home Services

Is this a: Current Service  Service Development  Service Redesign  New Service  New Policy  Policy Review

Description of the service & rationale for selection for EQIA: (Please state if this is part of a Board-wide service or is locally driven).

***What does the service or policy do/aim to achieve? Please give as much information as you can, remembering that this document will be published in the public domain and should promote transparency.***

Renfrewshire HSCP and its partner independent sector providers will adopt an anti-racist approach which is set out in this policy. The HSCP and independent sector providers will work together to share a common approach to addressing racism that will ensure consistency across the delivery of home care services in Renfrewshire. This policy will provide a framework that all agencies in Renfrewshire will use to address racism in home care. Alongside this policy, we will develop joint guidance on how racist behaviour should be addressed.

***Why was this service or policy selected for EQIA? Where does it link to organisational priorities? (If no link, please provide evidence of proportionality, relevance, potential legal risk etc.). Consider any locally identified Specific Outcomes noted in your Equality Outcomes Report.***

In June 2022, The Equality and Human Rights Commission produced a report called, 'Experiences from health and social care: the treatment of lower-paid ethnic minority workers.' In that report 18% of all ethnic minority staff reported experiencing racism from service users (compared to 4.5% of white staff) and 14.5% had experience of racism from white colleagues (compared to 6% of white staff).

The most reported issues from Renfrewshire providers are service users, refusing to have a Black or ethnic minority worker solely because of race. Workers also receive verbal abuse, but it is often more covert with bias shown against the professional competence of Black and ethnic minority workers or non-verbal and other behavioural ways of showing contempt. These more covert expressions of racism are no less damaging to staff than more overt forms of racism. Providers have not reported any experience of racism in their interactions with HSCP staff or other agencies.

**Renfrewshire Commitment to tackling racism:**

Renfrewshire HSCPs Workforce Plan recognises the lack of diversity in the workforce and in that context the discussion about racism is

appropriate. The Plan calls for specific recruitment strategies to encourage people from ethnic minorities to join the social care workforce. In seeking to increase participation of ethnic minority staff in the workforce, we collectively need to recognise they are likely to experience racism much more frequently and ensure that appropriate supports are in place. The Workforce Plan also notes that more accurate information about ethnicity needs to be collected and this needs to go hand in hand with understanding the experiences of ethnic minority staff.

In 2023, Renfrewshire HSCP and its partners in the independent sector conducted a workforce survey within Renfrewshire. The focus was to understand staff experience of racism in their day-to-day work in care at home services. The impetus for the survey was reports from independent sector and HSCP staff that described a recurring theme of racism towards workers from minority ethnic backgrounds. The survey findings provided evidence that racism is a common experience among ethnic minority staff. Based on the survey findings, Renfrewshire HSCP and its partners have developed this policy framework which will address the specific issue of racist behaviour towards staff working in care at home services. It will apply equally to staff employed by the HSCP and the independent sector.

**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)**

<b>Name:</b> Carron O'Byrne, Head of Health and Social Care (Paisley)	<b>Date of Lead Reviewer Training:</b> Bespoke via EQIA review and previous training.
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**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):**

Racism working Group Members:  
Bernadette Reilly, Senior Community Partnerships Officer (HSCP)  
Lynn Wallis, Independent Sector Lead, Scottish Care  
Angela Magee –Service Manager Visiting Angelz  
Sarah Herriott – Regional Manager Caring Hearts  
Janice Muir – Service Delivery Officer, Care at Home, HSCP  
Alice McBride – Community & Partnership Manager, Engage Renfrewshire  
Kevin Hampsay - Strategic Business Delivery Manager (Internal and External Care at Home) HSCP  
Thomas Paterson – Service Manager, Contract & Commissioning (HSCP)  
Lyndsey Thom – Operational Manager, Care at Home (HSCP)  
Shaun Docherty, Senior Contracts Officer, Contracts & Commissioning Team (HSCP)

