



Equality Impact Assessment

Equality Impact: Screening and Assessment Form



Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.	
a. Name of policy or practice (list also any linked policies or decisions)	Public Protection Policy
b. Name of department	Care Quality & Professional Development
c. Name of Lead	Jayne Scaife
d. Equality Impact Assessment Team [names, job roles]	Jayne Scaife, Lead Professional Public Protection John Burnham, Assoc Director Care Quality and Professional Development
e. Date of assessment	6 th Feb 2020
f. Who are the main target groups / who will be affected by the policy?	<p>This policy applies to all SAS staff, including staff in support and non-patient facing roles.</p> <p>The Service is committed to ensuring that all staff are supported in providing a service where the adult or child's welfare and safety is paramount, and has therefore produced this policy to ensure that our staff remain well informed and guided through this process when dealing with significantly challenging situations involving Public Protection concerns</p> <p><u>Child Protection</u></p> <ul style="list-style-type: none"> • Unborn babies. • All children below the age of 16 <p><u>Adult Protection</u></p>

	<ul style="list-style-type: none"> Young people and adults aged 16 years and over.
g. What are the intended outcomes / purpose of the policy?	To describe the staff responsibilities for reporting issues to partner agencies where a public protection issues is identified during the course of their duties.
h. Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations?	The policy is relevant to advancing the equality of opportunity through improving access to support and care services. The policy is especially targeted to improving the abilities of all staff to recognise vulnerability and working with the patients to try and improve quality of care and quality of life through joint integrated working with health and social care.
If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance	Yes – Advances Equality of opportunity

Section 2: Evidence, consultation and involvement

Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.

a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics

Details of consultations - where, who was involved	Date	Key findings	Protected characteristics						
Adult Protection Committee	December 2019	Policy was appropriately placed to meet the needs of all adults. Age of differentiation is evident between Adult Protection procedures and Child Protection procedures.	<table border="1"> <tr> <td>Age</td> <td></td> </tr> <tr> <td>Disability</td> <td></td> </tr> <tr> <td>Gender reassignment</td> <td></td> </tr> </table>	Age		Disability		Gender reassignment	
Age									
Disability									
Gender reassignment									

		Adult services were contacted and reviewed the policy and process. Issues were highlighted in respect of Adults with either a physical disability or Learning disability and it was noted that it may be necessary to further engage these groups during the course of the work.	<table border="1"> <tr><td>Gender / sex</td></tr> <tr><td>Marriage / civil partnership *</td></tr> <tr><td>Pregnancy / maternity</td></tr> <tr><td>Race</td></tr> <tr><td>Religion / belief</td></tr> <tr><td>Sexual orientation</td></tr> </table>	Gender / sex	Marriage / civil partnership *	Pregnancy / maternity	Race	Religion / belief	Sexual orientation			
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Child Protection Committee	February 2020	Policy was appropriately placed to meet the needs of all children under 16. Referral data from SAS cannot be evidenced centrally and improvements are required. Child Poverty plans and corporate parenting plan were noted key areas for further communication and engagement.	<table border="1"> <tr><td>Age</td></tr> <tr><td>Disability</td></tr> <tr><td>Gender reassignment</td></tr> <tr><td>Gender / sex</td></tr> <tr><td>Marriage / civil partnership *</td></tr> <tr><td>Pregnancy / maternity</td></tr> <tr><td>Race</td></tr> <tr><td>Religion / belief</td></tr> <tr><td>Sexual orientation</td></tr> </table>	Age	Disability	Gender reassignment	Gender / sex	Marriage / civil partnership *	Pregnancy / maternity	Race	Religion / belief	Sexual orientation
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NSPCC	December 2019	Policy was appropriately placed to meet the needs of all children under 16. Lack of Lead officer for Public Protection decreases focus and organisational impact in this area. Children with either a physical disability or Learning Disability were noted to be a diverse group with enhanced needs in respect of Public Protection and it was noted that it may be necessary to further engage these groups during the course of the work. *Issues in respect of gender based violence could occur in different religious settings.	<table border="1"> <tr><td>Age</td></tr> <tr><td>Disability</td></tr> <tr><td>Gender reassignment</td></tr> <tr><td>Gender / sex</td></tr> <tr><td>Marriage / civil partnership *</td></tr> <tr><td>Pregnancy / maternity</td></tr> <tr><td>Race</td></tr> <tr><td>Religion / belief</td></tr> <tr><td>Sexual orientation</td></tr> </table>	Age	Disability	Gender reassignment	Gender / sex	Marriage / civil partnership *	Pregnancy / maternity	Race	Religion / belief	Sexual orientation
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	Available evidence
b. Research and relevant information	<ul style="list-style-type: none"> • The UN Convention on the Rights of the Child (1989). • The Human Rights Act (1998).

