STANDARD OPERATING PROCEDURE LEARNING DISABILITY SERVICE - CLINICAL AND WAITING PRIORITIES FOR FAMILY AND SYSTEMIC THERAPY

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

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1. INTRODUCTION

Humber Teaching NHS Foundation Trust provides Family Therapy as an integral part of care in a multidisciplinary, collaborative and holistic climate in Learning Disability services. Principles of Family and Systemic Therapy are embedded within Learning Disability teams, including Hull and East Riding CTLDs, Intensive Support team (IST) and inpatient services. The Family Therapy service is located within Psychological Therapies in the Trust, with the Lead Psychologist in Learning Disabilities services holding managerial responsibility.

A multi-disciplinary clinic based model, offering therapeutic sessions to families and carers in the Hull and East Riding areas forms the central basis of the Family Therapy service. This is supported more broadly with a systemic presence across teams in the service and the development of systemic knowledge, skills and experience across the Learning Disability service, promoting family inclusive and collaborative practice.

Family and Systemic Therapy is provided by practitioners with training or experience in Family Therapy, who are live supervised by a qualified Family Psychotherapist. Family Therapy teams are staffed by a range of professionals from across the Learning Disability service, with the agreement of managers, who each contribute to one half day clinic each week.

There are three Family Therapy clinics in Learning Disability services. Each Reflecting team clinic has the usual capacity to work with up to 10 families per month, based on two clinic slots per week in each clinic. Therefore, three Reflecting team clinics in Learning Disability services have capacity to offer Family Therapy in clinics to 30 families.

Family therapy seeks to create long term changes, which are based on identifying and mobilising the strengths and resources within families and support networks to enable new understandings and solutions to develop. As such, it is not used as an emergency treatment or crisis response. A leaflet is available to explain the service, see appendix.

Family Therapy clinics use a ‘reflecting team’ model. In this model, a family engages in a therapeutic conversation with a lead therapist, with a reflecting team of two to three others in an appreciative listening position in the same room, or virtual space. The family then have the opportunity to listen in to the reflections of the team, as they make connections and generate thoughts based on what they have heard from the team. The lead therapist and the family then return to their conversation to discuss any connections and resonances from the reflections they have heard. Each session comprises of five parts;

- Pre-session, in which the team prepare for the session, recall the previous session or share thoughts regarding the referral if it is a first session
- Session part 1, in which the lead therapist and the family engage in a conversation, with the reflecting team listening
- Session part 2, in which the reflecting team share their thoughts with each other while the family and lead therapist listen in
- Session part 3, in which the lead therapist and the family discuss the reflections and thoughts, connections and resonances from the family.
- Post- session, in which the team reflect on the session as well as any practice and development issues that may have emerged.

The reflecting team model offers a collaborative therapeutic intervention for families, and live supervision opportunities for team members. The lead Therapist with a family can be any member of the team, with the supervision of a qualified Systemic Psychotherapist.
The family therapy teams offer a wide service in different Trust buildings in Hull and the East Riding. During periods of Covid restrictions, the reflecting teams availed of the benefits of

virtual spaces (Microsoft teams), which has widened access to some families and enabled the service to continue and to grow. This has continued to offer flexibility as Covid measures have eased and continues to be a resource and an option for families, in response to families' preferences. In occasional circumstances, we can offer sessions in families' homes, and this is assessed as an option if access to a Trust building or online options are not possible.

There are no exclusion criteria for Family Therapy, providing clients meet the criteria for Learning Disability services. Family therapy can either be offered as a sole intervention, or form part of a range of interventions, depending on the needs of clients and families.
We are committed to providing high quality care delivered in a timely and responsive manner to our local communities. In doing so, we also make the most effective and efficient use of resource. In delivering the aspirations of 'right care, in the right place at the right time' we must do all we can to keep waiting times and the numbers waiting for Family Therapy to a minimum.

2. SCOPE

This Standard Operating Procedure (SOP) sets out how the Family Therapy teams will manage referral to treatment pathways. Application of the Trusts Waiting Lists and Waiting Times Policy principles will ensure that each client's journey is managed fairly and consistently in accordance with an agreed structured methodology. Treatment decisions are fair and transparent. This translates into the adoption of the following key principles:

- Clients will be seen in chronological order of referral in each CTLD area.
- Management of clients and families will be fair, consistent and transparent, and communication with them will be clear and informative.

