

# **NHS Education for Scotland FULL EQUALITY IMPACT ASSESSMENT**

## **NMAHP Careers Programme**

**Healthcare Support Workers**

**Flying Start NHS®**

**Early Clinical Careers Framework**

**Effective Practitioner**

**Clinical Academic Careers**

**Advanced Practitioners**

**NMAHP Consultants**

**AHP Careers Fellowship**

**Podiatric Surgery**

**One Year Job Guarantee: Internships**

**Skills Max**

**Orthoptics**

**AHP Leadership and Quality Improvement**

**NMAHP Post Registration Framework**

## **DEVELOPMENT GROUPS**

### **Group members for development of overarching IA template:**

Val Blair	Programme Director
Helen McFarlane	Programme Director
Vikki Melaragni	Educational Project Lead
Sara Conroy	Project Lead
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## 1. DEFINE THE FUNCTION

### 1.1 What is the purpose of the function?

The purpose of the function is to provide educational infrastructure including products and services such as frameworks, guidance, toolkits, standards, web resources and funding for human resources such as educators, facilitators and trainers. Access to the support that is provided by way of the educational infrastructure being in place across NHS workplace settings, helps to ensure the quality of the healthcare provided by nurses, midwives, allied health professionals (NMAHPs), healthcare support workers (HSCWs) and healthcare chaplains.

Development of education resources and frameworks is driven by key policy drivers from the Scottish Government Health Directorate including:

- AHP National Delivery Plan (SGHD 2013)
- Everyone Matters: 20/20 Workforce Vision (SGHD 2013)
- Setting the direction - CNO Education Review – (pending publication SGHD 2014)
- Healthcare Quality Strategy for NHSScotland (SGHD 2010)
- Mandatory Induction Standards and Codes (SGHD 2009)
- Modernising Nursing Careers (SEHD 2006)
- CNO Nursing Review – (SGHD 2005)

Ensuring that these educational developments and work streams are sensitive to diverse needs means that our educational projects provide education in an inclusive, accessible and non-discriminatory manner and that educational developments provide appropriate learning to promote equality and tackle discrimination.

The NMAHP careers programme covers practitioners at all levels on the Careers Framework for Health and the projects include:

#### **Healthcare Support Workers (HCSWs)**

This project aims to establish a national infrastructure to support learning for staff in both clinical and non-clinical HCSW roles at levels 2 to 4 of the Careers Framework for Health. By taking a national approach to developing educational solutions NES can reduce duplication, increase the quality and availability of resources and aid the development and transferability of the HCSW workforce.

This is achieved using resources such as the Guide to Education and Role Development, the HCSW Toolkit, the Essential Guide for Managers in relation to mandatory Induction Standards and Codes and participation in local networks and meetings with health boards.

#### **Flying Start NHS®**

This is the national development programme for all newly qualified nurses, midwives and allied health professionals in NHS Scotland. It has been designed to support the transition from student to newly qualified health professional by supporting learning in

everyday practice through a range of learning activities with additional support from work-based mentors.

### **Early Clinical Careers Fellowship (ECCF)**

This Fellowship is part of the Modernising Nursing Careers agenda and the aim is to identify newly qualified registrants to develop their careers over a 3-year Fellowship. The Fellowships include access to masters' level education, mentorship, one-to-one clinical coaching, action learning sets and masterclasses.

### **Effective Practitioner: Supporting and Valuing Nurses, Midwives and Allied Health Professionals in Practice**

This project supports the development NMAHPs at Levels 5 and 6 of the Career Framework for Health. The aim is to develop resources and methodologies to assist the 48,000 NMAHPs at this level to remain up to date, provide evidence-based care be aware of their accountability and responsibility, and their role within the wider healthcare team.

### **Advanced Practice**

#### **Advanced Nursing Practice Succession Planning**

Succession planning aims to support both a systematic means of determining the service need for Advanced Practice Nursing posts and the development of advanced nurse practitioners. There are a range of resources and frameworks to support this, such as The Advanced Practice Nursing Toolkit.

#### **Advanced Practice (MSK) Framework**

Development of the Framework was a recommendation which came out from a preliminary scoping exercise of AHP Advanced Practice (AP) in the delivery of musculoskeletal services undertaken by NES in 2009. This was undertaken to identify the roles being undertaken by Advanced Practitioners working in MSK services, support and preparation for the role and current and future learning and development needs.

### **Clinical Academic Career Pathways for NMAHPs**

Currently two pathways have been developed:

**Clinical Education Careers** which aim to enhance clinical education career opportunities and positively contribute to staff development, retention and the practice education experience of all staff. This is ultimately to enhance the patient experience and support safe and effective care through the consistent provision of appropriate educational support in practice at all levels of the career framework, and wherever practice may be.

**Clinical Academic Research Careers** enable NMAHP practitioners working in a range of clinical and academic environments to establish a single integrated career route that combines clinical practice and research rather than having to choose a career in one or the other. The purpose of creating a national approach to NMAHP clinical academic research careers is to strengthen research capacity and capability across NHS Board/Universities/Research Academic Centre partnerships through the generation and translation of research for population and patient benefit.

### **Consultant NMAHP Pathway**

There is currently work underway with the Consultant NMAHPs identifying supervision, support and learning, particularly around clinical careers.

### **AHP Senior Framework**

This Education and Development Framework provides guidance for the education and development of Senior Allied Health Professionals (AHPs), such as team leaders, who have responsibility for leading and managing services or teams, and have a vital role in driving service improvement, delivering better care and enablement, and enhancing health outcomes. It will assist them in identifying learning and development needs and support them in accessing appropriate learning and development activities, and/or academic education.

### **Orthoptics**

Work undertaken by NES has included the scope of role development which focussed on orthoptists, NES and BIOS established an Orthoptic student bursary scheme with the scheme offering a financial incentive to existing pre-registration students willing to commit to seeking employment in NHSScotland and the development of a professional advisory forum for orthoptists.

### **AHP Career Fellowships**

The AHP Careers Fellowship Scheme was set up in 2010 in response to the 2009 AHP Consensus Conference in which participants drew up a guiding statement looking at AHP educational needs. These had four overarching themes:

- Supporting the changing needs of the AHP workforce
- Making communication even better
- Support AHPs to use educational solutions in their work
- Make the most of the NES AHP team's potential

The AHP Careers Fellowship Scheme gives financial support for learning opportunities bringing benefits to allied health professionals, all those who rely on them, and NHSScotland.

### **AHP Leadership and Quality Improvement**

NHS Education for Scotland and NHS Scotland Quality Improvement Hub, in partnership with the National Leadership Unit, are working collaboratively to establish a sustainable leadership model to support the development of capacity and capability in leadership and quality methodologies.