	<ul style="list-style-type: none"> • The Data Protection Act (2018). • The General Data Protection Regulations (2016). • Professional Codes of Conduct (GMC/NMC/HCPC). • Children and Young Persons Act 2014 • GIRFEC • Datix Data • ePRF Data • Staff conversations <p>The organisation carried out extensive consultation Health and Social Care teams externally through the CPC and APC networks including an independent review of the policy by the NSPCC.</p> <p>Internally, the partnership forum was consulted with and local information collated from Datix and the ePRF was examined as evidence for the policy writing and implementation.</p>
c. Knowledge of policy lead	Policy Lead is an experienced Registered Nurse who has previously worked in both an ambulance setting and in acute care. They have experience of working with Adult and Child protection issues and knowledge of the processes and legislations relevant to the agenda.
d. Equality monitoring information -- including service and employee information	Not available at this time in relation to adult and child protection referrals.
e. Feedback from service users, partner or other organisations as relevant	Adult and Child Protection Committees, NSPCC, Partnership Forum, National Clinical Operational Group and National Clinical Governance Committee as described above in the evidence and research section.
f. Other	N/A
g. Are there any gaps in evidence? Please indicate how these will be addressed	Yes.
Gaps identified	<ol style="list-style-type: none"> 1. There are no formalised accurate reports or data available in relation to Public Protection referrals. 2. Lack of strategic lead for this work
Measure to address these; give brief details.	<ol style="list-style-type: none"> 1. A suite of reporting requirements will need to be agreed that is lifted from the clinical records of the patients in this case the ePRF. This will be a primary driver

Further research? Consultation? Other	for change once the policy is implemented 2. A Lead for the work needs to be identified to drive change and enhance the policy work.
Note: specific actions relating to these measures can be listed at section 5	

Section 3: Analysis of positive and negative impacts			
Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations			
Protected characteristics	i. Eliminating discrimination	ii. Advancing equality of opportunity	iii. Fostering good relations
Age			
Positive impacts	Age appropriate process for both adults and children.		
Negative impacts	None identified		
Opportunities to enhance equality	Clearly sets out the age limitations and processes appropriate to them.		
Disability			
Positive impacts	Promotes referral regardless of disability status		
Negative impacts	Some patients will fit into both adult and child services dependant on their disability		
Opportunities to enhance equality	Opportunity to improve data collection and access to services as this develops.		
Gender reassignment			
Positive impacts	Promotes referral regardless of Gender Assignment		
Negative impacts	Access to gender based services in wider health care setting is already limited		
Opportunities to enhance equality	Opportunity to ensure SAS engage appropriately with specialist services as this develops.		
Gender / sex			
Positive impacts	Promotes referral and access regardless of Gender		
Negative impacts	Access to gender based services in wider health care setting is already limited especially in remote and rural areas.		
Opportunities to enhance equality	Opportunity to reach isolated groups of people and ensure they have appropriate access or information in relation reporting issues or concerns about members of their communities.		

Marriage / civil partnership	
Positive impacts	Takes into account gender based violence which occurs across families/and religious boundaries
Negative impacts	None
Opportunities to enhance equality	None
Pregnancy / maternity	
Positive impacts	Promotes rights of children at all stages of conception/pregnancy and birth
Negative impacts	None
Opportunities to enhance equality	None
Race	
Positive impacts	Promotes awareness of gender and race based violence issues and allows referral regardless of race
Negative impacts	None
Opportunities to enhance equality	None
Religion / belief	
Positive impacts	Promotes referral regardless of religion and raises awareness of religiously motivated issues such as gender based violence
Negative impacts	None
Opportunities to enhance equality	
Sexual orientation	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Cross cutting - e.g. health inequalities people with poor mental health, low incomes,	
Positive impacts	Promotes inclusivity of all vulnerable persons regardless of any external/internal factors. Highlights the need to work with socially vulnerable groups and contributes to child poverty and

	corporate parenting plans.
Negative impacts	None
Opportunities to enhance equality	None
Note: specific actions relating to these measures can be listed at section 5	

Section 4: Addressing impacts Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan	
	Reasons
<p>a. No major change - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken</p>	<p>No evidence of inequality found within the policy or process followed. No major changes suggested post consultation and implementation. The work will be reviewed via an annual work plan and scrutinised by the Clinical Governance Committee.</p>
<p>b. Adjust the policy – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations</p>	
<p>c. Continue the development and implementation of the policy without adjustments – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	
<p>d. Stop and remove the policy - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	

Section 5: Action plan					
Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation					
Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
1. Provide data to support equalities monitoring for Public Protection	Work to secure data from ePRF to be published internally	Utilise the data to support equality in relation to the Public Protection agenda	Lead professional Public Protection	31 August 2020	Age
					Disability
					Gender reassignment
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					Marriage / civil partnership *
					Pregnancy / maternity
					Race
					Religion / belief
					Sexual orientation

Section 6: Monitoring and review	
Please detail the arrangements for review and monitoring of the policy	
	Details
a. How will the policy be monitored? Provide dates as appropriate	The policy and work plan will be monitored internally via the Public Protection Assurance Group and the Clinical Governance Committee.

b. What equalities monitoring will be put in place?	The policy will be reviewed as a result of any new legislation or guidance produced in relation to inequalities monitoring or where someone raises an issue in respect of the policy content.
c. When will the policy be reviewed? Provide a review date.	31 st August 2021

Section 7: Sign off

Please provide signatures as appropriate

Name of Lead	Title	Signature	Date
John Burnham	Associate Director Care Quality & Professional Development		5 th June 2020
Jayne Scaife	Lead Professional Public Protection		26 th May 2020
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			
Provide date this was sent	26 th May 2020		