There are a number of core principles upon which the Family Therapy teams base their approach to waiting list management. The right to start treatment may not be appropriate if:

- The client and family choose to wait longer when a therapy place becomes available (this may be because they wish to be seen in a different location to the one being offered), or some pre-therapy engagement work is needed prior to commencement.
- Delay in the start of treatment is in the best clinical interest of the client and/or family, for example if other treatment approaches are ongoing and there is a risk that commencement of family therapy in addition to these may overwhelm the family.

Hours of operation
Family Therapy Reflecting team clinics are organised as follows;

- Tuesday afternoon clinic, mainly serving East Riding CLTD area; 11.30am until 3pm, offering appointments at 12pm and 1.30pm, with flexible arrangements possible in collaboration with the reflecting team.
- Wednesday morning clinic, mainly serving Hull CTLD area; 9.30am until 1pm, offering appointments at 10am and 11.30am, with flexible arrangements possible in collaboration with the reflecting team.
- Thursday afternoon clinic; 1.30pm - 5pm, offering appointments at 2pm and 3.30pm, with flexible arrangements possible in collaboration with the reflecting team. This clinic has a mixture of Hull and East Riding families currently. This clinic is in development to create capacity for faster-access appointments for IST and inpatient families, and as such to run a separate waiting list, attending to IST and inpatient services.

Extra-clinic activity from the Family and Systemic therapy team includes offering a systemic focus on consultation, reflective practice, meetings, training/workshop activities, and group work activity to include Multi-Family Therapy groups, which bring a number of families together to share experiences of transition and the meaning of childhood and adulthood during life cycle change in the context of learning disabilities. The Multi-Family Therapy group is currently a Quality Improvement project with Clinical Network oversight and a separate SOP will be developed if this service continues after evaluation.

As the Reflecting team works closely together to offer therapeutic space to families, it is necessary for the team to be consistent, for team members to commit to attend with weekly regularity, and for each reflecting team to hold a case load of approximately 8-10 families, with appointments being offered at a usual frequency of 4-6 weeks.

Geographical area

The Service is based at Townend Court in Hull, and Alfred Bean Hospital in Driffield. It is available to families of adults with learning disabilities within the Humber NHS Foundation Trust region. Families are offered either clinic-based sessions, virtual sessions, or alternatively home-based sessions, if required.

Service Configuration

The team is comprised of multi-disciplinary professionals with varying levels of Systemic Family Therapy training and/or experience. Trainee Clinical Psychologists, Nurses, Occupational Therapists and Speech and Language Therapists often attend to learn and contribute.

The team is led by the Lead Systemic Therapist, a qualified Family Therapist and Supervisor. There is recognition that teams change and evolve and new membership adds new ideas and experiences to the mix. Change in team membership is considered and managed carefully in the context of a stable core team, offering continuity and consistency. The emphasis upon all views being valuable means that new reflecting team members are invited in for two purposes – (1) to learn and share in learning and (2) to bear witness to the experience of families through their own unique lenses.

Systemic Family Therapists have Foundation, Intermediate and Masters/MSc (Qualifying) level training and have developed skill in Approach, Method and Technique. They offer live supervision to team members who are undertaking Foundation and Intermediate level training, which is provided as in-house training within the Trust.

Contact details

Nuala Cullen	Admin team
Lead Systemic Therapist	Townend Court
Townend Court	298 Cottingham Road
298 Cottingham Road	Hull
Hull	HU6 8QR
HU6 8QR	

(01482) 336740

3. DUTIES AND RESPONSIBILITIES

Division General Manager
Responsible for the creation, support and implementation of this Standard Operating Procedures based on the agreed service specification.

Service Manager, Team Leads, including Lead Systemic Therapist
Responsible for the implementation of policy and procedures and training for relevant staff groups in their areas of responsibility.

Where it is agreed that a staff member becomes a member of a reflecting team, they are given support to offer the time requirement and commitment to the Family Therapy service. In turn, they develop in skill and experience with systemic supervision to enable them to offer a systemic lens in their usual work and team.

The Lead Family Therapist is responsible for the supervision of the Reflecting teams and has responsibility for the overall running of each session and the distribution of tasks amongst team members. They are responsible for ensuring that people work within the confines of their capabilities and in line with the AFT (Association for Family Therapy) code of ethics and practice.