### **One Year Job Guarantee: Internships**

The One Year Job Guarantee (OYJG) Internships are available to newly qualified nurses and midwives to help consolidate and develop their clinical experience. They involve part-time (22.5 hours per week), rotational employment in clinical practice in one of the territorial NHS Boards within NHSScotland. Rotational placements may include working within community nursing, public health nursing and independent care home settings. The Internships offered are fixed term for one year (or a proportion of that year depending of eligibility) and support completion of Flying Start NHS<sup>®</sup>. The OYJG Internships are a national initiative that cannot guarantee a position locally; therefore, new registrants are matched with intern opportunities across Scotland.

### **NMAHP Post-Registration Framework**

The NMAHP Post-Registration Career Framework provides easy access to all NES's NMAHP resources which support career development from levels 5 to 9 on the Career Framework for Health. Users can search for development resources under "levels" or using the four pillars of practice – clinical, leadership, facilitating learning and research and evaluation.

### **Podiatric Surgery**

The Podiatric Surgery project aims to produce a sustainable, integrated and accredited surgical training model which would become the educational pathway for trainee surgical podiatrists in podiatric surgery in NHSScotland.

### **Skills Max**

The Uniqueness Exercise, first developed by NES in 2007, has been used by radiographers and other AHP staff to examine their unique contributions to the patient journey and to ask which aspects could best be managed by others. The exercise has been developed into the Skills Maximisation process. It can be used by AHPs and other staff to identify adjustments that make optimum use of staff with various levels of qualification.

The Skills Maximisation Toolkit was initially developed for and by AHPs, but many others are now benefitting from the Toolkit.

## **1.2 Who does the function benefit and what is the relevance of the function to those groups?**

The direct beneficiaries of the function are nurses, midwives and allied health professionals (NMAHPs), healthcare support workers (HCSWs) and healthcare chaplains' directly employed within the NHS. In addition Higher Education Institutions (HEIs), colleges, health boards, professional bodies and others could benefit from the function.

The relevance of the function is to ensure that the education provided to these groups is consistent, transferable, relevant and transparent. Frameworks and other resources provide a national guide for standards of practice from which to develop and/or evaluate local implementation of practice where there is an educational component. People funded by education infrastructure projects may provide a mentoring, facilitating and/or teaching input that may reduce duplication of effort and relieve pressures on direct clinical staff.

Implicit in this is to improve the health of the people of Scotland by providing appropriate educational support so that patients and carers have access to “the right person, in the right place, at the right time” with the appropriate knowledge and skills.. People who rely on services will benefit from quality educated and trained staff, and better care. Many of the resources and initiatives delivered as part of the NMAHP careers have a focus on enhancing the responsiveness of healthcare staff to the diverse needs of patients, carers and staff who they work with.

For example, Advanced Nursing Practice Succession Planning intends to support nurses and their managers to determine the service needs for advanced nursing practice posts and the education and training required to develop and sustain such posts. Nurses from wide-ranging backgrounds have participated in the succession planning pathway, e.g. mental health, children and adolescent services, palliative care, epilepsy services. The focus of succession planning has now shifted to supporting personnel in NHS Boards develop familiarity with the tools and approaches available to systematically assess the service need for new roles.

### **1.3 What results/outcomes are intended?**

The results/outcomes of NMAHP Career Initiatives are to develop and sustain an enhanced infrastructure to support and improve career development, building on existing infrastructure to increase equity across different levels of the career framework. In the longer term the outcomes should positively influence the culture of the practice learning environment. The NMAHP Career Initiatives support career development at each level of the Career Framework.

For example, The Flying Start NHS® website and the Healthcare Support Worker toolkit are two resources that have been specifically designed, developed and created to host learning resources and signpost staff to specific and relevant online resources that support career development at the relevant level. These resources also support managers/educators in succession planning and the development of their teams/staff groups.

### **1.4 How does the function fit in with wider objectives?**

The function is part of the *NES Nursing and Midwifery Strategy 2011 – 2014*, *NMAHP Work Programme for Scotland 2009 – 2011* (CURAM 2009), and aligns with NHSScotland’s *Quality Strategy* (2010), (Scottish Government’s *A Force For Improvement: The Workforce Response to Better Health, Better Care* (2009), *Delivering for Health* (2005), the *Modernising Nursing Careers* initiative (Scottish Executive, 2006).

More recently the NHAP Careers Initiatives have aligned and developed to support the aims of policy drivers such as the *AHP National Delivery Plan* (SGHD, 2013), *Everyone Matters: 20/20 Workforce Vision* (SGHD, 2013) and *Setting the Direction – CNO Education Review* (pending publication SGHD, 2014).

The function supports staff at every level of the Career Framework for Health and focuses on the provision of educational resources to support them in delivering high quality care and delivering the aims and objectives of Government and professional policy, standards and guidance.

### **1.5 What is NES's role in developing and delivering the function?**

NES is responsible for putting in place the educational infrastructure for Health Boards. Activities include the following:

- Scoping activities; including literature reviews, stakeholder surveys, evaluation of activities, and conducting learning needs analysis
- Development of web-based educational resources
- Supporting NHS boards to develop sustainable educational systems
- Facilitation of action learning sets and masterclasses
- Frameworks and guidance on role development and implementation of Scottish Government targets and standards
- Development of career pathways
- Improved infrastructure through networks and locally appointed facilitators
- Delivery of national development programmes for newly qualified nurses, midwives and allied health professions
- Career and Practice Development.

### **1.6 Who are the partners in developing and delivering the function and what are their roles?**

Partners include NHS Boards, Scottish Government Health Directorate, HEIs and Scotland's Colleges, professional bodies, regulatory bodies, voluntary sector bodies, Skills for Health, Scottish Qualifications Authority, Scottish Funding Council, Scottish Social Service Council, service user representatives and commissioned individuals/organisations.

The role of the various partners across the careers projects differs in terms of the specific outputs but examples include the following which is not an exhaustive list:

- serving as members of a Steering Group, User Reference Group or Editorial Group
- key contacts within networks groups
- acting as leads in Health Boards for dissemination of information
- participation at stakeholder events
- key contacts for inter-agency working relationships

- facilitators/presenters for action learning sets, masterclasses etc
- writers of web-based content
- commissioned individuals/organisations for research and evaluation reporting
- service user representatives giving access to patient views

### **1.7 Are there risks associated with the function in relation to meeting equality duties/responsibilities?**

The function is delivered through a range of diverse projects within the careers programmes and risk may be present at different stages of the project cycle and will vary from project to project. These risks are managed on an ongoing basis through project risk registers which are reviewed regularly. Lessons can be learned from each project and from previous NES projects or inter-related projects to ensure that steps are put in place to mitigate future risks and ensure a more culturally diverse and sensitive approach is utilised.

