

**NHS Education for Scotland
Equality Impact Assessment Rep Women and Children's Programme**

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1. Define the function¹

The purpose and function of the NMAHP Woman and Children Programme is the development and delivery of effective and efficient education solutions to support current policy and legislation and ensure a Midwifery, Children and Young People(CYP), Neonatal nursing and AHP work force equipped to deliver safe effective and efficient healthcare outcomes for in Scotland. This includes being responsive to Scottish health policy agenda and the needs of service redesign.

The Programme consists of a number of separate, though linked projects :

- Scottish Multidisciplinary Development Maters Programme
- Midwifery
- Early Years
- Children's Nursing
- Allied Health Professions(Children's Services)
- Family Nurse Partnership
- Public Health
- Maternity Care

Implicit in this is the aim to improve the health of the people of Scotland by providing appropriate education so that the right person, right place at the right time principles can be applied, through the provision of educational resources, educational and training opportunities and educational infrastructure

The function benefits of woman and children is support and development of a skilled workforce to meet the needs of Women, Neonates, CYP, their families and carers . Higher Education Institutions also benefit in receiving funding and support for the development and delivery of quality education to meet work force needs.

The intended outcomes form the function are the delivery of safe effective and quality services delivered in the right place and at the right time . The wider workforce will also benefit from up skilling and learning from a skilled

^{1 1} In this document, 'function' is used broadly to cover all the areas of work for which impact assessment is required, as defined in the Regulations. This includes policy, programme, project, service and function, among others.

and effective work force e.g. adult services receiving CYP.

NES' role is the scoping of education and learning to meet the needs of this population through the development of education which ensures safe effective and efficient service delivery from a skilled and knowledgeable work force. This is achieved through the identification of learning needs across the workforce in collaboration with our partners, stakeholders and involving women and Children and Young People.

NMAHP Women and Children's Programme is committed to effective integrated working in Collaboration with partners in Scottish Government , Scottish Social Services Council (SSSC) and education in line with current policy and legislation. NES works in partnership with Further and Higher Education Institutions to ensure development and delivery of effective and efficient quality accredited education. The Programme is committed to effective participation and ensuring that women and CYP, and where appropriate their families and carers, are involved in the scoping and development of educational resources. In addition, the Programme is keen to ensure the involvement of voluntary organisations in the future design and delivery of education to meet the learning needs of the population.

2. Evidence used to inform assessment

- ISD workforce statistics on Midwives, Nurses and Allied Health Professionals by age and gender
- ISD workforce data on total NHS Scotland workforce by ethnicity, gender and age.
- Refreshed Framework for Maternity Care in Scotland, Learning Needs Analysis
- The Triennial Enquiries into Maternal Deaths ('Saving Mothers Lives, CMACE/CEMACH, 2010) which identified the higher levels of maternal morbidity and mortality among women from black and minority ethnic backgrounds and with English as a second language.
- Research evidence about the experience of women and families with protected characteristics in accessing maternity and reproductive health services, including the experiences of women from black and minority ethnic backgrounds, women for whom English is not their first language, teenage parents, women with disabilities and lesbian parents,
- 'Antenatal Evidence into action', Healthcare Improvement Scotland, 2010
- Analysis of Scottish population by ethnicity, gender, age and faith/religion (2001 population census)
- Data held by Higher Education Institutions regarding ethnicity, disability , gender, age and adaptation of the Nursing, Midwifery and AHP student populations pre and post registration
- Commissioned evaluations of current work-streams (HCSW, Advanced Practice Education) including impact assessment

- Consultations on different projects/programmes of work e.g inviting input from learners to support future curriculum content (HCSW)
- Reports from providers in respect to data reporting and analysis related to protected characteristics (See attached report from University of Stirling 2012)

3. Results from analysis of evidence and engagement

Assessment of Impact

Using the evidence, assess the likely impact on different groups and identify opportunities to promote equality and diversity. Consider impacts on groups affected directly (e.g., trainees, staff, tutors) and groups affected indirectly (e.g., patients).

Race (including colour, nationality, ethnic or national origin).

What does the evidence tell us about different needs, experiences or outcomes for particular communities?

