

Integrating for Improvement Project (SISCC)

School/ Directorate

School of Nursing and Health Sciences

Person Responsible

Jacqueline Morris

Created

16th January, 2019

Last Review

16th January, 2019

Status

Screened

Next Review

30th April, 2019

Screening Data

What is the name/title of the policy/activity?

Integrating for Improvement

Describe the aim, objective and intended consequences of the policy/activity.

Can be found in proposal document

Who is responsible for the policy/activity and who implements it?

Yourself and implementation by wider team

Who is effected by this policy?

Wider public and specifically users of stroke rehabilitation services

Is there any indication that this policy is relevant to equality and the protected characteristics or that those with any of the protected characteristics will have a different experience in relation to the intended outcomes of the policy?

Age - will younger people become involved?

Race - what are the percentages of people from BME groups who are likely to attend and are there lessons in terms of communication and promotion

Gender - the project will attempt to get both men and women / in terms of project team, there is a gender imbalance that is a continual challenge for Nursing and Health Sciences

Empirical evidence fewer young people involved with the feeder groups

Small numbers of BME in the local populations and lower attendance at feeder groups mean it is unlikely that BME will be represented in the very small cohort of 10 stroke survivors

Recommend this EA for Full Analysis?

Yes

Comments

Summary

Rate this EA

Low

Impact Assessment Data

Is this policy relevant to the protected characteristic of Age?

- Yes

There is clear evidence that younger people are less likely to make use of the services following release from hospital other than individual occupational health appointments

Is this policy relevant to the protected characteristic of Disability?

- Yes

Yes clearly has an implication as stroke often will leave survivors with long term limitations, possible motor , communication and cognitive capacity.

Is this policy relevant to the protected characteristic of Gender Reassignment?

- No

Whilst some who reassign their gender use various types of hormone replacement therapy, which is known to increase risk of stroke, there is no current information to show that the rehabilitation services are detrimental to those who have re-assigned.

Is this policy relevant to the protected characteristic of Marriage and Civil Partnership?

- No

There is no connection between marriage and civil partnership and the likelihood of stroke.

Is this policy relevant to the protected characteristic of Pregnancy and Maternity?

- No

Whilst there are rare occasions of stroke during pregnancy and childbirth, there is no indication that uptake of any rehabilitation services is affected or directly linked to pregnancy and maternity

Is this policy relevant to the protected characteristic of Race?

- yes

Whilst there is no clear data, it is often seen that fewer people from BME communities attend the self help groups that are part of the rehabilitation process.

There are limitations to this particular project i.e. only 10 candidates from a limited geographic area, that means we are unlikely to have a BME representative in that cohort and so will not be able to identify why there are fewer numbers using the services.

Future work in this area may benefit from a more diverse study group and this should be taken into consideration for future pieces of work.

Is this policy relevant to the protected characteristic of Religion and Belief?

- Yes

There may be a limited impact relating to religion and belief combined with cultural norms and attitudes to gender. For instance if the self help groups are principally white middle aged men, how would that fit the needs of Muslim women and other groups. However the study group from this particular project is very small (10) and limited to a particular geographic area. In addition there is no specific monitoring of religion and belief that would provide a clear indicator of issues resulting from religion and belief.

Is this policy relevant to the protected characteristic of Sex?

- Yes

More men tend to have strokes and so many of the groups are predominantly made up of men. It is likely that most of the study group will be male. In terms of staffing, staff are selected for experience and skills. The School of Nursing and Health Sciences recognizes the gender imbalance in the profession and have projects and actions in place to promote nursing as a career option for men. However at this point in time, those staff qualified to participate in the study women.

Is this policy relevant to the protected characteristic of Sexual Orientation?

- No

There are no indications of links between sexuality and stroke. In terms of staffing, individual information on sexuality is confidential and the numbers involved would prevent disclosure under GDPR

Taking account of the findings so far, is there a possibility that the implementation of this policy would result in a different experience or a detriment for those with protected characteristics?

- Yes

Yes there is a likelihood that the project will have a differential impact on some groups. This is in part because the catchment area for the project is small in geographic terms and also in numbers. A limit of 10 participants will be involved and will be referred through rehabilitation groups already operating. Most of these have very low, if any, representation of minority ethnic people, young people or women attending.

Based on your findings so far, what recommendations or changes (if any) would you make in relation to the policy and how it is implemented?

At this stage there are limited opportunities to expand the project due to time, money, staff, geographic areas and numbers in consultation cohort.

We will try and address some of the issues by encouraging our feeder organisations to identify people from our BME community and women to participate, however there are no plans for targeted selection of participants

In this project we will encourage our feeder groups to include BME, women and young people to participate in the study. However the numbers would be so small that it is likely the findings will not provide any meaningful information.

Where you have recommended actions/changes to the policy, what are the timescales for completion of these

07-02-2020

What monitoring arrangements do you have in place to identify changes in any impact or relevance?

The opportunities that might present a chance to widen diversity. We will monitor the diversity of participants as far as they will allow, and use that to try and influence future actions in ensuing studies.

Comments

This project will be looking at the effectiveness of post hospital care rehabilitation from stroke patients across a given geographic area. There is a relevance in relation to disability because of the nature of the subject. However other less obvious relevance is relating to race, age and gender, due to the recognised lower attendance of BME, young people and women at the rehabilitation groups being researched. Because of the timescale and numbers of people within the group being looked at (10), there is limited opportunity to have wide diversity across that group.

Organisation Sign-off Data

Having read the EIA, do you approve its findings and recommendations?

- Yes

What are your reasons for approving/not approving the EIA?

Whilst the project lacks diversity, both in terms of the study group and the staff, the purpose of the limited study will be to develop improvements and these can include promoting the various services and making them more attractive to minority groups.

What those interventions will be will be unclear until the project is undertaken.

In relation to staffing, there is already work ongoing to widen the representation of men into the nursing profession and it is hoped that this will widen candidates for future similar projects.

If you have approved the EIA, do you agree with the monitoring arrangements in place?

- Yes

We will be looking at how the feedback from the projects can affect and have implications on minority groups, so that their underrepresentation can be used as a tool to better promotion of services.

Where you have not approved the monitoring process, what other steps do you require to be taken?

For the project outcomes to consider any recommendations that would include widening the diversity of users of the services.

Comments

The project is relevant primarily to those who are the survivors of stroke. However the users of the current services are limited in the main to white men in their middle years. One way to be able to capture a wider perspective would be if the outcome of the project were to reflect on ways to attract a more diverse user base for the service.

Given the timescale and limited reach of this project, both in terms of staff involved, the numbers in the study group and the size of the geographic area involved, the results will be limited, however that in itself can be used as an opportunity to take steps to widen out the user group for the services and thereby widen the diversity of future study groups.

Next Review Date

2019-04-30

Outstanding Actions

No outstanding actions