## **2. CONSIDER THE STATUS OF THE FUNCTION**

### **2.1 Is this an existing function?**

Yes, all projects within the careers programme are existing functions.

The projects within the NMAHP Careers' Programme sit along a continuum of development stages. Commencement of projects range from 2005 to the most recent in 2013.

### **2.2 What is the scope for change if adverse impact is identified and why?**

The function is delivered via a range of projects and programmes, some of which are short term and can learn from any adverse impact from predecessor projects.

## **3. ASSESS EVIDENCE AVAILABLE TO SUPPORT IMPACT ASSESSMENT**

### **3.1 What evidence is available?**

- ISD workforce Statistics AHP Workforce Statistics September 2013
- ISD workforce data on total NHSScotland workforce by ethnicity
- Analysis of Ethnicity (2011 population census)
- SWISS workforce data (2006) – 60% response
- Literature Review on dyslexia in Nursing undertaken for the Royal College of Nursing (Dale & Aiken, 2007)
- Stakeholder engagement consultation, March 2010 (Effective Practitioner)
- Advanced Practice Succession Planning Development Pathway Evaluation – March 2010



### **3.2 Which strands are covered?**

Information is available through the Scottish Government statistics department (ISD) relating to NHS Staff and specifically to NMAHP and healthcare chaplain staff when this detailed information is collected. Equality strands covered include religion, ethnic group, sexual orientation, age groupings and figures for NHS Staff who have declared as disabled or transgender are also included. **See Appendix 1 for further information.**

### **3.3 How old is the data?**

ISD Workforce Equality & Diversity Statistics at September 2013. However, the data are reviewed on an annual basis.

### **3.4 What does the data tell you about different needs of the target group?**

- The NMAHP workforce is dominated by females who represent 90% of these professions in Scotland. This indicates a need to attract more males to the profession.
- Almost 45% of the NMAHP workforce is female on part-time contracts. This has significant bearing on access to training and development.
- No statistical data is available at present to breakdown the percentage of part-time female workers by role, AfC banding or geographical location.
- The NMAHP workforce is ageing with a population (almost 45%) aged 45 or older. This has implications for the future workforce, succession planning for Health Boards and the need to make these professions more attractive to young people.

### **3.5 Are there any known quality issues with the data?**

There is very limited data on the equality and diversity profile of NHSScotland staff groups is available from the NHSScotland Information Services Division at <http://www.isdscotland.org/isd/796.html>. For most staff groups, only age and gender are reported. Information on disability, ethnicity, religion or belief, sexual orientation and transgender status are presented for NHSScotland as a whole but are not broken down by grade or staff group (although most data are available per NHS Board). The quality of the data is limited by high non-response rates (particularly for ethnicity, religion or belief and sexual orientation). In the case of disability, information about specific impairments is not collected. It is therefore difficult to know the current equality and diversity profile.

For example, if Black and Minority Ethnic (BME) people are under-represented in senior grades, or in particular NMAHP specialties.

**3.6 Having reviewed the evidence available, do you have any remaining questions that would prevent you from continuing with the impact assessment?**

*Assume that you have ethnicity/disability*

*Toolkits based on this assumption*

*Need to consider monitoring this for career progression to close the gap*

*This may have implications for the workforce.*

**4. 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 (eg, trainees, staff, tutors) and groups affected indirectly (eg, patients).

**Areas for consideration**

Consideration of key issues is to be given to each of the areas below for each relevant area of impact.

- Race
- Disability
- Gender
- Sexual orientation
- Religion and belief
- Age
- Other Group (remote and rural and literacy and numeracy)

Consider:

- Is the impact negative or positive for people from that group?
- What is the risk of discrimination?
- How can the function promote equality of opportunity and diversity?

<b>4.1 Race</b>	
Including colour, nationality, ethnic or national origins (e.g. different communities including gypsy/travellers, asylum seekers and refugees, new migrants)	
Areas of impact	The impact of the function is particularly difficult to determine without reliable, valid and current profile of the NMAHP workforce in relation to race (e.g. ISD statistics show 25% did not complete the 'ethnic' question and 10% declined).
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Should be achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• NES inclusive education and learning policy</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and attendees at NES organised events.</li> </ul>

<b>4.2 Disability</b>	
Including mental, physical, sensory, learning difficulties, visible/invisible, progressive	
Areas of impact	<p><b>Educational programmes</b></p> <p>Consideration given to access for 'live' training by ensuring facilities are available at all venues (e.g. lifts, hearing loops etc). Information provision in a range of formats (e.g. large print) to suit the requirements of individuals. Availability made clear on all advertising materials/booking forms for events.</p> <p><b>Education design</b></p> <p>All web based educational resources are designed to comply with W3C accessibility standards. Incorporation of software such as Browse Aloud to assist people with dyslexia/dyspraxia is also now included as standard. Attention paid to the design to ensure those utilising assisted software can benefit from the resource.</p> <p><b>Steering Groups/Programme Boards/Networks</b></p> <p>Consideration given to whether disabled people have been included or represented in groups/networks. Ensure that meetings facilities conform to disability standards, provide glossaries of jargonistic terms to assist understanding for those with learning difficulties and provide information in a range of formats.</p>
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• NES inclusive education and learning policy</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot.</li> <li>• Written materials provided in a range of formats and web based resources comply with standards.</li> <li>• Written material prepared using plain language and non jargonistic terms to ease understanding for this with learning difficulties or English not first language.</li> <li>• The educational resources for the Healthcare Support Worker standards offer a variety of methods for assessment to address potential literacy and numeracy issues, including: <ul style="list-style-type: none"> <li>- Verbal</li> <li>- Observational assessments.</li> </ul> </li> </ul>

<b>4.3 Sex and Gender</b> Including men, women, marital status, transsexual people	
Areas of impact	<p><b>Educational programmes</b></p> <p>Research indicated that 90% of the target group are female and that 45% work part-time. Consideration should be given to the needs of this group when devising and implementing training opportunities to ensure the group are not disadvantaged.</p> <p><b>Educational design</b></p> <p>Web based resources provide flexibility in when learning and development can be undertaken fitting in with work-life balance. This should not be relied upon as only delivery method as access to IT infrastructure in the workplace for this target group is not always available.</p> <p>Opportunity to promote equality and challenge stereotypical images by inclusion of a diverse range of people within learning activities such as case studies and video clips.</p> <p><b>Steering Groups/Programme Boards/Networks</b></p> <p>Consider if both men and women have been included or represented in the group and that the group represents a diverse range of marital status and sexuality. There are restrictions given that 90% of the target group are female.</p>
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Should be achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• NES inclusive education and learning policy</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot</li> <li>• Availability of web-based educational resource in addition to face to face training to assist part-time female workers.</li> </ul>