Workforce:

- In Scotland predominantly white staff in nursing and Allied Health Professions
- Cultural differences can affect learning :Language / Communication
Images –. The use of inclusive terminology is important as are examples which reflect the experiences of people from a range of cultural, religious and ethnic backgrounds. The Open University provides good guidance on this which we can use when developing programmes
- Accessible NES has useful information for ensuring that education is accessible and appropriate to widest range of participants

In what areas might there be an impact (e.g., health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

- Most programmes prepared with English language instruction(this will align with wider NES project)
- Cut down on jargon used, but use plain English at an appropriate level
- “Restate and Rephrase” approach– this can help with language and dyslexia difficulties
- Ensure a diversity of practitioners and patients in images.
- HEIs and suppliers developing resources require to ensure that E and D issues are identified and addressed within the content of the resources produced and the education delivered

How can the function promote equality of opportunity, diversity or good race relations?

- Learning materials and training initiatives will include a specific focus on developing Child Health nursing, Midwifery, Maternity Care and Early Years and AHP health staff knowledge, values and skills in relation to respecting diversity and promoting equality
- Improved outcomes for carers and their families
- Increased uptake of maternity services, particularly by those women and their babies at higher risk of poorer health outcomes
- Increase in integrated workforce planning & development – advanced practice and HCSW
- Promotion of financial inclusion support : Healthier Wealthier Scotland Resource (MKN)

Disability

What does the evidence tell us about different needs, experiences or outcomes for people with particular disabilities?

This may be different for different impairment groups.

Workforce:

- Likelihood of significant rate of dyslexia , which may or may not be declared by learners
- Mental health issues
- Sensory issues impairments at a low level, but at an unknown rate is an issue to deal with, but may not be a 'disability' level
- Long term illness, most common being
 - Diabetes – ensure regular breaks with suitable food available
 - Arthritis – more common in women, avoid sitting for too long
 - Multiple Sclerosis
- Bear in mind font/ print size in materials (suggested 11/12 print size) and good spacing important- Open University/ NMC /NES guidance on this. Scottish Accessible Information Forum (www.saifscotland.org.uk) also had guidance
- Colour blindness (generally men) beware of background colours and that red can be difficult to see
- Web access – get website tested by a diverse group of people to ensure accessible including young person
- Guidance on teaching methods can be obtained from Open University, NMC guidance, Scottish Accessible Information Forum and Dyslexia Scotland

Service:

The health needs of people with a learning disability are greater and more complex than the general population. They often experience poverty and unemployment, poor housing and lack of information.

Women who have a previous or current mental health problem need increased medical and social support and vigilance

Key issues for disabled people –

- stigma empowerment & control
- communication
- access to services
- adaptation of services

In what areas might there be an impact (e.g., health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

- Potential issues relating to physical and sensory support.
- Potential barriers associated with delivery of educational programmes (e.g. accessibility of teaching rooms).

Is the impact negative or positive for people from that group?

Positive impact

What is the risk of discrimination?

Low

How can the function promote equality of opportunity, diversity or the participation of disabled people in public life?

All education resources will include respecting diversity and promoting equality

- Improved effective and efficient delivery of services through quality education resources and programme delivery
- Increase in integrated workforce planning & development – nursing and ahps in CYP services
- Promotion of financial inclusion support

Gender

What does the evidence tell us about different needs, experiences or outcomes for men or women, or for transgender people?

Workforce:

- Predominantly female
 - Maternity Leave
 - Part-time
- Modes of delivery of courses and events
- Access to training and events – may be limited due to time/ workload/ childcare and caring responsibilities
- Breast-feeding – allowing access, environment, and time.
- Implications in respect to the gender of the care provider and intimate care e.g catheterisation of females from ethnic backgrounds may only be acceptable by a female worker.

Service:

- Gender based violence (including harmful traditional/cultural practices)
- Sexual reproductive health - must be inclusive to both sexes
- Parenthood Education – be aware of same sex partners
- Gender stereotyping of parenthood – must include men and male references in publications/literature/materials etc
- Be aware of issues around mixed groups that may be detrimental compared to single sex groups

In what areas might there be an impact (e.g., health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

- Range of training & development formats considered

Is the impact negative or positive for people from that group?

Positive

What is the risk of discrimination?

Low

How can the function promote equality of opportunity, diversity or good relations?