Lead Therapists (qualified and unqualified)
The lead therapist is often the qualified Systemic Family Therapist. However, it may also be an individual who has been a regular team member for some time and usually has at least Foundation level training. It is an expectation of the Intermediate Level Training Course that students should take on the therapist role with supervision.

The lead therapist has responsibility for ensuring that families are informed of appointments (often via the Administrator) and that notes are written (contemporaneously by colleagues wherever possible). The lead therapist is responsible for ensuring that the contact is recorded electronically on the Trust electronic record system (currently Lorenzo).

Reflecting team members
All team members have a responsibility to ensure that the clinic works well. The consistency and regularity of the reflecting team is a significant feature of the therapeutic space. Reflecting team members are consistent and regular in their commitment to the Family Therapy clinic. Every team member has to commit to its processes and procedures in order for it to continue to run on a weekly basis. This means that team members (including students), should not come intermittently without the consent of the wider team. They should make a commitment to weekly attendance and to ensuring that, wherever possible, they see the same families for the duration of the placement. They have a responsibility to work within their own capabilities and to read and learn between sessions in order to gain a stronger understanding of the position and techniques employed. They have a responsibility to contribute to note writing. Team members are expected to contribute to learning sessions (e.g. when no families are booked in or when families do not attend).

New members are expected to fill in an induction pack or attend facilitated peer meetings to connect theory to practice. Permanent members of the team are encouraged to enrol in the Foundation Level (Post Graduate Certificate) Training which is offered on a fee free basis within the Trust.

It is the responsibility of team members to inform the Lead Systemic Therapist of any absence or leave. Occasionally (e.g. due to life events or illness), leave may be taken suddenly. If this is the case, the team should evaluate the viability of still meeting the families booked in on a case by case basis, in the event that the absent person is their lead Therapist. Due to the

nature of the relationship often formed between families and the team, some families may be happy to meet without their lead Therapist to maintain some contact with the team in his/her/their absence. Wherever possible, families should be informed of absence and offered a choice of who they see. All team members are responsible for sharing tasks around the maintenance of relationships with families in the event of staff absence.

Administrator
The administrator is responsible for contacting all families as indicated by the team, prior to their next appointment. This may be by letter and / or telephone call. For virtual sessions, or where families prefer email contact, invitations come directly by email from the lead therapist. It is recognised that within the Community Team Learning Disabilities, reasonable adjustments need to be made to the way in which contact is made and in relation to how and where families are seen. The administrator is responsible for communicating with the team about any difficulties families may report in attending sessions.

The team Outlook email address and calendar is familytherapyld@nhs.net . All clinical appointments are noted in the Outlook calendar and access to the email address and calendar is available to all reflecting team members and an administrators email account; named administrator, currently Emma Colley.

Information and Performance Management Teams
Provide appropriate performance reports, technical advice, systems support and tools to ensure the family therapy teams are able to manage referral to treatment pathways in an effective and efficient manner.

Employees
All employees will comply with this Standard Operating Procedure.

4. PROCEDURES

Gail Bradbury (2018) Family Therapy and Interventions lead, Humber NHS Foundation Trust, states that family interventions (which may include clinic based Systemic Family Therapy) can help to:

- Prevent relapse or reduce relapse rates and the need for hospital admissions.
- Reduce the severity of symptoms and levels of distress.
- Help families cope with their relatives' problems more effectively.
- Provide support and education for the family.
- Improve the ways in which the family communicates and negotiates problems.
- Improve social functioning.
- Ease workload pressures for clinicians and create cost savings through improved recovery and discharge from services, more effective crisis and risk management, reduced need for hospitalisation.
- Reduce contacts by the care co-ordinator during treatment.

Within the Adult Learning Disability Team, it is recognised that often referrals to the Systemic Family Therapy Team occur at points of family life cycle transition, when families are negotiating complex changes in roles, identity and support. At such times, it is much more likely that distress can occur somewhere within the family system. It is the role of the team to support families to make sense of and develop new ways of thinking and relating to the problem, to enable the family to navigate transitions and changes and feel more confident to manage change going forward.

4.1. Referrals

All referrals are subject to the broader procedural processes of Learning Disabilities services. They are submitted to the Referral Allocation Meeting and later distributed within the Multi-Disciplinary Team Meeting. They are entered onto the electronic system by the administrator and a waiting list is formed electronically on the Clinical System, currently Lorenzo.