<b>4.4 Sexual orientation</b> Including bisexual, gay, lesbian	
Areas of impact	There is no identified impact as a result of sexual orientation. There is a gap in evidence on sexual orientation to allow us to assess the impact on this group.
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Should be achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• NES inclusive education and learning policy</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot</li> <li>• NES participation in Stonewall Diversity Champions Programme</li> <li>• Equality and Diversity forms were included in application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot.</li> </ul>

<b>4.5 Religion and Belief</b> Including all faith groups	
Areas of impact	<p><b>Educational programmes</b></p> <p>Consider the timings of events to avoid major religious holidays /festivals. Also provision of food for faith groups (e.g. kosher, hallal) and observance facilities (e.g. prayer room) provided where required.</p> <p>Consider customs of faith groups to identify any areas where sectors of the target group would not be able to participate in types of learning and development and how best to provide alternative delivery methods.</p> <p><b>Educational design</b></p> <p>Content of education provides opportunities to promote equality and challenge stereotypical images by including diverse faith groups within learning activities such as case studies, video clips. Consider the language used to ensure it is both inclusive and supports plain English.</p> <p><b>Steering Groups/Programme Boards/Networks</b></p> <p>Consider whether people from diverse range of faith groups have been included or represented in</p>

	groups/ networks. Consider the timing of meetings to avoid religious holidays.
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Should be achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• Consideration is given to timing of events to avoid major religious holidays, food and observance provision.</li> <li>• NES inclusive education and learning policy to ensure that staff, presenters, facilitators etc are aware of needs of diverse faith groups.</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot</li> </ul>

<b>4.6 Age</b>	
Areas of impact	<p><b>Educational programmes</b></p> <p>Research indicated that 45% of the NMAHP workforce is aged 45 and over. Consideration given to the different learning needs and styles of the various age groups, as well as the motivation factors – career development versus enhancement of current skills. The careers programmes cover a wide variety of delivery methods and components.</p> <p>Most recent data indicates that the majority (85%) of AHPs and (80%) Nursing workforce is aged between 25 and 54 years. 11% of the AHP workforce and 16.2% of Nursing is over 55 years. As the workforce ages lessons learned in the NES <i>Age is an Asset</i> Initiative provides useful information to ensure that educational needs of an aging workforce are considered in the design, content, delivery and evaluation of the project.</p> <p><b>Educational design</b></p> <p>Consider learning styles to provide options for blended learning. Opportunity to promote equality and challenge stereotypical images by inclusion of a diverse age range of people within learning activities such as case studies and video clips. This included that as well as ensuring we represent those in the majority age ranges (25-54 years) that we also include our minority groups, i.e. those aged 25 years and under and our over-55 workforce. Consider access to IT infrastructure and understanding and use of IT systems by all age</p>

	<p>groups when devising programmes.</p> <p><b>Steering Groups/Programme Boards/Networks</b></p> <p>Consider if people from diverse age range have been included or represented in groups/networks.</p>
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Should be achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• NES inclusive education and learning policy</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot</li> </ul>

<b>4.6 Other Groups (remote and rural)</b>	
Areas of impact	<p><b>Educational programmes</b></p> <p>Consideration of the delivery models used to ensure those in remote and rural areas have access to the educational programmes – web based resources, workplace learning and use of video conference.</p> <p>Ensure support in local areas through mentors, educators etc. Consideration of the differences in workforce learning needs due to geographical location, smaller population centres and access to formal education courses – identification of how best to tailor educational support to specific groups.</p> <p>For example:</p> <ol style="list-style-type: none"> <li>1. Healthcare Support Workers' programme of work regional events are hosted to encourage access from across Scotland.</li> <li>2. Flying Start NHS<sup>®</sup> is a web-based resource with local mentoring to support engagement and completion. Mobile app being developed to further support accessibility.</li> <li>3. ECCF initiative offers local Board Lead support as well as funding to support national masterclasses and action learning set attendance.</li> <li>4. Effective Practitioner demonstrator developed to support practitioners to access resources where possible online access could be a challenge.</li> </ol>

	<p><b>Educational design</b>  Provision of blended learning not so reliant on one form of training provision. Work with local universities and colleges to tailor course provision to encompass specific remote and rural workforce needs.</p> <p>For example: for support workers the development of an HNC in Occupational Therapy Support as a distance-learning course, supported by workplace learning, allows access to learning from across Scotland with no geographical barriers.</p> <p><b>Steering Groups/Programme Boards/Networks</b>  Use of videoconference, teleconference and webex for attendance and input at meetings. For example, a webex was organised to support a Calderdale Protocols' session.</p> <p>Use of social media to share information across networks. For example, AHP Careers Fellowship application process was shared on Twitter and the Healthcare Support Worker event was live Tweeted sharing event activities.</p>
Promote equality of opportunity and diversity	<ul style="list-style-type: none"> <li>• Should be achieved through equality and diversity policies within recruitment and commissioning procedures.</li> <li>• NES inclusive education and learning policy.</li> <li>• Equality and Diversity forms included in any application processes, for example Succession Planning Cohorts 1-3 and ECCF Pilot</li> <li>• Use of video conferencing and web based learning.</li> </ul>





**Additions to NMAHP Careers Programme in response to Review Panel: Overarching Action Plan**

<b>Action ID</b>	<b>Action</b>	<b>Responsibility</b>	<b>Timescales</b>	<b>Resources required</b>	<b>How does action address issues identified in the assessment?</b>	<b>Any issues identified and addressed?</b>
1	Discussion and review of feedback from Review Panel:	Members of NMAHP Careers Team	Meeting held 20/02/2014	Nil	All members of Career Team given opportunity to hear feedback from panel and from Careers Subgroup tasked with submitting EQIA	
2	Feedback around the same text used in each of the individual action plans; Were these actions really appropriate for each individual initiative?  Going forward to individual programmes of work could the NMAHP Careers Team bring together a single overarching action plan?	Carol Curran to insert overarching plan to resubmission	By 24/02/2014		Adopt recommendation of Review Panel to consider overarching action plan for careers	Debate of pros and cons of single action plan. Agreed to implement and monitor impact of one plan as part of Careers Team Meetings but not at expense of responsibility of individual teams to impact assess own resources/programmes