Sexual orientation

What does the evidence tell us about different needs, experiences or outcomes for gay, lesbian, bisexual and transgender people?

Workforce:

- Inclusive language – e.g. include examples of same sex couples in literature.
- Communication – use of appropriate language and terminology.
- Beware of jargon and medicalisation.
- Take the lead from the community in relation to terms to use

Service:

- Stonewall – Lesbian Health Survey focuses on areas such as access to service and IVF.
- Stereotyping and inclusive positive environment
- Issues regarding next of kin. Parenting Rights and Responsibilities
- The Equality Network works for lesbian, gay, bisexual and transgender (LGBT) equality and human rights in Scotland and has a good E-newsletter

In what areas might there be an impact (e.g., health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

- Potential direct or indirect discrimination during service delivery. For example, potential for services not to be designed inclusively for LGBT Young people. Potential impact on the health and well being of young people as result of their identity and how this is reflected in service delivery and inclusivity.

Is the impact negative or positive for people from that group?

Positive

What is the risk of discrimination?

Low

How can the function promote equality of opportunity and diversity?

- Increased awareness of staff to avoid assumptions regarding family structures for both colleagues and service users.

Religion or belief

What does the evidence tell us about different needs, experiences or outcomes for people from different religions or belief groups? Which groups are affected?

Workforce:

- This overlaps with Race/ ethnicity
- Bias/Objections may exist – e.g. Jehovah Witness blood transfusion and abortion,.
- Timing of events – take into account different religious holidays/calendars.

Service:

- Ethics and Practice e.g. different religious groups may have different views on when life begins
- Dress code
- Privacy and Gender mix

In what areas might there be an impact (e.g., health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

- Potential issues relating to language support, although many of those in the target population are professional registrants and have satisfied minimum English language requirements.
- Potential barriers associated with culture and faith/religion in relation to delivery of educational programmes (e.g. teaching on religious holidays and access to prayer facilities).
- Consideration of the possible impact of CYP religious beliefs and family religious beliefs on service access and bereavement.

Is the impact negative or positive for people from that group?

Positive

What is the risk of discrimination?

Low

How can the function promote equality of opportunity and diversity?

Age

What does the evidence tell us about different needs, experiences or outcomes for people of different ages, particularly older people or younger people?

Workforce:

- Substantial portion of workforce are over 45 years old
- Age can be seen as an asset (NES has done some work to show that “age” can be an asset and that tailored education works best for an older workforce).
- Likelihood of increased sensory impairments - hearing and visual difficulties common. Need to be aware of print/design considerations. Web design considerations, e.g. have subtitles for hearing impaired.
- Older workforce may be less confident of using IT : this has been identified in HCSW education evaluation as barrier
- Significant percentage of work force may be part-time workers.
- On maternity leave

In what areas might there be an impact (e.g., health, lifestyle, work life, employment progression, recruitment to posts, physical conditions, access to information, experience of services, learning outcomes, etc)?

No areas of impact identified

Is the impact negative or positive for people from that group?

Positive

What is the risk of discrimination?

Low

How can the function promote equality of opportunity and diversity?

Range of educational resources to suit all age ranges. Consultation with workforce.

Other groups

Are there other groups that may be at risk of being adversely impacted by the function (e.g., people in rural communities, carers, people living in deprived areas, staff with low levels of literacy or for whom English is not a first language, etc)? If so, consider impact for these groups using the same method.

- ***Remote & rural – use of video conferencing facilities where appropriate. E learning and blended learning***
- ***Close collaboration with NHS Health Scotland on sensitive translation of literature***
- ***Working with voluntary organisations and networks e.g. Children with Exceptional Healthcare Needs(CEN) CEN***

4. a) Actions taken or planned in response to issues identified in the analysis : Children and Young People

Issue identified	Action to be taken in response to issue	Responsibility	Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action)	Resources required	What is the expected outcome?
Need for preparatory pre course education to familiarise participants with e learning and IT based distance learning	Successful provider to develop preparatory pre course learning for participants entering HCSE Early Years Education	Successful tenderer for Review and revision of HCSW Education Mary Boyle	Complete	Included in agreed funding	That pre course education will be provided for all participants wishing to familiarise themselves with e learning and IT based distance learning
Future new work streams or review/revision of current work streams will include a requirement collect and report on data related to the	Future tenders will have as requirement detail of how and what equality and diversity data will be collected post delivery of education	Successful Tenderer(s) Mary Boyle	Ongoing Pre course education in place	Included as prerequisite for successful tender	That all developments will include reporting and analysis of data in relation to the protected characteristics.

