

**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:**

West Dunbartonshire Crisis Team

**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).**

To provide assessment, risk management and recovery focused supports to persons in community setting who have/are suffering a relapse in mental health resulting in unmanageable stressors. Also to aid in supported discharge or facilitating early discharge from in -patient services.

**Who is the lead reviewer and where based?**

Alan Kerr - Senior Crisis Practitioner,  
Fraser Downie – Crisis Team Leader

West Dunbartonshire Crisis Team, Goldenhill Resource Centre, 199 Dumbarton Road, Clydebank, G81 4XJ

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

Senior Crisis Practitioner

## Impact Assessment – Equality Categories

Equality Category	Existing Good Practice	Remaining Negative Impact
<p><b>Gender</b></p>	<p>Staff have an awareness of and access to The Equality Act 2006, The Gender Recognition Act and the Gender Based Violence action plan.</p> <p>Gender data is recorded.</p> <p>Staffing permitted clients can access preferred gender of staff (male/female).</p> <p>Adherence with mental health legislation, local policies.</p> <p>Ongoing development of community support package and staff utilisation of same. E.g Coping With And Responding to Abuse Project , THRIVE ,male counselling service</p> <p>Client needs directed/led service.</p> <p>Awareness of increased risk of suicide in transgender population.</p> <p>Staff aware how male/female symptom logy differ.</p> <p>Feedback form is provided which may result in highlighting issues and change in practice.</p> <p>Crisis Team is an outreach service and can assess clients in their preferred venue.</p> <p>Crisis staff will ask gender preference to clients for staff who are assessing.</p> <p>Religious/Cultural needs of same sex assessments.</p> <p>Carers' needs identified and recorded through shared assessment process. Carer specific assessment done if specific identified need.</p> <p>West Dun Crisis Team survey carers and analyse data.</p>	<p>Only 20% of staff have attended Equality and Diversity Training.</p> <p>Due to staffing, 1<sup>st</sup> crisis assessment may not provide preferred gender of staff (male/female)</p> <p>No data analysis on gender engagement locally.</p> <p>Non self referral system resulting in multi agency contact.</p> <p>Not able to document transgender on current documentation.</p> <p>7% increase in Gender Based Violence Scotland wide.</p> <p>West Dun reported 1760 cases in 2009.</p> <p>No formalised responsibility for childcare arrangements to enable clients to attend assessments.</p> <p>Although it is considered staff ask questions on gender based violence this would normally follow triggers to this question.</p> <p>Audit of number of carers assessments not monitored locally</p>
	<p>Staff have an awareness of and access to The Race Relations</p>	<p>Only 20% of staff have attended Equality &amp; Diversity</p>



	<p>staff utilisation of same.</p> <p>Staff have an awareness of and access to The Disability Discrimination Act (2005), Mental Health Act (Scotland) Act 2003.</p> <p>Staff have an awareness of the increased impact on Mental Health caused by physical disability.</p> <p>.</p> <p>Crisis staff have awareness of the protocol for admission of people with learning disabilities to mental health inpatient services and for arranging aftercare.</p>	
<b>Sexual Orientation</b>	<p>All staff have awareness of and have access to The Equality Act (2006) The Mental Health Act(s) 2003.</p> <p>Crisis Team workforce currently represents various orientations. Sexual orientation may be disclosed by client during assessment. Crisis staff will take into account clients wish to disclose. The relevance of orientation will only be taken into account if impacting on recovery process.</p> <p>Ongoing development of community resource package and staff utilisation of same.</p> <p>Client has right for this information not to be discussed with family/significant others.</p> <p>Awareness of potential increased impact on mental health due to non-heterosexual orientation.</p> <p>Language used in assessments is inclusive (not husband/wife but partner).</p> <p>Awareness of increased suicide risk in homosexual/transgender group.</p> <p>As part of Crisis Team survey all clients are asked to identify their sexuality if they wish for purpose of collecting demographic data. Crisis review data at their quarterly Equality and Diversity</p>	<p>Non self referral into Crisis service resulting in multi agency contact.</p> <p>Assumptions that if client regards themselves as married then this would be to opposite sex.</p> <p>No formalised recording of sexual orientation.</p> <p>Only 20% of staff have attended Equality &amp; Diversity Training.</p> <p>Most LGBT support services are based in Glasgow City Centre but have support telephone lines. No sexual orientation demographics for West Dun.</p> <p>No local impact studies regards sexual orientation.</p> <p>No strategic plans locally to target people with non-heterosexual orientation relating to mental health issues.</p> <p>0% of staff have attended LGBT training opportunities.</p>