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
	<p>Short term action – deadline for resubmission to Panel is 03/03/2014. Agreed that in the short term an overarching plan be included but record concerns raised about the danger of ensuring each project’s lead and support still took ownership and continued to undertake a full critical review of E&amp;D issues specific to the target audience and stakeholder group associated with their project. It was agreed there was the potential for an overarching plan to assist sharing of good practice and lessons learned at NAMHP Career Meetings.</p>					
3	<p>Minutes of meeting of Careers Team 20/02/2014 to highlight responsibility of each project team to continue to monitor and address E&amp;D Issues to own project</p>	<p>Valerie Blair highlight in minutes</p>	<p>Minutes out by 01/03/2014</p>			

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
4	<p>Careers Team committed to ensuring EQIA not a one-off tick box exercise but to be applied to each stage of the development of all future resources.</p> <p>It is recognised that to do this a practical learning and development session be undertaken at next full team meeting.</p>	<p>Helen McFarlane will plan and lead session. Valerie Blair to circulate date of training</p>	Spring 2014		<p>At 20/02/2014 meeting Helen McFarlane shared a critical review of a selection of NMAHP Career Websites and highlighted areas of good practice and areas of action using <i>age</i> as an exemplar</p>	<p>From Helen's short critical review of the websites it became apparent that project teams need more guidance on what to consider in relation to content of website, as well as the content of learning activities we provide for NMAHPs to raise awareness of E&amp;D issues. It was agreed for a training session to be held at next full team meeting.</p>

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
5	<p>In preparation for the meeting each project team will consider how we ensure we address equality and diversity in relation to <b>race, disability, gender, sexual orientation, religion and belief, age and also other factors (such as remote and rural, literacy or numeracy issues).</b></p> <p>We should consider how we address these at every stage of the initiative, i.e.</p> <ol style="list-style-type: none"> <li>a. Identify learning needs/scoping</li> <li>b. Stakeholder engagement (steering /reference groups/events)</li> <li>c. Development of content</li> <li>d. Delivery/implementation</li> <li>e. Evaluation</li> </ol> <p>Communication and marketing</p>	All members of NMAMP Careers Team	Spring 2014			

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
	All members of the Careers Team will share examples of good practice and to highlight challenges and where help and advice needed at the meeting					
6	<p>Each project team to replicate good practice of AHP Career Fellowships and recent HCSW events in using E&amp;D monitoring templates to monitor diversity of users and stakeholders.</p> <p>All project teams to encourage the use of E&amp;D Monitoring:</p> <ol style="list-style-type: none"> <li>a. when receiving and awarding funding</li> <li>b. hosting events</li> <li>c. hosting workshops</li> </ol>	Individual Project teams	Ongoing	Time to circulate templates and to collate and review data Develop mechanism to collate and share across teams	We are aware we do not consistently gather this information and this is needed to ensure our resources and development groups are accessible to as a diverse range of stakeholders as possible	Currently we have no robust evidence to demonstrate the diversity of our stakeholders
7	All teams to use E&D monitoring template to review diversity of the membership of their: Steering, Lead and Reference Groups	Individual Project teams	Ongoing			

### NMAHP Careers Programme: Overarching Action Plan

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
8	Add Browse Aloud to pre-existing NES web base resources	Project Team	Ongoing	Provision of logo and wording for inclusion on web resource from NES web support team	Software will provide assistance for those with dyslexia/dyspraxia in understanding educational material	<p>Members who take ownership of updating websites should check If the sites have the browsealoud logo on them i.e:  <a href="http://www.hcswtoolkit.nes.scot.nhs.uk/">http://www.hcswtoolkit.nes.scot.nhs.uk/</a></p> <p>If the sites do not have the logo, you should send webservice the web address and they will add it.</p>
9	Use published images reflecting and recognising the diversity in NHSScotland's workforce	Project Team	Ongoing	Access to a resource library that ensures a bank of images representative of a diverse workforce	The reflection of a diverse workforce in learning materials embeds multicultural richness in the workplace	<p>Images are available through comms image bank as well as NHSScotland photo gallery. Anyone with an NHS email address can gain access; all you have to do is go to the website and register.</p> <p>If there is a lack of suitable images this should be reported to the communications department to progress.</p>

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
10	NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team	Ongoing	Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse groups (faith, age, disability etc) and identify their actions in line with policy recommendations	If any staff have further education needs as detailed in NES's Inclusive Education and Learning Policy, NES will attempt to respond to this need.
11	Promote opportunities of Equality and Diversity in sex and gender in recruitment and application to education	Project Team/ Interviewing Panel	Ongoing	Equality and Diversity forms	Through the gathering of information from completed E&D forms allows supporting evidence to be collated	
12	Review CWQ and SLAs to ensure partner organisations are aware of diverse needs of groups for delivery of educational and research activities.	Project Team		Staff time	All contracts to include reference to NES inclusive education and learning policy.	



Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
13	One of the actions for all education infrastructure resources produced by NES is to support nurses, midwives, healthcare chaplains and allied health professionals to become more culturally sensitive in their practise.					
14	Add equality and diversity to Careers Team meeting as standing agenda item to ensure effective monitoring and improve opportunities to promote.	Project Team	Actioned from February 2014			

Action ID	Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
15	Create a mechanism for reporting any exceptions and how to deal with them	Project Team				

**Programme Specific Action Plans**

**Healthcare Support Workers**

<b>Action</b>	<b>Responsibility</b>	<b>Timescales</b>	<b>Resources required</b>	<b>How does action address issues identified in the assessment?</b>	<b>Any issues identified and addressed?</b>
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.	Project Team			Ensure fair access to resources for all.	
Ensure E&D questionnaires are completed by attendees at national HCSW events	Project Team		Equality and Diversity forms	Through the gathering of information from completed E&D forms allows supporting evidence to be collated	What are we comparing this data to if ISD data is incomplete?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc)	

				and identify their actions in line policy recommendations	
Development of a relevant model of engagement to ensure all HCSWs are engaging with the learning and development opportunities available to them.	Project Team			Ensure that all HCSW have equal and fair access to all opportunities e.g. those with no email access	

**Flying Start NHS®**

<b>Action</b>	<b>Responsibility</b>	<b>Timescales</b>	<b>Resources required</b>	<b>How does action address issues identified in the assessment?</b>	<b>Any issues identified and addressed?</b>
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.	Project Team			Ensure fair access to resources for all.	
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	

## Early Clinical Careers Framework

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.	Project Team			Ensure fair access to resources for all.	
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	

### Effective Practitioner

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.	Project Team			Ensure fair access to resources for all.	
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	

## Clinical Academic Careers

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.				Ensure fair access to resources for all.	
User testing of the Framework / website will be carried out to ensure usability and identify any potential barriers or gaps in information.					