protected characteristics.					
All projects will have as a requirement the inclusion of women, children young people and practitioners to support design and evaluation of education from project	Reports from young people and participants will be incorporated as a critical part of external evaluations of the function	Successful Tenderers Educational Project Managers Mary Boyle	Ongoing	Included as pre requisite in developing of Project Implementation Documents , Project Scoping and Tendering	That all developments will include input and reporting from Women and CYP as part of the evaluation process
Action plan for EQIA as it relates to Family Nurse Partnership to be completed by end March 2014	Clear equality actions identified for project	Gail Trotter	March 2014		Action plan will be reported and actioned d for FNP

4. b) Actions taken or planned in response to issues identified in the analysis : midwifery and reproductive health

Midwifery Leadership Programme

Issue identified	Action to be taken in response to issue	Responsibility	Timescale	Resources required	What is the expected outcome?
Access to education by staff might be variable for staff from different health boards, at different grades, difficulties in accessing online information, may not be released by management to attend/engage	<p>A variety of formats available – online, face to face, written, film. Assistance given in using software, accessing online community.</p> <p>Marketing of the programme widely to enable staff to self-nominate/apply rather than solely being selected by senior staff.</p> <p>Adequate information and guidance given to senior staff to encourage good marketing to encourage broad participation</p>	Woman and Children Programme Team	Completed	<p>Online community, resources sent in hard copy in post, email attachments</p> <p>Written information to senior staff, encouraged to cascade</p> <p>Provision of adequate travel and accommodation expenses for those from remote and rural areas to attend national events</p> <p>Provision of good notice for all events/requirements to enable staff to plan and organise off duty</p>	Broad engagement with the programme from midwives from all over Scotland, from different grades and who work in hospital and community settings

Cot Death

Issue identified	Action to be taken in response to issue	Responsibility	Timescale	Resources required	What is the expected outcome?
Cot death effects disadvantaged families disproportionately	The learning resource needs to address this issue, discuss reduction of health inequalities and promote access to care. Images in the learning resource need to reflect the population as a whole.	Woman and Children Programme Team	Life time of project April 2013- March 2014	Gathering of appropriate evidence and research, good consultation with experts	A learning resource that fully addresses the issues of health inequalities in this area
Cultural issues may affect cot death rates and family responses e.g sleeping practices in different cultural groups, responses to death and bereavement	The learning resource will address the impact of BME issues on cot death rates and responses after death. Images, words and names in the learning resource need to reflect the whole population.	Woman and Children Programme Team	Life time of project April 2013- March 2014	Gathering of appropriate evidence and research, good consultation with experts	A learning resource that fully addresses BME issues in this area

<p>Variable staff access to and awareness of the learning resource</p>	<p>Make the resource available free at point of access, without need for password. Good marketing strategy. Good liaison with boards and SSSC. Resource available in different formats – printed copy available.</p>	<p>Woman and Children Programme Team</p>	<p>January- March 2014 onwards</p>	<p>Follow team communication plan.</p>	<p>Good uptake of the resource.</p>
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Sexual Abuse (as it relates to Women and Children)

Issue identified	Action to be taken in response to issue	Responsibility	Timescale	Resources required	What is the expected outcome?
Sexual abuse effects around 1 in 4 of the population. It effects all sectors of society, including NHS staff.	The learning resource needs to reflect the whole population. The resource needs to be sensitive to the fact that some learners will be survivors of sexual abuse themselves.	Woman and Children Programme Team	Life time of project January2013- March 2014	Gathering of appropriate evidence and research, good consultation with experts.	A learning resource that is sensitive that the resource may bring up personal issues for learners and signposts them appropriately to sources of support. A resource that reflects in words and images the whole population of Scotland.
Cultural issues may affect responses to sexual abuse	The learning resource will address the impact of BME issues on this subject area.	Woman and Children Programme Team	Life time of project April 2013- March 2014	Gathering of appropriate evidence and research, good consultation with experts	A learning resource that fully addresses BME issues in this area
Variable staff access to and awareness of the learning resource	Make the resource available free at point of access, without need for password. Good marketing strategy. Good liaison with boards	Woman and Children Programme Team	January- March 2014 onwards	Follow team communication plan.	Good uptake of the resource.

