

# Equality and Children's Rights Impact Assessment (Stage 1)

**This is a legal document as set out in the**

- **Equality Act (2010), the Equality Act 2010 (Specific Duties) (Scotland) regulations 2012,**
- **the UNCRC (Incorporation) (Scotland) Act 2024,**

**and may be used as evidence for cases referred for further investigation for compliance issues.**

**Completing this form helps you to decide whether or not to complete to a full (Stage 2) EQIA and/or Children's Rights and Wellbeing impact Assessment (CRWIA). Consideration of the impacts using evidence, and public/patient feedback may also be necessary.**

**Question 1: Title of Policy, Strategy, Redesign or Plan**

NHS Fife Wide Procedure for Supporting care provision for people with additional support needs in a Hospital Setting

**Question 2a: Lead Assessor's details**

|                   |                               |                |  |
|-------------------|-------------------------------|----------------|--|
| <b>Name</b>       | Tanya Lonergan                | <b>Tel. No</b> | 07766133926 or 01592 226871  |
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**Question 2b: Is there a specific group dedicated to this work? If yes, what is the title of this group?**

Standard Operating Procedure (SOP) Working group:  
 Olivia Robertson - Head of Nursing, Fife HSCP  
 Elaine Law - Adult Social Work Services East  
 Alan Adamson - Service Manager Quality Assurance  
 Rona Laskowski – Head of Complex and Critical Care Services

**Question 3: Detail the main aim(s) of the Policy, Strategy, Redesign or Plan. Please describe the specific objectives and desired outcomes for this work.**

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|------------|--|
| <b>Aim</b> | <p>This was a new Standard Operating Procedure (SOP) that was implemented on 1<sup>st</sup> September 2023 and approved by the NHS Fife Clinical Policy &amp; Procedure Group. An EQIA was not completed at the time and is being completed retrospectively.</p> <p>The SOP aims to ensure safe, effective, and person-centered care by internal and external care providers within a hospital setting. It is related to provisions for individuals within a community care setting who are admitted to an NHS facility or hospital for inpatient care and treatment. The aim is to ensure a seamless transition of care for individuals from the community to inpatient settings.</p> |
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**Question 4: Identifying the Impacts in brief**

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any. **Please do not leave any sections blank.**

| Relevant Protected Characteristics  | Impacts negative and positive<br>Social / Economic<br>Human Rights   |
|---|--|
| <p><b>Age -</b><br/><i>Think: adults, older age etc.</i></p> <p><i>For impacts on 0-18 year old, please refer to the below Question 5 - children's rights assessment (CRWIA).</i></p> | <p>Positive impact with supportive environments for all individuals with additional support needs, regardless of age.</p> <p>The SOP will ensure age appropriate provisions are made to support the needs of the individual, and to help the person to quickly become settled and orientated to the hospital staff and environment.</p>  |
| <p><b>Disability –</b><br/><i>Think: mental health, physical disability, learning disability, deaf, hard of hearing, sight loss etc.</i></p>  | <p>This SOP supports individuals with learning disabilities and/or mental health issues. It will have a positive impact on the enhanced support for those individuals with care providers sharing the hospital passport. In addition the SOP sign posts the Learning Disability Liaison service and available specialist support.</p> <p>This SOP will additionally support people who often have complex support needs and those with significant mental illness and physical additional support needs.</p> |

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| <p><b>Race and Ethnicity –</b><br/> <i>Note: Race = “a category of humankind that shares certain distinctive physical traits” e.g. Black, Asian, White, Arab</i></p> <p><i>Ethnicity = “large groups of people classed according to common racial, national, tribal, religious, linguistic or cultural origin/background”</i></p> <p><i>Think: White Gypsy Travellers, Black African, Asian Pakistani, White Romanian, Black Scottish, mixed or multiple ethnic groups.</i></p> | <p>Positive impact with supportive environments for all individuals with additional support needs, regardless of race and ethnicity.</p> |
| <p><b>Sex –</b><br/> <i>Think: male and/or female, intersex, Gender-Based Violence</i></p>  | <p>Positive impact with supportive environments for all individuals with additional support needs, regardless of sex.</p>                |
| <p><b>Sexual Orientation -</b><br/> <i>Think: lesbian, gay, bisexual, pansexual, asexual, etc.</i></p>  | <p>Positive impact with supportive environments for all individuals with additional support needs, regardless of sexual orientation.</p> |
| <p><b>Religion and Belief -</b><br/> <i>Note: Religion refers to any religion, including a lack of religion. Belief refers to any religious or philosophical belief including a lack of belief.</i></p> <p><i>Think: Christian, Muslim, Buddhist, Atheist, etc.</i></p>   | <p>Positive impact with supportive environments for all patients regardless of religion and beliefs.</p>                                 |
| <p><b>Gender Reassignment –</b><br/> <i>Note: transitioning pre and post transition regardless of Gender Recognition Certificate</i></p> <p><i>Think: transgender, gender fluid, nonbinary, etc.</i></p>  | <p>Positive impact with supportive environments to support all patients regardless of gender reassignment.</p>                           |
| <p><b>Pregnancy and Maternity –</b><br/> <i>Note: Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after birth.</i></p> <p><i>Think: workforce maternity leave, public breast feeding, etc.</i></p>   | <p>Positive impact with supportive environments to support all patients regardless of pregnancy and maternity.</p>                       |

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| <p><b>Marriage and Civil Partnership –</b><br/> <i>Note: Marriage is the union between a man and a woman or between a same-sex couple. Same-sex couples can also have their relationships legally recognised as a civil partnership.</i></p> <p><i>Think: workforce, inpatients visiting rights, etc.</i></p> | <p>Positive impact with supportive environments to support all patients regardless of marriage and civil partnership.</p> |
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### Question 5: Children’s Rights & Wellbeing Impact Assessment

From July 2024, the UNCRC is enforceable by law. This means public bodies must act compatibly with children’s rights. Please consider here any impacts of your proposal on children’s rights as per the [UNCRC](#) articles. The UNCRC applies to all under 18s, with no exceptions.

Even if your proposal does not directly impact children, there may be indirect impact, so please work through the below regardless.

| UNCRC Right  | Anticipated Impacts & Relevant Mitigations  |
|--|---|
| <p><b>Article 3 - Best Interests of the Child</b><br/> <i>Note: Consideration to how any proposal may impact children must be made. Decisions must be made whilst considering what is best for children.</i></p>   | <p>This SOP is in the best interest of the child. It would be supportive of them both directly and indirectly: where a child requires additional support within a hospital setting, or where a child’s relative or loved one is admitted to hospital. In both instances they will have a more positive experience</p> |
| <p><b>Article 6 &amp; 19- Life, Survival and Development &amp; Protection</b><br/> <i>Think: Children have the right to life. Governments should make sure that children develop and grow healthily and should protect them from things or people which could hurt them.</i></p> | <p>Positive impact – this SOP recognises the importance of continuity of care and support supporting any child to grow and develop healthily. This SOP provides protection from harm and ensures a patient centred transition from community to a hospital setting.</p>   |
| <p><b>Article 12 &amp; 13 – Respect for Children’s Views and Access to Information</b><br/> <i>Note: every child has the right to have a say in decisions that affect them this could include making a complaint and accessing information.</i></p>                              | <p>The SOP respects the views of children and their access to information. The SOP ensures the patient has support and is involved in decisions affecting them.</p>   |

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| <p><b>Article 22 &amp; 30 – Refugee &amp;/or Care Experienced Children</b><br/> <i>Note: If a child comes to live in the UK from another country as a refugee, they should have the same rights as children born in the UK. Some children may need additional considerations to make any proposal equitable for them (e.g. The Promise, Language interpretation or cultural differences).</i></p> | <p>The SOP applies equally and will not negatively impact on article 22 and 30.</p> |
| <p><b>Article 23 – Disabled Children</b><br/> <i>Note: Disabled children should be supported in being an active participant in their communities.</i><br/><br/> <i>Think: Can disabled children join in with activities without their disability stopping them from taking part?</i></p>  | <p>No impact on article 23.</p>   |
| <p><b>Article 24 &amp; 27 – Enjoyment of the Highest Attainable Standard of Health</b><br/> <i>Note: Children should have access to good quality health care and environments that enable them to stay healthy both physically and mentally.</i><br/><br/> <i>Think: Clean environments, nutritious foods, safe working environments.</i></p>   | <p>No impact on article 24 and 27.</p>  |
| <p><b>Other relevant UNCRC articles:</b><br/> <i>Note: Please list any other <a href="#">UNCRC</a> articles that are specifically relevant to your proposal.</i></p>  |   |

**Question 6: Please include in brief any evidence or relevant information, local or national that has influenced the decisions being made. This could include demographic profiles, audits, publications, and health needs assessments.**

Fife HSCP has made significant efforts to ensure it meets its obligations to support individuals with complex care needs while in hospital including developing the SOP. The SOP is aligned with the previous Cabinet Secretary for Health and Sport’s letter dated 17<sup>th</sup> November 2020, which mandates that all boards provide safe, effective, person-centred care for individuals admitted to the hospital.

<https://www.sdsscotland.org.uk/wp-content/uploads/2020/11/Letter-Cabinet-Secretary-Social-Care-in-Hospital-17-11-2020.pdf>

Further evidence includes the following clauses extracted from Fife Council Social Care Procurement Contract:

#### **14. Agreed continuation to provide support whilst in hospital**

- 14.1 Where a Supported Person with complex communication needs is admitted to hospital, it is the expectation of the H&SCP that the person will continue to be supported by the Provider where it may not be possible for hospital staff to fully understand their needs.
- 14.2 This will be advised at the commencement of the service and detailed in the person's support plan.
- 14.3 In the event that a Supported Person is temporarily absent from the service and where continued support and contact may be required as outlined in Clause 14.1, the H&SCP in, conjunction with the Service Provider, will review and agree the level and frequency of support and contact to be provided. Any subsequent change to agreed fees will be adjusted accordingly. For the avoidance of doubt, the service provider should not provide on-going support in these circumstances without prior discussion and agreement from the H&SCP. Where services are provided without agreement, the H&SCP will not be liable for any costs incurred.

#### **15 Temporary Absence**

- 15.1 In the event of planned or unplanned hospitalisation or other absence of the Supported Person, the Service Provider shall as soon as reasonably practicable (but in any event no later than the next working day after the commencement of such absence) formally inform the H&SCP.
- 15.2 In the event that the temporary absence exceeds an agreed period, which shall be 7 days if no other period is agreed, the Service Provider and the H&SCP may review the continued provision of the services to the Supported Person. Before any service is discontinued, the Service Provider must seek approval and confirmation to end the service provision. The H&SCP would continue to make payment for the agreed period.
- 15.3.1 In the event that the Supported Person is temporarily absent from the service and where continued support and contact may be required beyond the 7-day period, the H&SCP in-conjunction with the Service Provider will review the level of support, retention period and contact required. Payment will be made for all services under this contract for the at least a 7-day period. The arrangements will vary depending on the level of service being provided. The level of service and the subsequent level of weekly fee will be adjusted accordingly. For the avoidance of doubt, the service provider should not provide on-going services without approval from the H&SCP. Where services continue without approval, no payment will be made for this contact time.
- 15.3.2 Admission to a healthcare facility can be extremely stressful for a supported person with communication difficulties. If a Supported Person who has complex communication needs to be admitted to hospital, and their communication is so complex it is not reasonable that ward staff will be able to communicate the need for interventions, procedures, or treatments, and not doing so will cause significant distress, then Fife H&SCP have arrangements in place which enables the provider to remain with the service user whilst they are in hospital. Again, the arrangements will

vary depending on the level of service being provided. The level of service and the subsequent level of weekly fee will be adjusted accordingly. For the avoidance of doubt, the service provider should not provide on-going services without approval from the H&SCP. Where services continue without approval, no payment will be made for this contact time.

This arrangement would apply where the commissioned service provides 24/7 support, or access to support 24/7, which meets identified needs associated with complex communication (e.g., the person is nonverbal). This support may or may not be supported by technology enabled care and may or may not include some elements of shared support.

15.4.1 The aforementioned arrangements do not apply where there is no requirement for the provider to continuously support complex communication needs. For these services, such as a Housing Support Service, payment will be made for the initial 7 days. From the 8th day the payment will cease until the service re-starts or a decision is made to terminate the service. Where the Supported Person requires the service to restart the H&SCP would aim to reinstate the original service wherever possible with the previous Service Provider.

15.4.2 Where the service relates to full 24/7 support and/or access to 24/7 support through shared living services such as Core and Cluster arrangements. Payments shall be made as follows:

The H&SCP shall continue to make payment for the period of hospitalisation or 6 weeks, whichever is shorter.