	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
1.	<p><b>What equalities information is routinely collected from people currently using the service or affected by the policy? If this is a new service proposal what data do you have on proposed service user groups. Please note any barriers to collecting this data in your submitted evidence and an explanation for any protected characteristic data omitted.</b></p>	<p><i>A sexual health service collects service user data covering all 9 protected characteristics to enable them to monitor patterns of use.</i></p> <p>Each individual service user of the HSCP Care at Home Service has a formal record on ECLIPSE Case Management System and a number of their protected characteristics and demographic information is captured as part of this. To gather this information for all users currently accessing the service, a data request was submitted to Renfrewshire HSCPs Data Assurance Team. Data was subsequently extracted from ECLIPSE system in May 24. Gaps in the available data for some protected characteristics, and for sexual orientation, gender reassignment, pregnancy and maternity categories were identified. This may be because of this data not being mandated for collection through specific assessment and care management processes, or where individuals have chosen not to provide a response in these areas.</p> <p>HSCP Staff data was also taken from local service data in May 24. As noted above, not all protected characteristics will be captured in staff data held on HR (Human Resources) systems. Staff are encouraged to provide as much information as possible however this is not mandated. Where available, service level data will also be utilised to inform this assessment.</p> <p><b><u>Local Demographics Older People's - Age</u></b></p> <ul style="list-style-type: none"> <li>• People in Renfrewshire are living longer but not necessarily healthier lives, often experiencing multiple long-term conditions. This is changing the nature and</li> </ul>	

			<p>volume of demand for care and support. There were 14,842 people aged 75 years and over in Renfrewshire in 2018, with a projected increase of 72% in these numbers by 2045 (Source: National Records of Scotland). People aged 75 years and over accounted for 34.22% of all emergency admissions to hospital in 2018-19.</p> <p><b><u>Disabilities/Health Needs</u></b></p> <ul style="list-style-type: none"> <li>• Renfrewshire is also projected to see a 47% increase in dementia prevalence by 2035. Current prevalence is 2,994 people at 2017, with a projected prevalence of 4,400 by 2035. This means that care and support services need to be increasingly designed to meet the needs of people with dementia and their unpaid carers.</li> </ul> <p><b><u>Contracted Hours</u></b></p> <p>Internal Care at Home – Managed by Renfrewshire HSCP and provides approx. 2500 hours per week to people across the whole of Renfrewshire.</p> <p>External Care at Home – Approximately 12,700 hours delivered on behalf of Renfrewshire HSCP through a range of partner organisations.</p>	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
2.	<p>Please provide details of how data captured has been/will be used to inform policy content or service design.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been</p>	<p><i>A physical activity programme for people with long term conditions reviewed service user data and found very low uptake by BME (Black and Minority Ethnic) people. Engagement activity found</i></p>	<p>This policy complies with the legislative framework for equalities in Scotland: The Equality Act 2010 and the Hate Crime and Public Order (Scotland) Act 2021. We recognise the effect of this legislation. Discriminating against a minority ethnic worker when delivering a care at home service may constitute direct discrimination and the HSCP has a legal duty to eliminate discrimination, foster good relations and promote opportunity.</p>	