	and SSSC. Resource available in different formats – printed copy available.				
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Sexual health

Issue identified	Action to be taken in response to issue	Responsibility	Timescale	Resources required	What is the expected outcome?
<p>Sexual health issues affects all sectors of society, irrespective of race, culture, sexuality, gender, disability. The needs of particular groups in relation to sexual health have not always been fully addressed and it is important that they are considered in learning resources e.g sexual health needs of those with a learning disability, there should not be an assumption of heterosexuality in sexual health resources.</p>	<p>The learning resource needs to reflect the whole population.</p>	<p>Woman and Children Programme Team</p>	<p>Life time of project January2013- March 2014</p>	<p>Gathering of appropriate evidence and research, good consultation with experts.</p>	<p>A resource that reflects in words and images the whole population of Scotland.</p>
<p>Cultural issues may affect responses to</p>	<p>The learning resource will address the impact of</p>	<p>Woman and Children</p>	<p>Life time of project April 2013- March</p>	<p>Gathering of appropriate</p>	<p>A learning resource that fully addresses</p>

and access to sexual health services.	BME issues on this subject area.	Programme Team	2014	evidence and research, good consultation with experts	BME issues in this area
Variable staff access to and awareness of the learning resource	Make the resource available free at point of access, without need for password. Good marketing strategy. Good liaison with boards and SSSC. Resource available in different formats – printed copy available.	Woman and Children Programme Team	January- March 2014 onwards	Follow team communication plan.	Good uptake of the resource.

5. Risk Management

In this assessment, have you identified any equality and diversity related risks which require ongoing management? If so, please attach a risk register identifying the risks and arrangements for managing the risks.

Any risks identified in this process should be added to the appropriate project or organisational risk register. See the NES risk management guidance for advice on identifying and scoring risks, or take advice from your directorate's risk champion

No risks identified.

6. Consideration of Alternatives and Implementation

Note that if the impact assessment indicates that a function will negatively discriminate, either indirectly or through discrimination arising from disability, the function must be objectively justified². This may require taking legal advice. If the function is to be objectively justified, outline the justification here, including analysis of any alternatives. See the guidance notes for instructions.

No impact negativity identified

7. Monitoring and Review

Monitoring and review of equality impact should ideally be part of a wider monitoring or review process.

In order to facilitate this we have incorporated into the tendering process a specific requirement that tenderers will indicate how they will collect and report on equality and diversity data.

All projects will have as a requirement the inclusion of women and young people and practitioners to support design and evaluation of education from project onset and the reports from young people and participants will be a critical part of external evaluations of the function. A specific action will be to include Women and CYP from a range of ethical, cultural and religious backgrounds. The increasing engagement with third sector organisations and service user representatives in the development of educational resources will strengthen practice in the Women and Children's programme.

This will require robust liaison with partner agencies e.g. Children's Commissioner

What analysis of the data will be undertaken?

Tenderers will be required to provide start and end of project reports on equality and diversity data. (See attached report Dec 2012 from University of

² Direct discrimination cannot be justified other than on very narrow grounds in relation to age. If the EQIA indicates that a function discriminates directly, it should not be implemented.

Stirling) These forms a standard component of all new and review /revised projects in Women and Children Programme from December 2012

Are there specific targets or indicators to be monitored?

All EQIA data collation and reporting will be included in Dashboard reporting and performance updates and will be recorded at the start and end of each project. A prerequisite of sign off of education delivery will be a commitment to EQI Data monitoring and reporting in respect to the protected characteristics. Participation of young person and previous participants will be indicated at the start of each project. Providers will require to notify NES Child Health of any compliance difficulties.

Reports will be made to Women and Children's Director at the start and end of each project following an agreed format.

When will you review the function, taking into account any monitoring information?

The function will be reviewed annually with all EQIA reports to be submitted on the agreed template by end of March 2014 and annually thereafter.

The Programme Director will be responsible for leading this review.

Sign off by: NMAHP DMG

Date: 2nd February 2014