## Advanced Practitioners

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.				Ensure fair access to resources for all.	

## NMAHP Consultants

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.				Ensure fair access to resources for all.	

## AHP Careers Fellowship

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Identify key partners to progress the project	Project Team				
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.					
User testing of the Framework / website					

will be carried out to ensure usability and identify any potential barriers or gaps in information.					
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## Podiatric Surgery

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Promote opportunities of Equality and Diversity in sex and gender in recruitment and application to education	Project Team		Policy document	Through the gathering of information from completed E&D forms allows supporting evidence to be collated	

## One Year Job Guarantee: Internships

Action	Responsibility	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team	Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.	Project Team			

## AHP Senior Framework

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Identify key partners to progress the project	Project Team				
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.					
User testing of the Framework / website will be carried out to ensure usability and					

identify any potential barriers or gaps in information.					
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## Skills Max

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.	Project Team				
Resources will be provided across NHS Scotland with access to Programme Director via workshops through a variety of media.					

## Orthoptics

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.					
User testing of the Application Form / website information will be carried out to ensure usability and identify any potential barriers or gaps in information.					
Target audience for Bursary scheme to be monitored on an ongoing basis.					

## AHP Quality Improvement and Leadership

Action	Responsibility	Timescales	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team		Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Identify key partners to progress the project covering all of the priority areas across Scotland.					
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.					
User testing of the national and local models to be carried out to ensure usability and identify any potential barriers or gaps in information.					

## NMAHP Post Registration Framework

Action	Responsibility	Resources required	How does action address issues identified in the assessment?	Any issues identified and addressed?
NES inclusive education and learning policy provided to appointed staff, facilitators, presenters etc	Project Team	Policy document	Ensure that appointed staff, facilitators, assessors etc are aware of NES policy and the needs of diverse Groups (faith, age, disability etc) and identify their actions in line policy recommendations	
Information and learning resources will be made available in alternative formats in line with NES Digital Resource Accessibility Guide and distributed using a variety of media.				

### Key Links:

Inclusive Education and Learning page on the Knowledge Network:

<http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/about-education-and-learning/inclusive-education-and-learning.aspx>

Plain English:

<http://www.plainenglish.co.uk>.

Stonewall:

<http://www.stonewall.org.uk/>

## 5. CONSULTATION

Consider the following questions for each project:

1. How have you consulted and involved stakeholders and equalities groups in this impact assessment?

Consultation with Programme Directors, Project Management staff and other responsible officers (project leads, etc) within NMAHP and the NES Equality and Diversity Officer.

2. Is further consultation required? If not, why not?

Yes – this is a draft document which will be discussed with full Careers Team at the next meeting on 20 February 2014 when the feedback from the Review Group will be auctioned. External consultation has been through individual project steering groups.

3. If further consultation is planned:

- Who will you consult?  
Project-specific steering groups and programme board
- What will you consult them on? Are there specific questions which require response?
- What methods will you use?
- What formats will you use to communicate with different people?
- How long will you give people to respond?

## 6. IMPLEMENTATION OF THE FUNCTION

**6.1 Taking into account all the evidence, consultation feedback, potential impacts, opportunities to promote equality, diversity and good relations, please explain what you will do and why.**

The function will be adopted. The function is a programme of work covering multiple strands across the Career Framework for Health and encompassing a number of delivery methods. The implementation of the function will also increase opportunities for all NMAHPs across the career framework.

The function will be regularly reviewed throughout the life cycle of the project and any modifications will be built in to the continual process of development.

## **7. MONITORING AND REVIEW**

### **7.1 How will the function will be monitored and reviewed?**

The function is an umbrella programme for a range of projects across the Career Framework for Health which is all aimed at enhancing learning and development opportunities for the staff groups in question. Each project will include a form of monitoring and evaluation appropriate to the individual project and will be asked to report on progress at careers programme meetings.

### **7.2 In what ways will you monitor the function?**

- Commissioned evaluation activities will be undertaken at an appropriate stage in the projects e.g. evaluation of the ECCF pilot phase is currently underway and evaluation of the Advanced Planning Succession Planning Development Pathway has just been concluded. Commissioned evaluations specify inclusion of impact on equalities as part of the overall evaluation measure.
- Equality and Diversity Impact Assessment will be measured against all project milestones in each year of the project life cycle by the project teams to ensure continuous reviewed and delivery.
- Risk registers are retained, reviewed and updated regularly throughout the life cycle of each project and mitigating factors addressed and adopted as required. This should flag any actions required for the impact assessment.
- Communication plans will be developed to ensure ongoing communications with health boards, networks, HEIs and Scotland's Colleges. and service users during the life cycle of all projects. This provides a mechanism for engagement with stakeholders and to gain stakeholder feedback.
- Educational governance will be maintained through review and monitoring process

## **8. COMMUNICATION**

Consider how will the results of this impact assessment be published and communicated?

- Results will be published on the NES website
- Where requested, hard copies will be made available.

**Directorate Management Group sign off: 03 March 2014**

## Workforce Information from ISD

<http://www.isdscotland.org/Health-Topics/Equality-and-Diversity/Publications/>

Sources of Data: Scottish Workforce Information Standard System (SWISS).

Equality and diversity information presented in these tables is based on self-reporting by staff in NHS Scotland. Data are collected via staff engagement forms when people join, or change organisations within, NHS Scotland, or via the "e:you" questionnaire exercise undertaken for all staff in post. Completion of the questionnaire exercise was optional and response rates varied across the country. Those staff who did not return their questionnaires are counted under "not known". The data is at 31/03/13.

<http://www.isdscotland.org/Health-Topics/Workforce/Staff-Governance/>

### Religion (NHS Scotland, n = 171,916)

	%
Not known	28.9
Buddhist	0.2
Church of Scotland	19.8
Hindu	0.6
Jewish	0.1
Muslim	0.6
Roman Catholic	9.2
Sikh	0.1
Christian – other	5.5
Other	1.6
No religion	14.9
Declined	18.6

### Ethnic Group (NHS Scotland, n = 171,913)

	%
<b>Not known</b>	17.4
<b>White</b>	
Scottish	49.3
Other British	8.6
Irish	0.9
Other White	3.1
<b>Any Mixed Background</b>	0.3
<b>Asian, Asian Scottish, Asian British</b>	
Indian	0.8
Pakistani	0.3

Bangladeshi	0.03
Chinese	0.2
Other Asian	0.4
<b>Black, Black Scottish, Black British</b>	
Caribbean	0.0
African	0.4
Other Black	0.0
<b>Other Ethnic Background</b>	0.2
<b>Declined</b>	18.1

### **NHS Scotland Sexual Orientation (NHS Scotland, n = 171,916)**

	%
Not known	33.1
Bisexual	0.3
Gay	0.4
Heterosexual	44.0
Lesbian	0.2
Other	0.2
Declined	21.8

### **Transgender and Disability Declared Status Headcount (NHS Scotland, total population declared)**

	number
Transgender	39
Disability	910

### **Age Groupings at 30 September 2013**

Of AHPs employed in NHS Scotland 16.7% are male and 83.3% are female, 57.6% work full-time and 42.4% work part-time.