Internal referrals to the Family Therapy team are overseen by the Lead Systemic Therapist. In the first instance, the referrer is invited to a discussion with the team to share reflections. Where appropriate, the referrer or a member of the Family Therapy team, asks the family to complete a 'Worries Questionnaire' (Rober), see Appendix, as part of the referral process. This begins a process of thinking with the family about their worries, eg, who each family member thinks is most worried, and about what, and can be a helpful starting point for the initial session.

Where there is capacity to offer therapy, the Family Therapy team asks the administrative staff to send an appointment letter. Otherwise, a waiting list letter is sent.

4.2. Waiting Lists

Waiting lists are regularly reviewed by the Lead Systemic Therapist and discussed with reflecting team members.

4.3. Pauses, Endings and Discharges

In line with the collaborative approach of Family and Systemic Therapy, the therapeutic relationship is the context in which decisions are discussed about how the therapy evolves, and this includes discussions about therapy being paused or coming to an end. Just as the therapeutic relationship is a significant aspect of engagement in therapy, its significance also applies to attending to endings or pauses. This is managed carefully in response to each family and considers the experience of being in therapy and the impact of the ending, with consideration on a case by case basis of the circumstances for ongoing support in family, community and service contexts.

4.4. MDT Representation

Where possible, there is a systemic presence at MDT discussions and reviews for families who are accessing a Family Therapy Reflecting team. The Lead therapist for the family endeavours to attend such meetings, and should discuss any challenges to this with the Lead Systemic therapist. Connections with the professional networks involved with the families is made in any case in line with systemic practice and a relational approach.

4.5. Supervision

Systemic Family Therapy Supervision is live – in that feedback is provided within the team context in respect of how a family is being worked with. Supervisors have a responsibility to encourage relational reflexivity amongst team members. Occasionally, it may be appropriate for the whole team to receive supervision of the supervision by a qualified Systemic Family Therapist from another service. This may be particularly useful at points of team reconfiguration or at points of difference within the team.

Concerns about supervisors or supervisees should be discussed directly in a one to one situation in the first instance. If a point of difference cannot be resolved in this context and if it is not considered appropriate within the wider team context to discuss, it should be taken to the Lead Psychologist who has Operational Responsibility for the Family Therapy service. Any practice related concerns that have broader professional implications, would need to be shared with the Professional Lead for the individuals concerned.
The Lead Systemic Therapist receives managerial supervision from the Lead Psychologist, and Clinical Supervision from a qualified Systemic Supervisor with Learning Disabilities experience.

4.6. Trainees

Ideally, interested trainees should attend weekly for the duration of their placement. Trainees who regularly attend are expected to fill out an Induction Pack or peer theory-practice discussions and to proactively contribute to team discussion, using the themes of what is emerging in their learning.

4.7. Recording Keeping

Records are entered onto the electronic notes system (currently Lorenzo) within 24 hours of the session. Those who have agreed to write notes, have the responsibility of ensuring that they are completed in a timely manner. Occasionally (e.g. if in a family home), it is difficult to write notes at the time of the session. They should be written as soon as possible afterwards. In virtual sessions, notes may be written contemporaneously or retrospectively, depending on the circumstances of the session. The purpose of notes is to keep a record of how a family describe and understand their experiences. Team members are encouraged to write accurately and in a way that they would be confident would be consistent with the family's expectations of them. The Lead Therapist is responsible for adding the clinical contact onto the electronic system.

4.8. Cancellations

All attempts are made to ensure that cancelled appointments are kept to a minimum, however sometimes they are unavoidable. If the allocated therapist for a family is unexpectedly unavailable for a planned therapy appointment, families will be offered the chance to continue with the appointment with a different therapist in the team or to reschedule. Where cancellation is unavoidable the service user is contacted at the earliest opportunity by a member of the Family Therapy team and reasons for the cancellation will be provided and a new appointment arranged.

4.9. Did Not Attend (DNA) / Was Not Brought (WNB) Appointments

The vast majority of families arrive on time for their appointments; however missed appointments can cause delays for other families and waste precious NHS resources. We acknowledge that people have busy and challenging lives and so appointments can be missed through no fault of the family or because their circumstances have changed. It is the aim of Humber Teaching NHS Foundation Trust to maximise attendance at appointments and in doing so make the most effective use of the clinical interventions we provide across all our services.