<p>considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>promotional material for the interventions was not representative. As a result an adapted range of materials were introduced with ongoing monitoring of uptake. (Due regard promoting equality of opportunity)</i></p>	<p>The Scottish Government published its anti-racist strategy, Fairer Scotland for All: Anti- Racist Employment Strategy 2022 which has three themes:</p> <ol style="list-style-type: none"> <li>1. Improving data collection about the ethnic diversity of the workforce and the additional challenges they may face in their day-to-day work.</li> <li>2. Improving anti-racist recruitment practices.</li> <li>3. Driving cultural and attitudinal change.</li> </ol> <p>This policy reflects the above themes within the national strategy by aiming to improve data collection to determine the impact of racism on care at home staff and establishing a local framework for addressing racism in that setting.</p> <p>This policy is part of the work Renfrewshire HSCP undertakes to comply with its statutory duties under the Equalities Act and is reflected in Renfrewshire Health and Social Care Partnership’s Equality Outcomes Framework.</p> <p>The HSCP Workforce Plan 2022 -2025 says,</p> <p><i>“The HSCP also recognises there is limited diversity in the workforce in terms of ethnicity, gender, and experience. This includes those with caring experience and from other sectors. The HSCP is committed to creating a diverse and inclusive workforce and this Workforce Plan aims to help further this objective alongside our Strategic Plan.”</i></p> <p>The specific actions within the workforce strategy are:</p> <ul style="list-style-type: none"> <li>• Improve and embed processes that enable the collection of good quality data on ethnicity as well as all other protected characteristics and enable the further promotion of diversity and equality within the Partnership.</li> </ul>	
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			<ul style="list-style-type: none"><li>• Our recruitment practices will be fair for all, and we will remove any barriers, to ensure that Renfrewshire HSCP and partners in the sector are inclusive employers.</li><li>• Promote equality, diversity, and inclusivity across the sector by supporting the delivery of, and provide access to, (i) networking opportunities for staff from minority ethnic backgrounds; (ii) parent organisation workforce equality groups; and (iii) staff equality training.</li></ul> <p>In 2023, Renfrewshire HSCP and its partners in the independent sector conducted a workforce survey within Renfrewshire. The focus was to understand staff experience of racism in their day-to-day work in care at home services. The key findings highlighted the following: 55% of ethnically diverse staff working in care at home reported experiencing racism from clients that they support.</p> <p>One in five home care workers who responded to the survey were from an ethnic minority background.</p> <p>The most reported racist behaviours from clients were:</p> <ul style="list-style-type: none"><li>• Making stereotypical assumptions based on someone's ethnicity.</li><li>• Refusing to have a service solely because of a worker's ethnicity.</li><li>• Behaviour that implies the person receiving a service doesn't value someone's skills or knowledge in the same way they would a white worker.</li><li>• Racist language.</li></ul>	
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			<ul style="list-style-type: none"> <li>• Verbal or physical aggression.</li> </ul>	
		<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
3.	<p>How have you applied learning from research evidence about the experience of equality groups to the service or Policy?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>Looked after and accommodated care services reviewed a range of research evidence to help promote a more inclusive care environment. Research suggested that young LGBT+ people had a disproportionately difficult time through exposure to bullying and harassment. As a result staff were trained in LGBT+ issues and were more confident in asking related questions to young people. (Due regard to removing discrimination, harassment and victimisation and fostering good relations).</i></p>	<p>In 2023 Renfrewshire HSCP and its partners in the independent sector conducted a workforce survey within Renfrewshire. The focus was to understand staff experience of racism in their day-to-day work in care at home services. The key findings highlighted the following: 55% of ethnically diverse staff working in care at home reported experiencing racism from clients that they support.</p> <p>One in five home care workers who responded to the survey were from an ethnic minority background.</p> <p>The most reported racist behaviours from clients were:</p> <ul style="list-style-type: none"> <li>• Making stereotypical assumptions based on someone’s ethnicity.</li> <li>• Refusing to have a service solely because of a worker’s ethnicity.</li> <li>• Behaviour that implies the person receiving a service doesn’t value someone’s skills or knowledge in the same way they would a white worker</li> <li>• Racist Language</li> <li>• Verbal or physical aggression</li> </ul> <p>Based on the survey findings, Renfrewshire HSCP and its partners have developed this policy framework which will</p>	

			address the specific issue of racist behaviour towards staff working in care at home services. It will apply equally to staff employed by the HSCP and the independent sector.	
		<b>Example</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
4.	<p>Can you give details of how you have engaged with equality groups with regard to the service review or policy development? What did this engagement tell you about user experience and how was this information used? The Patient Experience and Public Involvement team (PEPI) support NHS GGC to listen and understand what matters to people and can offer support.</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p><i>A money advice service spoke to lone parents (predominantly women) to better understand barriers to accessing the service. Feedback included concerns about waiting times at the drop in service, made more difficult due to child care issues. As a result the service introduced a home visit and telephone service which significantly increased uptake.</i></p> <p><i>(Due regard to promoting equality of opportunity)</i></p> <p><i>* The Child Poverty (Scotland) Act 2017 requires organisations to take actions to reduce poverty for children in households at risk of low incomes.</i></p>	<p>As highlighted above Renfrewshire HSCP and its partners in the independent sector conducted a workforce survey within Renfrewshire. The focus was to understand staff experience of racism in their day-to-day work in care at home services. The survey findings provided evidence that racism is a common experience among ethnic minority staff. A focus group of Care at Home Staff also met and provided key information around experiences of racism and also highlighted the following:</p> <ol style="list-style-type: none"> <li>1. Support for more ethnically diverse staff to consider taking on promoted posts.</li> <li>2. Staff want to be listened to and often feel there is a difference when they raise an issue of concern or an opinion and are treated differently than white staff.</li> <li>3. Good support for having a Renfrewshire policy on anti-racist practice. Staff thought that a leaflet that set out the policy and also gave information about the workforce and that a service might be delivered by someone from an ethnically diverse background would be good.</li> <li>4. The group thought there should be a way in which a worker could anonymously raise a concern about racism outside of their organisation because it is sometimes difficult to do that within. One suggestion was for that to be a function of SSSC.</li> </ol>	<p>The policy recognises the vulnerability of service users and sets out clear guidance which ensures that the needs of service users continue to be met while issues are addressed.</p>



	<p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		<p>5. A support network for ethnic minority care at home workers would be greatly valued. It was commented that this was the first time that the workers had ever had the opportunity to talk about culture, race and racism in their jobs.</p> <p>6. Staff also commented that there should be regular spaces within their workplace teams to talk about racism and how the team addresses it.</p> <p>7. There was a discussion about how we need to create more safe spaces in Renfrewshire where white and ethnically diverse staff can come together and talk about racism, culture, and understand these issues better. There is a need to break down some of the barriers and be able to ask questions about culture and race without worrying about offending one another. That would be a true and genuine dialogue that can change hearts and minds.</p> <p>8. Training was a feature of the discussion. Training for ethnically diverse staff on dealing with racism. Training for managers on dealing with racist behaviour from clients and their families. Active bystander training. More cultural awareness training.</p> <p>The survey and focus group information has been used to develop a joint RHSCP and Independent Sector policy on Anti- Racist Practice in Care at Home Services. This provides a consistent approach to addressing racist language and behaviour from service users and families. It also promotes transparent information sharing between the HSCP and Providers and promotes reporting of incidents.</p>	
	<i>Example</i>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	

5.	<p>Is your service physically accessible to everyone? If this is a policy that impacts on movement of service users through areas are there potential barriers that need to be addressed?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p><i>An access audit of an outpatient physiotherapy department found that users were required to negotiate 2 sets of heavy manual pull doors to access the service. A request was placed to have the doors retained by magnets that could deactivate in the event of a fire. (Due regard to remove discrimination, harassment and victimisation).</i></p>	<p>Not applicable. This policy relates to staff visiting service users in their own homes.</p>	
	<p><i>Example</i></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>	
6.	<p>How will the service change or policy development ensure it does not discriminate in the way it communicates with service users and staff?</p>	<p><i>Following a service review, an information video to explain new procedures was hosted on the organisation's YouTube site. This was</i></p>	<p>The policy development does not impact current methods of communication with service users, families, carers and staff. The service will continue to utilise various methods of communication to ensure there is no disparity, inequality or discrimination.</p>	

	<p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p> <p>The British Sign Language (Scotland) Act 2017 aims to raise awareness of British Sign Language and improve access to services for those using the language. Specific attention should be paid in your evidence to show how the service review or policy has taken note of this.</p>	<p><i>accompanied by a BSL signer to explain service changes to Deaf service users.</i></p> <p><i>Written materials were offered in other languages and formats.</i></p> <p><i>(Due regard to remove discrimination, harassment and victimisation and promote equality of opportunity).</i></p>	<p>If necessary, interpreters or British Sign Language support will be arranged via the relevant bodies. All staff are aware of the interpreting protocols and how to arrange services.</p> <p>The policy recognises the vulnerability of service users and sets out clear guidance which ensures that the needs of service users continue to be met while issues are addressed. Renfrewshire local authority has been participating in an International recruitment pilot, funded by the Scottish Government. The area will be the first area within the pilot to recruit 4 permanent full time staff to cover vacancies in the HSCP care at home services from overseas. This policy is timely and will complement the support which are in place for the pilot by providing further guidance and support for staff. The policy demonstrates good practice and can be used and adapted to suit other services going forward.</p>	
7	Protected Characteristic	Service Evidence Provided	Possible negative impact	