For nurses and midwives 10.7% are male and 89.3% are female, 53.8% work full-time and 46.2% work part-time.

### **Allied Health Professionals**

<http://www.isdscotland.org/Health-Topics/Workforce/Allied-Health-Professions/>

	Headcount	%
Under 20 to 24	494	3.8
25 to 34	3,379	25.8
35 to 44	3,728	28.5



45 to 54	3,866	29.6
55 to 64	1,567	12.0
65 and over	43	0.3
Total	13,077	100.0

## Nursing and Midwifery

<http://www.isdscotland.org/Health-Topics/Workforce/Nursing-and-Midwifery/>

	Headcount	%
Under 20 to 24	2,337	3.5
25 to 34	11,700	17.6
35 to 44	16,156	24.3
45 to 54	25,480	38.4
55 to 64	10,201	15.4
65 and over	523	0.8
Total	66,367	100.0

## Further Information on Specific Areas for Consideration

### 1. Disability

Refer to literary summary provided by NES Equality and Diversity Adviser identifying issues surrounding disability and learning, with specific to reference to NMAHPs.

It is difficult to estimate the number of disabled NMAHPs, but research evidence suggests that a number of NMAHPs may not disclose their impairments. A review of literature on dyslexia in nursing undertaken for the Royal College of Nursing (Dale & Aiken, 2007) noted that previous studies had indicated that between 3% and 10% of the nursing population admit to having dyslexia, to give an example of only one type of impairment. We should, therefore, assume that available statistics underestimate the number of disabled NMAHPs and that an unknown percentage of staff will have an undisclosed or hidden disability.

A review of the literature on disability and learning indicates that there are a number of impairments which may particularly impact on learning, including sensory impairments, specific learning difficulties like dyslexia, dyscalcula or dyspraxia, mental health difficulties or long-term health conditions like chronic fatigue syndrome. Physical or mobility impairments also affect learning because of issues relating to the physical accessibility of learning. Issues here may involve travel, accessibility of facilities or issues relating to the navigation of e-learning resources. Different impairments may impact learning differently. It is therefore important to consider the variety of impairments when assessing the impact of educational infrastructure on disabled learners.

When assessing impact of proposed educational developments or resources on disabled learners, consider the following:

#### **Access to learning**

**Physical access:** This may involve physical access or appropriateness of the format, style or content. Barriers to physical access include location (accessibility of or distance of travel may be an issue), facilities access or the ability to navigate through e-learning materials by use of alternate means (keyboard, voice command, etc).

**Design access issues.** This involves issues like text design and text spacing (called 'leading' by printers), text layout, use of colours, etc. Design is relevant for handouts, slides, etc as well as for more formal printed documents. Design issues are particularly relevant for people with any type of visual impairment or with dyslexia. Information on good practice in design is available from the Scottish Accessible Information Forum, the RNIB and Dyslexia Scotland.

**Accessibility of written material:** This refers to issues like plain language, clarity and complexity of writing, use of jargon. This issue is particularly relevant for some people with dyslexia.

**Accessibility of e-learning resources:** E-learning can be very beneficial for disabled learners if designed and delivered properly. There are accepted accessibility standards for e-learning which promote access for people with a variety of impairments, and e-learning resources should be built to a minimum W3C AA standard. The W3C standards deal with a range of issues, including alt-tagging for visual and audiovisual content, building in

options for different text sizes and text and background colours, and alternate navigation modes for users with restricted mobility. They also set up e-resources to maximise the likelihood that they will be compatible with assistive technology like screen readers. (Note that screen reading through text-to-voice technology is useful for dyslexic learners). Research suggests that user testing should involve disabled users in order to ensure that all functional accessibility issues have been identified, even when the W3C standard is being used. Benefits of e-learning for disabled learners include flexibility in time and pace of learning, consistency of presentation, opportunities for collaboration which do not involve speech (helpful for those whose impairments affect speech), options for built in spell-checking and self-paced input, can use a variety of media (multi-sensory learning has been effective for people with dyslexia, for example).

#### Adjustments and support for learning

Disabled learners may require adjustments to the structure or pace of learning, specialist equipment (text-to-speech software, digital recorders, voice recognition software, equipment to support mobility, dexterity or strength), etc. Provision of learning materials in advance or in particular formats may be required. The online Teachability toolkit identifies good practice in inclusive pedagogical practice for a classroom environment and many of its recommendations are also relevant to formal training courses. The PEDs project identified good practice in making adjustments for clinical placements in social work, and these recommendations can be considered for relevance to the practice education context. Consider how support needs will be identified and delivered, and the roles of partner organisations as part of your impact assessment.

#### Flexibility & time

Flexible learning options have been shown to be beneficial for learners who experience a variety of impairments. This may involve the timetable for courses, the pace of learning, the use of blended learning or provision of learning options in different formats or platforms. Disabled learners may require more time for reading, provision of learning materials in advance, or opportunities to practice clinical skills in a low-pressure environment.

#### Assessment

Common adjustments to assessments include additional time, provision of computers, provision of scribes (for dyspraxia or those with limited mobility), changes to the format of the assessment or to the location of the assessment. The adjustment is made to the assessment process, not to the competency which is being assessed. All reasonable adjustments should be made in order to properly assess competency.

Knowledge and skills of trainers or supervisors to support inclusive learning. Consider the development needs of trainers or supervisors.

## **2. Gender**

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

The national statistics mean that the educational infrastructure projects and products are likely to be used by more women than men, with men being a minority group within NMAHPs. Health care chaplains by contrast have a higher proportion of men than women in NHS roles.

- Almost 45% of the NMAHP workforce is female on part-time contracts. This has a significant bearing on access to training and development. It is useful to consider

organising any resources into “chunks” of learning that will fit with a part time working pattern and not assuming all learners will be able to dedicate full days to the learning resource. Web-based resources lend themselves well to this implication for NMAHP learners, with “bite-sized” learning units/information contained in frameworks etc that can be built on rather than assuming it is possible for NMAHPs and healthcare chaplains to set aside full day of time to read and understand the educational infrastructure products provided.

