

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: Volunteering Policy		
Directorate: Nursing and Operations		Date: 1/2/2023
Designation(s) of author(s): Person Centred Improvement Lead		
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"/>		
(*please advise what this policy is replacing)		
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)	
Provides a structure to support TSH to continue to develop and maintain a robust infrastructure for volunteering.	Supports a risk management approach, which facilitates volunteer involvement within the restrictions applied to the delivery of health care within a high secure setting	
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. Volunteers	Positive	Provides opportunities for learning, developing new skills and contributing meaningfully to society. Provides governance, supporting the safety and security of all volunteers.

	Negative	<p>Clear structure defining roles and responsibilities in terms of ensuring adequate support is in place. Demonstrates a fair and equitable approach to volunteer recruitment. Highlights clear process supporting volunteers to share their views, including making complaints.</p> <p>Restricts movement within the environment, for those without keys, impacts on freedom of access to WCs.</p> <p>Roles limited to those over the age of 18 and requires volunteers to be physically able to complete and undertake regular updates of Breakaway Training.</p> <p>All roles require full disclosure, which may exclude some volunteers.</p>
2. Patients	<p>Positive</p> <p>Negative</p>	<p>Provides opportunity to engage with people who do not form part of the regular staffing group and therefore facilitates input from people who are independent of the Hospital.</p> <p>Supports patients with no family contact to receive visits and attend social events with volunteers.</p> <p>Supports social inclusion, enhancing the recovery process.</p> <p>Through the 'volunteer passport' scheme, enables continuity of input for patients transferring to step-down services.</p> <p>Supports volunteers to influence and advocate on behalf of patients, engaging in consultations and contributing to service delivery.</p> <p>Helps to break down the stigma relating to patients in this setting and mental health in general.</p> <p>Harder to reach patients, restricted to the ward, are less able to benefit from activity based volunteer input, which is primarily based within the Skye Centre.</p>
3. Staff	Positive	<p>Makes explicit that the role of volunteers within TSH is complementary to the role of remunerated staff, not a substitution for any such roles.</p> <p>Provides support for consolidation of activity based learning, freeing up</p>

	Negative	<p>time for staff to undertake other tasks.</p> <p>Engages the staff group in the development of volunteer roles. Provides reassurance around training in place, which ensures volunteers are effectively prepared to provide input within this setting. Provides development opportunities for staff who may not otherwise be in this position, to train and supervise others involved in providing input to patient care. Providing input to volunteering supports the PDP process.</p> <p>Staff working with volunteers are required to assume responsibility for their safety and security and contribute to training and evaluation of input.</p>
4. Carers	Positive	<p>Supports patients to receive visits / attend social events, on behalf of family who live at a distance and are therefore infrequent visitors. Helps to break down the stigma relating to patients in this setting and mental health in general, reducing challenges for those supporting our patients.</p>
5. Third Sector partners	Positive	<p>Provides opportunities for networking and collaborative development of roles. Helps to break down the stigma relating to patients in this setting and mental health in general.</p>
6. The State Hospital's Board	Positive	<p>Fulfils the requirements of the Scottish Government National Volunteering Framework (2019). Endorses the commitment to a mutually beneficial relationship. Contributes to demonstrating meaningful stakeholder engagement informing service development. Recruitment to some volunteer roles e.g. fundraiser enables the organisation to access skills which benefit of the whole organisation.</p>
<p>4. Is a collaborative assessment with external partners required? *No</p> <p>*If not, please provide rationale Volunteering in a high secure environment is a specialist area which differs from other areas within the Forensic Network, resulting in very different impact.</p>		
<p>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</p>		

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	X		Volunteers are supported to contribute to society following retirement from full-time employment. Restricts volunteering to those aged 18 or over and may exclude older volunteers who are unable to complete Breakaway Training.
Disability	X	X		The organisation is committed to including disabled volunteers however due to the nature of the environment and patient group there may be occasions where we are unable to develop roles for volunteers with a disability which may impact on the organisation's ability to ensure their safety and security.
Gender			X	
Gender Reassignment			X	
Marriage and Civil Partnership			X	
Pregnancy and Maternity		X		Opportunities for pregnant volunteers to engage directly with patients are restricted due to the need to protect the mother and unborn child from potential exposure to physical harm.

Race/Ethnicity		X		The organisation is committed to including a diverse range of volunteers from all cultural backgrounds, who speak any language. However due to the nature of the environment and patient group there may be occasions where we are unable to develop roles for volunteers who are unable to speak English as this may impact on the organisation's ability to ensure their safety and security.
Religion and or Belief	X	X		Volunteers who have the skills, knowledge and experience to support needs relating to a wide range of patient faiths and beliefs are particularly welcomed. The organisation is committed to providing resources / facilities for volunteers to support this area of service delivery, and to engage in faith related practice during the course of their role. However, restrictions relating to access to some faith related items/dress are in place as part of a suite of measures to maintain the safety and security of everyone in the Hospital.
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.

Recruitment process mirrors that of TSH staff, ensuring an unbiased approach.

Robust referral process in place to ensure all patients afforded the opportunity to apply to receive volunteer visits.

Engagement with Third Sector colleagues through the National Volunteering Leads Group and Volunteer Scotland ensures the organisation remains open to considering collaborative partnerships with all sectors, as appropriate to the needs of this setting.

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.

Some volunteers may experience financial challenges in relation to paying for travel costs prior to being reimbursed. Volunteers are encouraged to share any concerns they may have in this respect and arrangements are in place to overcome such barriers.

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: 06/02/2023

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

Approved by Person Centred Improvement Lead

Date: 01/02/2023

Comments

No requirement for a detailed EQIA based on refresh to policy wording.

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 Policy Approval Group (PAG) 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 PAG as sensitive information), content should not include the names of any stakeholders and/or include any information, which would identify individuals.