The H&SCP in conjunction with the Service Provider may agree an extension to the 6-week period. This extension will not be effective without written authorisation of the Partnership. In any extended period, the H&SCP shall pay 80% of the rate until the Supported Person returns home or a decision is made to terminate the service. For the avoidance of doubt, the H&SCP shall pay 80% of the rate throughout the any period of notice required prior to termination. However, the H&SCP shall in no event be liable to pay (in whole or in part) for any periods where the placement of the Supported Person who is hospitalised or otherwise absent is occupied by another Supported Person.

Normal payment arrangements will resume when the Supported Person returns home.

15.4.3 If a supported person is temporary absent and the service that are absent from consisted of a shared overnight service, the overnight care should continue, and funded so that the Service Provider continues to support any individuals remaining in the service.

15.4.4 For the avoidance of doubt, the service provider should not provide on-going services without approval from the H&SCP. Where services continue without approval, no payment will be made for this contact time.

**Question 7: Have you consulted with staff, public, service users, children and young people and others to help assess for Impacts?**

**(Please tick)**

|     |          |     |                           |
|-----|----------|-----|---------------------------|
| Yes | Managers | Yes | Public, service users etc |
|-----|----------|-----|---------------------------|

If yes, **who** was involved and **how** were they involved?

If not, why did you not consult other staff, patients or service users? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

The SOP has been widely disseminated across our NHS Fife and HSCP staff to ensure that everyone involved is aware. As part of its development, key stakeholders were consulted, including all Heads of Nursing within NHS Fife Acute services and Fife HSCP. It was also shared widely with all Clinical Service Managers and Social Work Service Managers. The learning disabilities teams were also given an opportunity to contribute and review. The SOP was unanimously welcomed by all parties.

In addition, feedback from the lived experience community helped to inform the development of the SOP. Elaine Law, Service Manager, Olivia Robertson, Head of Nursing, and Rona Laskowski, Head of Service met with a service users' mother and PAMIS on 2 occasions. Olivia Robertson confirmed following the meetings she shared the SOP and it was welcomed as a support should the young person come back into hospital. In addition, there was an exchange of letter and email communications between June 2021 to present which has shaped the development of the revised SOP.

**Question 10: Which of the following 'Conclusion Options' applies to the results of this Stage 1 EQIA and why? Please detail how and in what way each of the following options applies to your Plan, Strategy, Project, Redesign etc.**

*Note: This question informs your decision whether a Stage 2 EQIA is necessary or not.*

| Conclusion Option  | Comments   |
|--|--|
| <p><b>1. No Further Action Required.</b><br/>Impacts may have been identified, but mitigations have been established therefore no requirement for Stage 2 EQIA or a full Children's Rights and Wellbeing Impact Assessment. (CRWIA)</p>    | <p>On the basis of this assessment, it is concluded no further action is required.</p> |
| <p><b>2. Requires Further Adjustments.</b><br/>Potential or actual impacts have been identified; further consideration into mitigations must be made therefore Stage 2 EQIA or full CRWIA required.</p>                                    |  |
| <p><b>3. Continue Without Adjustments</b><br/>Negative impacts identified but no feasible mitigations. Decision to continue with proposal without adjustments can be objectively justified. Stage 2 EQIA /full CRWIA) may be required.</p> |  |
| <p><b>4. Stop the Proposal</b><br/>Significant adverse impacts have been identified. Proposal must stop pending completion of a Stage 2 EQIA or full</p>   |  |



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| CRWIA to fully explore necessary adjustments. |  |
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**PLEASE NOTE: ALL LARGE SCALE DEVELOPMENTS, CHANGES, PLANS, POLICIES, BUILDINGS ETC MUST HAVE A STAGE 2 EQIA /full CRWIA)**


If you have identified that a full EQIA/CRWIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Stage 1 EQIA/CRWIA and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub-groups and identify lead people to take these as actions.

It is a requirement for Stage 2 EQIA's to involve public engagement and participation.

You should make contact with the Participation and Engagement team at [fife.participationandengagements@nhs.scot](mailto:fife.participationandengagements@nhs.scot) to request community and public representation, and then contact Health Improvement Scotland to discuss further support for participation and engagement.

| To be completed by Lead Assessor |   |
|----------------------------------|---|
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| Signature                        |  |
| Date                             | 18/10/24  |

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Return to Equality and Human Rights Team at [Fife.EqualityandHumanRights@nhs.scot](mailto:Fife.EqualityandHumanRights@nhs.scot)