We seek to make family therapy accessible and responsive to need and proactively engage with our service users and families to try and ensure that anyone wishing to access our service can do so easily and in a timely manner. We utilise approaches specific to the services and populations accessing them to minimise missed appointments.

The model of treatment offered in family therapy does not hold with the idea that clients/families are not motivated to change as a reason for non-attendance. Within this approach the responsibility for exploring reasons for engagement problems, and adapting therapy to maximise potential for engagement, lies with the clinicians.

In addition the following will apply:

- Where there is an existing supportive professional relationship, it is helpful for that professional to be present at initial family therapy appointments. This provides a supportive link into the therapy for the client and their family, reducing the possibility of unplanned non-attendance. In the event of the client and family not attending this initial appointment, discussion will take place about the possible reasons for this, and a plan formulated.

- Although each family therapy clinic time is limited to one half day a week, there is some flexibility in appointment times within this, and preferences will be accommodated wherever possible.
- Where an individual does not attend for two consecutive appointments and has failed to make contact to let the service know, the team will review the possible reasons for this in discussion with the referrer or others involved in their care and make a decision about how to proceed. It may be that re-engagement work is needed either by the Family Therapy team (for example in the form of a therapeutic letter or telephone conversation) or by the referrer. If the client and family are unlikely to re-engage, the decision may be made to discharge from family therapy.
- Where the family is willing to attend therapy but the identified client does not wish to engage or the client wishes to attend but their family do not engage, therapy usually continues, with ongoing efforts to include other family members. This approach is particularly helpful in minimising missed appointments.
- DNA/WNB rates will be monitored by the Lead Systemic Therapist and will be reviewed for themes and trends within family therapy team clinics.

4.10. Management Risk and Escalation

Discussions about risk with the client and their family is a standard part of therapy sessions to facilitate a collaborative, therapeutic response which draws on the knowledge and expertise of the family as well as professional helpers. Any new, changing or escalating risks identified will be communicated to the care professionals involved, by the Family Therapy team. Where other professionals are not involved, an internal referral will be made to the appropriate team.

4.11. Training and CPD

Team members are at different levels of training and experience. There is an emphasis upon transparency with families – with team members being expected to inform families of their relationship to the team and to learning about Systemic ways of working. Regular team members are encouraged to enrol on the Trust's Foundation Family Therapy programme and to progress to Intermediate Level if possible. All members of the team are encourage to join the Association of Family Therapy and to regularly read, share knowledge and attend CPD events. Supervisors are expected to engage in peer supervision relationships with qualified members of staff from different clinical groups.

4.12. AFT / HCPC Codes of Ethics and Professional Conduct

All members of the team are expected to abide by the AFT Code of Conduct and Practice in addition to maintaining professional standards in keeping with their own professional registration. The Lead Systemic Therapist is registered with the UKCP, with expectations to fulfil in terms of supervision and CPD.

Complaints about the service should be managed in accordance with the standard Trust Complaints Policy, with reference to the AFT Code of Conduct and Practice and the HCPC and NMCs Codes of Ethics as appropriate.

4.13. Audit

The Humber NHS Foundation Trust's Audit department has ratified the procedures for undertaking a qualitative audit of the Systemic Family Therapy Team within the Learning Disability Service. The purpose of this is two-fold. It is to receive feedback to help shape how the team works with families. It is also to help create a thorough catalogue of 'stories' as told to non-invested students of how they experienced therapy in order to better inform future families and referrers. The team are committed to continue to engage students in recommencing this project with an emphasis upon transparency and enabling families to talk about therapy in an open and honest way.

5. REFERENCES

AFT (2020) Code of Ethics and Practice [Policy, Standards and Guidance Documents - Association for Family Therapy (aft.org.uk)]

Rober, P (2017) *In Therapy Together; Family Therapy as a Dialogue* London: Red Globe Press

6. ACKNOWLEDGEMENTS

Thanks and acknowledgements to Gail Bradbury and Chrissie Blackburn, for offering their Standard Operations Procedures, which have been used as a template and as guidance for the production of this document.

Appendix 1 – The Worries Questionnaire

The Worries Questionnaire

(WQ - Rober & Van Tricht, 2015)

Name: ……………………………….

Date: ………………………………....

A family therapist is someone who talks with families, when someone in the family is worried about something. Before therapy starts we want to ask the following questions.

Who in your family is the most worried at the moment?