	Meeting.	
<b>Religion and belief</b>	<p>Client need led/directed service. Client, family, significant other or spiritual, religious leader can direct crisis staff on religion, belief and faith.</p> <p>Staff aware how to access Spiritual Care Policy. This will enable accessing assistance.</p> <p>Acceptance of staff on potential negative impact on mental health due to religion and beliefs.</p> <p>Acceptance and allowance by staff or religious practices without judgement.</p> <p>Religious needs will be highlighted during initial and ongoing assessment.</p> <p>When relevant staff would ask about religions beliefs as a protective factor to prevent self harm/suicide.</p> <p>Staff aware of the importance of and encourage the use of religion and faith in client's recovery.</p> <p>Adherence with mental health legislation.</p> <p>Staff awareness of some religious needs for female clients to interact only with female staff.</p>	<p>Only 20% of staff have attended Equality &amp; Diversity Training.</p> <p>Religion/Belief not documented on current crisis documentation. No demographics on religions/beliefs internally or for West Dun. Community archive has not been compiled with regards religious supports in mental health .e.g Asian Woman's supports services in Clydebank.</p> <p>Non self referral system resulting in multi-agency contacts. Potential negative Mental health issues, such as, possession and having a spell cast upon a person. Due to this mental health services will not be sought out resulting in possible negative impact on person's health.</p>
<b>Age (Children/Young People/Older People)</b>	<p>The crisis service has no upper age limit for assessment and care.</p> <p>Crisis Team is an outreach service and can visit clients in own/family environment.</p> <p>Ongoing development of community resource package and staff utilisation of same.</p> <p>Client age is documented on current paperwork.</p> <p>Adhere to current Mental Health legislation.</p> <p>Age of clients referred into crisis team is internally audited.</p> <p>Crisis staff are able to refer into specific services to gain support via the children and young peoples out of hours referral process</p>	<p>Only 20% of staff have attended Equality &amp; Diversity training.</p> <p>Deficit in knowledge about specific needs of elderly. Relating to CMHT, clients may not have choice regards staying with adult and not going to care of elderly team.</p> <p>Crisis service only available to anyone over 16 years who are not in fulltime education.</p> <p>Non self referral system for clients not current to CMHT.</p>

<p><b>Social Class/ Socio-Economic Status</b></p> <p><b>Social Class/ Socio-Economic Status (cont)</b></p>	<p>Crisis service is a free service accessible to everyone over 16 years who have left school and resides in West Dunbartonshire. Crisis staff are able to refer into specific services to gain support via the children and young peoples out of hour's referral process.</p> <p>Crisis staff access Welfare Rights officers via CMHT for benefit reviews.</p> <p>Crisis staff will assist clients with housing needs.</p> <p>Staff have access to and have been instrumental in assisting clients with Adults With Incapacity and Vulnerable Adults.</p> <p>Staff adherence with Mental Health legislation.</p> <p>Crisis team is an outreach service. Clients do not have the expense of transport to attend assessments.</p> <p>Social economic status will be highlighted during initial and ongoing assessment.</p> <p>Ongoing development of community resource package and staff utilisation of same.</p> <p>Staff have benefit check cards and are familiar with current benefit rates.</p> <p>Datazone statistics available to support policy making nationally and locally.</p>	<p>Only 20% of staff have attended Equality &amp; Diversity Training.</p> <p>Client unable to self refer into crisis team requiring engagement with multiple services.</p> <p>Social class not documented.</p> <p>Some services which the crisis team refer on are chargeable e.g Clients who receive housing support workers are now expected to contribute financially.</p> <p>through charges for housing support by local government.</p>
<b>Additional marginalisation</b>	<p>Questionnaires are distributed to clients at end of engagement to capture data on satisfaction and highlight gaps in the provision the services.</p>	

<b>Actions</b>	<b>Date for completion</b>	<b>Who is responsible?(initials)</b>
<p><b>Cross Cutting Actions</b></p> <p>Target of 100% of staff to attend Equality &amp; Diversity Training</p>		

Development of demographic questionnaire to include equality categories. To be attached to current questionnaire. Analysis of collated data. Staff to review current routine questioning to include equality categories		
<b>Specific Actions</b>  1) Target of 100% of staff to attend LGBT training. ( If not met in Equality & Diversity training )  2) Target of 100% of staff to attend cultural training. ( If not met in Equality & Diversity training )  3) Crisis documentation to be translated into preferred language, Braille and large text.  4) Ongoing development of community resource information pack.  5) Compile local community resource package of groups/persons that are able to provide religious supports in relation to Mental Health.  6) All staff have regular PDP's, EKSF and training records. This should ensure delivery of appropriate quality care.  7) Purchase portable induction loop system.  8) Datazone awareness through business meeting discussion.  9) Discuss issues and develop plan for translation of confidential information into preferred language.	23/09/2011 All actions.	Fraser Downie  Alan Kerr  Kirsty Davidson  Kirsty Davidson  Fraser Downie  Lynne Kennedy  Fraser Downie  Alan Kerr

10) Staff to routinely enquire about gender based violence and record in written assessment. This will be audited by sampling 5 client assessment documentations as part of quarterly West Dun Crisis Equality and Diversity Meeting.		Alan Kerr
11) Audit of number of carer's assessments not monitored locally through sampling 5 client assessment documentations as part of quarterly West Dun Crisis Equality and Diversity Meeting.		Alan Kerr
12) Consider mapping process to ensure first visit communication needs are met.		Fraser Downie & Alan Kerr
13) Monitor demographics through Crisis Team survey and analyse data quarterly and consider actions.		Fraser Downie & Alan Kerr
14) Staff requires up to date training on elderly care needs. Discuss with Team Leader over 65 Service.		Fraser Downie

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

SEPTEMBER 2011

**Deleted:** December 2010

**Lead Reviewer:**

**Sign Off:**

**Name:**

**Job Title**

**Signature**

**Date:**

**Initially Team Leader – Fraser Downie who will cascade workload**

**Crisis Team Leader**

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

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