			and Additional Mitigating Action Required																																										
(a)	<p><b>Age</b></p> <p>Could the service design or policy content have a disproportionate impact on people due to differences in age? (Consider any age cut-offs that exist in the service design or policy content. You will need to objectively justify in the evidence section any segregation on the grounds of age promoted by the policy or included in the service design).</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This policy does not have a disproportionate impact on people due to differences in age. As this proposal relates to Care at Home Services, most people using the service are predominantly of older age (65+). The following information relating to current service user age has been extracted from our Eclipse system:</p> <p><b>People who use the HSCP Care at Home Service as at 090524:</b></p> <table border="1" data-bbox="898 552 1724 820"> <thead> <tr> <th rowspan="2">Clients</th> <th colspan="2">Age Category</th> <th rowspan="2">Grand Total</th> </tr> <tr> <th>18-64</th> <th>65+</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>165</td> <td>1036</td> <td>1201</td> </tr> <tr> <td>Indeterminate</td> <td>1</td> <td></td> <td>1</td> </tr> <tr> <td>Male</td> <td>106</td> <td>634</td> <td>740</td> </tr> <tr> <td>Unknown</td> <td>1</td> <td>6</td> <td>7</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>273</b></td> <td><b>1676</b></td> <td><b>1949</b></td> </tr> </tbody> </table> <p><b>HSCP Staff</b></p> <table border="1" data-bbox="884 933 1240 1311"> <thead> <tr> <th>Age</th> <th>Count of Resource</th> </tr> </thead> <tbody> <tr> <td>17-26</td> <td>25</td> </tr> <tr> <td>27-36</td> <td>77</td> </tr> <tr> <td>37-46</td> <td>109</td> </tr> <tr> <td>47-56</td> <td>124</td> </tr> <tr> <td>57-66</td> <td>175</td> </tr> <tr> <td>67-76</td> <td>7</td> </tr> <tr> <td><b>Grand Total</b></td> <td><b>517</b></td> </tr> </tbody> </table>	Clients	Age Category		Grand Total	18-64	65+	Female	165	1036	1201	Indeterminate	1		1	Male	106	634	740	Unknown	1	6	7	<b>Grand Total</b>	<b>273</b>	<b>1676</b>	<b>1949</b>	Age	Count of Resource	17-26	25	27-36	77	37-46	109	47-56	124	57-66	175	67-76	7	<b>Grand Total</b>	<b>517</b>	
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(b)	<b>Disability</b>	The service is provided to people with additional support needs due to physical or mental ill health, frailty or																																											

	<p>Could the service design or policy content have a disproportionate impact on people due to the protected characteristic of disability?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>disability. The policy does not have a disproportionate impact.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(c)</p>	<p><b>Gender Reassignment</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristic of Gender Reassignment?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p>	<p>This policy does not have a disproportionate impact on people due to gender reassignment as it applies equally to all individuals in receipt of a Care at Home package.</p> <p>Staff members are aware of the sensitivities around gender reassignment and information on trans status can be recorded using the adult information system (ECLIPSE) of our database management system. However, information specific to gender assignment is not explicitly included in the dataset.</p> <p>Staff numbers are recorded however due to low numbers have not been included to ensure individuals cannot be identified.</p>	

	<p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(d)	<p><b>Marriage and Civil Partnership</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristics of Marriage and Civil Partnership?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>The policy does not impact disproportionately on people with the protected characteristics of Marriage and Civil Partnership.</p>	
(e)	<p><b>Pregnancy and Maternity</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the</p>	<p>This policy will not result in a disproportionate impact on the characteristic of pregnancy and maternity. The age demographic of those using the service is unlikely to have this characteristic. Information relating to pregnancy and</p>	

	<p><b>protected characteristics of Pregnancy and Maternity?</b></p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>maternity does not require to be specifically recorded therefore is not included in the dataset extracted from the adult information system (ECLIPSE).</p> <p><u>HSCP Staff</u></p> <p>As per our standard policy the Health and Safety risk assessments for pregnant workers and those returning from pregnancy would be undertaken as normal and any relevant information recorded.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>
<p>(f)</p>	<p><b>Race</b></p> <p>Could the service change or policy have a disproportionate impact on people with the protected characteristics of Race?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics <input checked="" type="checkbox"/></p>	<p>This policy will have a positive impact on staff with the protected characteristics of Race. It provides a consistent approach to addressing racist language and behaviour from service users and families. It promotes transparent information sharing between the HSCP and Providers and promotes reporting of incidents.</p>	

	<p>4) Not applicable <input type="checkbox"/></p>		
(g)	<p><b>Religion and Belief</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Religion and Belief?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This policy will have a positive impact on staff with the protected characteristics of Religion and belief. It provides a consistent approach to addressing discriminatory language and behaviour relating to religion and belief from service users and families. It also promotes transparent information sharing between the HSCP and Providers and promotes reporting of incidents.</p>	
	<b>Protected Characteristic</b>	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>
(h)	<p><b>Sex</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sex?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p>	<p>This policy does not have a disproportionate impact based on the characteristic of sex.</p>	



	<p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
(i)	<p><b>Sexual Orientation</b></p> <p>Could the service change or policy have a disproportionate impact on the people with the protected characteristic of Sexual Orientation?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input checked="" type="checkbox"/></p> <p>2) Promote equality of opportunity <input checked="" type="checkbox"/></p> <p>3) Foster good relations between protected characteristics. <input checked="" type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>	<p>This policy does not have a disproportionate impact because of the characteristic of sexual orientation.</p>	
	<p><b>Protected Characteristic</b></p>	<p><b>Service Evidence Provided</b></p>	<p><b>Possible negative impact and Additional Mitigating Action Required</b></p>

(j)	<p><b>Socio – Economic Status &amp; Social Class</b></p> <p><b>Could the proposed service change or policy have a disproportionate impact on people because of their social class or experience of poverty and what mitigating action have you taken/planned?</b></p> <p><b>The Fairer Scotland Duty (2018) places a duty on public bodies in Scotland to actively consider how they can reduce inequalities of outcome caused by socioeconomic disadvantage when making <u>strategic</u> decisions. If relevant, you should evidence here what steps have been taken to assess and mitigate risk of exacerbating inequality on the ground of socio-economic status. Additional information available here: <a href="http://www.gov.scot">Fairer Scotland Duty: guidance for public bodies - gov.scot (www.gov.scot)</a></b></p> <p>Seven useful questions to consider when seeking to demonstrate ‘due regard’ in relation to the Duty:</p> <ol style="list-style-type: none"> <li>1. What evidence has been considered in preparing for the decision, and are there any gaps in the evidence?</li> <li>2. What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?</li> <li>3. What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?</li> <li>4. Are some communities of interest or communities of place more affected by disadvantage in this case than others?</li> <li>5. What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability</li> </ol>	<p>This policy does not disproportionately impact people because of their social class. The service provided is assessed and based on personal and social care needs. The joint policy ensures that independent providers adopt the policy equitably with all service users regardless of their socio-economic status and whether they are funded by the Local authority or are self-funders.</p>	
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	<p>and other protected characteristics that we may need to factor into our decisions?</p> <p>6. How has the evidence been weighed up in reaching our final decision?</p> <p>7. What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage? ‘Making Fair Financial Decisions’ (EHRC, 2019)<sup>21</sup> provides useful information about the ‘Brown Principles’ which can be used to determine whether due regard has been given. When engaging with communities the National Standards for Community Engagement<sup>22</sup> should be followed. Those engaged with should also be advised subsequently on how their contributions were factored into the final decision.</p>		
(k)	<p><b>Other marginalised groups</b></p> <p>How have you considered the specific impact on other groups including homeless people, prisoners and ex-offenders, ex-service personnel, people with addictions, people involved in prostitution, asylum seekers &amp; refugees and travellers?</p>	No disproportionate impact	
8.	<p>Does the service change or policy development include an element of cost savings? How have you managed this in a way that will not disproportionately impact on protected characteristic groups?</p> <p>Your evidence should show which of the 3 parts of the General Duty have been considered (tick relevant boxes).</p> <p>1) Remove discrimination, harassment and victimisation <input type="checkbox"/></p> <p>2) Promote equality of opportunity <input type="checkbox"/></p>	No.	