- ◻ me
- ◻ someone else …………………………………………………………

How worried is that (most worried) person at this moment on a scale from 0 to 10 (when "0" means "not worried at all" and "10" means "extremely worried")?

0	1	2	3	4	5	6	7	8	9	10

Can you describe in a few sentences what the most worried person is concerned about?

Can you describe in a few sentences why the most worried person thinks therapy can be useful or not useful at this moment?

If you are not the most worried family member, how worried are you at this moment on a scale from 0 to 10 (when "0" means "not worried at all" and "10" means "extremely worried")?

0	1	2	3	4	5	6	7	8	9	10

If you are not the most worried family member, can you describe in a few sentences what you are concerned about?

If you are not the most worried family member, can you describe in a few sentences why you think therapy can be useful at this moment; or why you think it might not be useful?

Appendix 2 – Family Therapy Leaflet Template

You can talk to the PALS team about the service

PALS:

01482 303966

HNF-TR.pals@nhs.net

Complaints on:

01482 303930

HNF-TR.complaints@nhs.net

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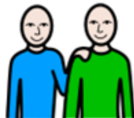
Community Family Therapy



What do we do?

We work with adults with learning disabilities, their families and friends.

There is a Therapist

There is a Reflecting Team

This means we can offer more ideas and ways of thinking about a situation

What to expect...

- We **will** support you and your family
- We **will** help you and your family to make decisions
- Everyone **will** get a chance to speak
- We **will** ask before telling anyone else what we talk about in Family Therapy

- We **will not** tell you what to do
- We **will not** make decisions for you
- We **will not** make you do anything

Your first session

We hear what the difficulties are

We think if this approach can be helpful

We can plan more sessions

Sessions usually last one hour

Contact the Team...

CTLD	CTLD
Townend Court	Alfred Bean Hospital
Cottingham Road	Bridlington Road
Hull	Driffield
HU6 8QG	YO25 5JR
01482 336752	01377 208800

How we help...

We help families with lots of different problems.

When families are having arguments

When people are feeling sad

When people are feeling anxious

When people are feeling angry

Loss and bereavement

Growing up

Family changes

Who comes to Family Therapy

You can invite anyone you want to be with you:

Members of your family

Your carers

Your friends

Staff who support you

- ⇒ You can come to see us at **Townend Court in Hull**
- ⇒ We can come to **your home**
- ⇒ We can see you at a **health centre** near you

Family Therapy Team

The team is made up of:

- Clinical Psychologists
- Nurses
- Occupational Therapists
- Assistant Psychologists
- And Laura our Admin assistant

Appendix 3 – Equality Impact Assessment

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. **Document or Process or Service Name:** Learning Disability Service - Clinical And Waiting Priorities For Family And Systemic Therapy
2. **EIA Reviewer (name, job title, base and contact details):** Nuala Cullen, Lead Systemic Therapist, Learning Disabilities service, Townend Court; Nuala.cullen@nhs.net
3. **Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other?** SOP

Main Aims of the Document, Process or Service The service aims to provide inclusive and collaborative systemic interventions across the Adult Learning Disability service, and the document aims to describe the service in detail.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	The Family Therapy service works collaboratively and therefore adapts to the needs of each family we work with, designing the intervention accordingly.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory Physical Learning Mental health (including cancer, HIV, multiple sclerosis)	Low	The Family Therapy service works collaboratively and therefore adapts to the needs of each family we work with, designing the intervention accordingly. Process adapted to support inclusion
Sex	Men/Male Women/Female	Low	Process attends to the needs of each person collaboratively including needs in relation to gender
Marriage/Civil Partnership			
Pregnancy/ Maternity			

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Race	Colour Nationality Ethnic/national origins	Low	Process attends to the needs of each person collaboratively including needs in relation to race
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	Process attends to the needs of each person collaboratively including needs in relation to religion and belief
Sexual Orientation	Lesbian Gay men Bisexual	Low	Process attends to the needs of each person collaboratively including needs in relation to sexual orientation and identity
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	Process attends to the needs of each person collaboratively including needs in relation to gender identity

Summary

Please describe the main points/actions arising from your assessment that supports your decision.

The operational procedure described above can be adapted if required whilst remaining within clinical guidelines, assessments and care plans. Reasonable adjustments are embedded when required.

EIA Reviewer: Nuala Cullen

Date completed: 28/6/2024	Signature: