

The State Hospital Equality Impact Assessment (EQIA)

You should read the guidance document prior to completing this template.

Please note, the EQIA should be proportionate to the significance and coverage of the policy and should take cognisance of the nature of the environment and patient group.

Step 1: Screening to determine if the policy requires a detailed EQIA

Name of the policy: Keeping Children Safe		
Directorate: Nursing and Operations		Date: October 2022
Designation(s) of author(s): Mental Health Manager		
Strategy <input type="checkbox"/> Policy <input checked="" type="checkbox"/> Protocol <input type="checkbox"/> Project <input type="checkbox"/> *Other <input type="checkbox"/> (*please provide details)		
New <input type="checkbox"/> update to existing policy <input checked="" type="checkbox"/> replacement <input type="checkbox"/>		
1. What are the main aims and outcomes of the policy and how do these fit in with the wider aims of the organisation, legislation and national drivers?		
Aim(s) / Outcome(s)	Wider Aim(s)	
To provide guidance on roles and responsibilities of the State Hospital (TSH) and Social work staff in ensuring children are safe.	To ensure that the interests and safety of children are the paramount concerns in any interactions they have with TSH staff, patients and volunteers. This includes contact taking place within TSH as well as within the community during Suspension of Detention Outings.	
2. Please identify the scope of the policy		
Forensic Network wide <input type="checkbox"/> Hospital wide <input checked="" type="checkbox"/> Service specific <input type="checkbox"/> Discipline specific <input type="checkbox"/> *Other <input type="checkbox"/> (*please provide details)		
3. Who are the key stakeholders potentially affected by the policy? Will the policy impact on these groups in a positive and/or negative and/or neutral way? Why do you say this?		
Stakeholder(s)	Impact	Rationale
1. Children	Positive	Provides a safeguarding framework to promote the well-being of all children associated with TSH. Supports the rights of children in relation to family contact.
	Negative	Concerns in relation to the safety and well-being of children will be acted upon. Assessment processes may cause a degree of anxiety to children.

2. Staff	Positive	Confirms a robust approach to ensure compliance with legislation. Empowers staff to report concerns.
	Negative	Potential impact on therapeutic relationships as a result of responsibility and statutory duty to report where they may suspect a child is at risk or harm.
3. Volunteers	Positive	Confirms a robust approach to ensure compliance with legislation. Acknowledges the potential for incidental contact with volunteers. Empowers volunteers to report concerns.
	Negative	May cause anxieties to a group of people in respect of being involved in a formal process.
4. Patients	Positive	Supports patients to maintain positive relationships with children where this is appropriate. The policy and practice supports an individually tailored approach which meets the needs of the patient population.
	Negative	May impact on relationships with staff as a result of an investigation or situations where contact cannot proceed as not in the child's best interests. May cause trust issues where a patient perceives that information has been shared which could affect child contact.
5. Consultant Psychiatrists	Positive	Reassurance that there are effective assessment and decision making processes in place to ensure all safeguarding measures are being upheld.
	Negative	Potential impact on therapeutic relationships as a result of statutory duty to report where they may suspect a child is at risk of harm.
6. Carers	Positive	Provides a framework to support safe and meaningful family contact. Assures carers that their relative has access to report any concerns they have and that the appropriate action will be taken.
	Negative	Potential for child contact not to be supported or potentially be withdrawn may impact relationships.
7. Social Workers	Positive	Supports Social Workers to undertake robust child protection enquiries and investigations. Provides a framework to engage with patients and families to support positive relationships.
	Negative	Potential impact on therapeutic relationships as a result of statutory duty to report where they may suspect a child is at risk or harm. Potential exposure to distressing information.
8. Patients' Advocacy Service (PAS)	Positive	Clarifies the role of PAS within the supporting framework.
	Negative	Potential impact on professional relationships with patients as a result of statutory duty to report where

		they may suspect a child is at risk of harm. May dissuade patients from utilising the service.
9. External Regulatory / Supporting organisations including Scottish Government, Mental Welfare Commission, Police Scotland	Positive	Assures external stakeholders of a robust approach to upholding legislation.
4. Is a collaborative assessment with external partners required? No. The policy has been produced with input from external partners and in accordance with national guidance.		
5. Specifically, in relation to the protected characteristics, please identify whether the policy impacts positively, negatively and / or neutrally on these groups, providing rationale in support of your decision. Please also describe any identified inequality and indicate practice in place which mitigates aspects of the policy contributing to any adverse impact or inequality.		

Protected Characteristic	Positive X	Adverse / Negative X	Neutral X	Identified impact / inequality and rationale, including mitigating practice where appropriate
Age	X			Policy is designed to protect children of all ages.
Disability	X			An individually tailored approach to managing contact with children is supported, taking account of diagnosis of intellectual disability / mental illness.
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity	X			Policy considers the well-being of unborn children.
Race/Ethnicity	X			The communication needs of patients for whom English is not the first language are assessed on an ongoing basis. If required a translator/interpreter is provided to ensure the patient can engage effectively with children who may not speak the same language.
Religion and or Belief	X			Religious and faith needs are considered in the assessment process and will be considered in terms of supporting contact in a manner which takes account of any specific needs.
Sexual Orientation			X	

6. Thinking about the key stakeholders you have identified in no. 3, please explain how the policy supports the organisation to eliminate any potential unlawful discrimination, harassment and victimisation of these groups, promoting equality of opportunity and fostering good relationships between all stakeholders.

The policy is derived from the national statutory guidance and applies equally to all stakeholders involved. The policy supports non-discriminatory practice, requiring the investigation of any concerns raised about the safety and well-being of children in a consistent and proportionate manner.

The policy supports the rights of patients and families to have contact underpinned by legislation ensuring that the welfare of the child is the paramount concern. The policy supports communication between relevant stakeholders in the assessment and planning of contact and provides clear guidance as to reporting when concerns arise.

External agencies are assured of robust processes in place to support the rights of families and to undertake the statutory duties of the organisation.

7. Thinking about the key stakeholders you have identified in no. 3, please identify potential inequalities of outcome which may arise in relation to socio-economic disadvantage (low income), including material deprivation.

Children, patients and carers may experience socio-economic disadvantage. The policy applies irrespective of socio-economic background of these stakeholders. The child contact assessment supports positive engagement and required practice to facilitate contact in a safe and accessible way. Support can be provided to families at all stages of the process and appropriate advice and guidance provided, where necessary, when there are concerns in relation to deprivation.

Please discuss with the Service Lead / Director and complete below to indicate this person is in agreement with your findings.

Service Lead / Director Designation: Director of Nursing and Operations

Date: 11/10/22

Then forward this screening document and your policy document to the Person Centred Improvement Lead for approval.

Approved by Person Centred Improvement Lead **Date:** 18/10/22

Comments

No requirement for detailed EQIA.

Detailed EQIA required. Please contact Person Centred Improvement Lead for advice / support **Date:** / /

Following consultation, this EQIA should be attached to the policy document and included within the paperwork for consideration by the Policy Approval Group prior to implementation. If any changes to the EQIA are required as a result of feedback from the consultation, please contact the Person Centred Improvement Lead.

Please note, as policy and EQIA documents are within the public domain, via the Hospital's website (unless identified by the Policy Approval Group as sensitive information), content should not include the names of any stakeholders and/or include any information which would identify individuals.