	<p>3) Foster good relations between protected characteristics. <input type="checkbox"/></p> <p>4) Not applicable <input type="checkbox"/></p>		
	<b>Service Evidence Provided</b>	<b>Possible negative impact and Additional Mitigating Action Required</b>	
9.	<p><b>What investment in learning has been made to prevent discrimination, promote equality of opportunity and foster good relations between protected characteristic groups? As a minimum include recorded completion rates of statutory and mandatory learning programmes (or local equivalent) covering equality, diversity and human rights.</b></p>	<p>Equality Diversity and Inclusion(EDI) and Active Bystander(AB) training have been provided to CAH staff and managers. 67 members of staff attended the AB and 23 attended the EDI training. Evaluation feedback included that staff would be more assertive and take action if they observed inappropriate behaviour. Felt more equipped to take a considered approach dependent on the situation. More aware of what they say and do.</p>	

**10. In addition to understanding and responding to legal responsibilities set out in Equality Act (2010), services must pay due regard to ensure a person's human rights are protected in all aspects of health and social care provision. This may be more obvious in some areas than others. For instance, mental health inpatient care or older people's residential care may be considered higher risk in terms of potential human rights breach due to potential removal of liberty, seclusion or application of restraint. However risk may also involve fundamental gaps like not providing access to communication support, not involving patients/service users in decisions relating to their care, making decisions that infringe the rights of carers to participate in society or not respecting someone's right to dignity or privacy.**

**The Human Rights Act sets out rights in a series of articles – right to Life, right to freedom from torture and inhumane and degrading treatment, freedom from slavery and forced labour, right to liberty and security, right to a fair trial, no punishment without law, right to respect for private and family life, right to freedom of thought, belief and religion, right to freedom of expression, right to freedom of assembly and association, right to marry, right to protection from discrimination.**

**Please explain in the field below if any risks in relation to the service design or policy were identified which could impact on the human rights of patients, service users or staff.**

The policy recognises the vulnerability of service users and sets out clear guidance which ensures that the needs of service users continue to be met while issues are addressed. The human rights of service users will be maintained whilst supporting the human rights of staff to work in a safe and non-discriminatory environment.

**Please explain in the field below any human rights based approaches undertaken to better understand rights and responsibilities resulting from the service or policy development and what measures have been taken as a result e.g. applying the PANEL Principles to maximise Participation, Accountability, Non-discrimination and Equality, Empowerment and Legality or FAIR\* .**

We consulted with all provider organisations through a survey and focus group. Policy has been ratified by Senior management in RHSCP and Scottish Care. The policy promotes transparency and staff are empowered to report incidents and training has empowered staff to challenge discrimination. Policy takes cognisance of the PSED.

\*

- **Facts:** What is the experience of the individuals involved and what are the important facts to understand?
- **Analyse rights:** Develop an analysis of the human rights at stake
- **Identify responsibilities:** Identify what needs to be done and who is responsible for doing it
- **Review actions:** Make recommendations for action and later recall and evaluate what has happened as a result.

Having completed the EQIA template, please tick which option you (Lead Reviewer) perceive best reflects the findings of the assessment. This can be cross-checked via the Quality Assurance process:

- Option 1: No major change (where no impact or potential for improvement is found, no action is required)
- Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
- Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
- Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

11. 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 policy will ensure staff feel supported and empowered to address racism, improving retention of staff and staff wellbeing and reducing the need for recruitment.

Actions – from the additional mitigating action requirements boxes completed above, please summarise the actions this service will be taking forward.

Date for completion	Who is responsible?(initials)

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

<b>Lead Reviewer:</b>	<b>Name</b>	<b>Carron O'Byrne</b>
<b>EQIA Sign Off:</b>	<b>Job Title</b>	Head of Health and Social Care
	<b>Signature</b>	<i>C O'Byrne</i>
	<b>Date</b>	14 June 2024

<b>Quality Assurance Sign Off:</b>	<b>Name</b>	<b>Alastair Low</b>
	<b>Job Title</b>	Planning Manager
	<b>Signature</b>	<i>A Low</i>
	<b>Date</b>	14/06/24

**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:**

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

		Completed	
		Date	Initials
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			
<b>Action:</b>			
<b>Status:</b>			

**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
<b>Action:</b>			
<b>Reason:</b>			
<b>Action:</b>			
<b>Reason:</b>			



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

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Name of completing officer:

Date submitted:

If you would like to have your 6 month report reviewed by a Quality Assuror please e-mail to: [alastair.low@ggc.scot.nhs.uk](mailto:alastair.low@ggc.scot.nhs.uk)