- The NMAHP workforce is dominated by females who represent almost 90% of these professions in Scotland.
- Whilst there are no figures relating to the proportion of NMAHP workforce who are transgender, if national figures are replicated within the NMAHP workforce this might suggest between 1 in 100 or 1 in 20 of NMAHPs accessing the resources may be transgender. When the additional information from the equalities review UK research survey, Engendered Penalties is taken into account the figure for NMAHPs may be likely to be on the higher side of national estimates. This is based on the findings that 33% of trans respondents are in professional occupations compared to 10.8% of general UK population. The Scottish transgender alliance survey found that 55% of respondents had achieved an HND/ Degree or post grad degree qualification.

### **3. Sexual orientation**

What does the evidence tell us about different needs, experiences or outcomes for gay, lesbian or bisexual (LGBT) people?

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)?

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

What is the risk of discrimination?

ISD NHS workforce data in respect of sexual orientation as at March 2009, based on a workforce of 180,233 indicates a staff breakdown of 0.2 staff identifying as Gay, 0.1 as Lesbian and 0.3 as Bisexual, i.e a total of 0.6%, please see table below. It should be noted however, that from these figures over half the workforce i.e. 51.5% indicated ‘Not known’ when responding to this question and 12.1 declined to respond. Additionally, lack of agreement over the terms ‘lesbian’, ‘gay’, and ‘bisexual’ can also confuse and impact on the reliability and value of statistical information.

	%
Not known	51.5
Bisexual	0.3
Gay	0.2
Heterosexual	35.5
Lesbian	0.1
Other	0.2
Declined	12.1

It is estimated that there are some 3.6 million gay people in Britain<sup>1</sup> equating to approximately 6% of the population. Clearly this indicates substantial under-reporting in the NHS figures. Not only does this demonstrate the reticence that LGBT people have in identifying their sexual orientation publicly and/or within a workplace environment but also reflects the discrimination, across all spheres of life, that LGBT people continue to face on the grounds of their sexual orientation. As sexual orientation can often be 'hidden' the lack of visibility, together with non-acceptance and outright discrimination often means that, at best, LGBT peoples' needs go unmet or, at worst, they are subject to unacceptable and offensive behaviour.

Research by Stonewall, which works with a range of agencies to address the needs of the LGBT community, highlights some of the issues. In an introduction to its 2008 report, 'Serves You Right - Lesbian and gay people's expectations of discrimination' the organisation's Chief Executive, Ben Summerskill writes:<sup>2</sup>

*This report outlines the results of the first statistically significant national survey ever conducted into the life experiences of Britain's 3.6 million gay people. The resulting picture is stark.*

*Many lesbian and gay people still expect discrimination in their everyday lives. They still feel prevented from making a positive contribution to their communities and their workplaces. From police stations to family courts and from housing to health services, gay people remain uncertain of fair treatment, an uncertainty all too often derived from personal experience.*

*This research provides a powerful reminder that the equality of output which remains central to any aspiration for personalised 21st-century public services is dependent upon moving beyond equality of input. People need to be treated differently according, precisely, to the nature of their different needs. The insight provided by this report highlights the one remaining gap at the heart of Britain's legislative equality framework. There is not yet a duty on public bodies requiring them to promote equality of service for gay people in the way that already exists for gender, ethnicity and disability. The urgency of introducing such a 'positive duty' on public bodies is amply illustrated by the compelling new evidence outlined here.*

Research into the health of the LGBT community has also highlighted many inequalities. The NHS Greater Glasgow & Clyde Equalities in Health web resource<sup>3</sup> provides examples of how sexual orientation can affect health:

- 1. Research looking at mental health suggests gay men and lesbians report more psychological distress than heterosexuals. This can often be associated with a lifelong exposure to bullying and abuse. Surveys have shown extremely high*

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<sup>1</sup> Serves You Right Lesbian and gay people's expectations of discrimination. (2008)

Ruth Hunt and Sam Dick [http://www.stonewall.org.uk/what\\_we\\_do/2583.asp](http://www.stonewall.org.uk/what_we_do/2583.asp)

<sup>2</sup> Ibid

<sup>3</sup> [http://www.equalitiesinhealth.org/why\\_sexual\\_orientation\\_matters.html](http://www.equalitiesinhealth.org/why_sexual_orientation_matters.html)

*percentages of young lesbian, gay and bisexual (LGB) people reporting verbal and physical abuse. It has also been found that young LGB people are up to six times more likely to attempt suicide than heterosexual youth.*

- 2. Drug use amongst gay men has been found to be significantly higher than for heterosexual men. Research suggests that drug use is in part due to low self-esteem, and also due to the attitudes of society towards this group.*
- 3. Lesbians have specific health issues relating to fertility, pregnancy, sexual health and mental health. However, there is evidence that lesbians are afraid to tell their GP of their sexual orientation in case they experience discrimination.*
- 4. Figures show that gay men and men who have sex with men are generally at higher risk of contracting HIV/AIDS than heterosexual people. In 2006, 38% of all new cases of HIV/AIDS were found within this population group. Gay men and men who have sex with men are also at higher risk of contracting Ghonorrea, with 81% of all new cases diagnosed in 2006 found within this group.*

#### **4. 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?

Just over two-thirds of the Scottish population reported currently having a religion in the 2001 Census. More than six out of ten people said that their religion was Christian (65.09%); 42.40% Church of Scotland, 15.88% Roman Catholic and 6.81% Other Christian.

The Other Christian group includes a wide range of groups. Examples of write-in answers include the Church of England, Evangelical, and Greek Orthodox, Jehovah's Witness, Methodist, Spiritualist and many others.

After Christianity, Islam was the most common faith with 0.84% (42,600 people) describing their religion as Muslim. This is followed by people from Another Religion (0.53% or 27,000 people), Buddhists (0.13% or 6,000 people), Sikhs (0.13% or 6,600 people), Jews (0.13% or 6,400 people), and Hindus (0.11% or 5,600 people). Overall, people in these religion groups account for 2.80% of all people in all religion groups.

Within each faith community beliefs and practices will vary widely. In is best not to assume what individual's religious needs are even if they declare their religious affiliation but rather to enquire if they have any special requirements.

The Scottish Inter Faith Council is a useful body to contact for information and advice on particular issues. <http://www.scottishinterfaithcouncil.org>

Religion and Belief Matter is a very accessible and helpful resource produced by the Scottish Inter Faith Council.

<http://www.scottishinterfaithcouncil.org/resources/Religion+and+Belief.pdf>

#### **Access to learning:**

Timing of educational courses, conferences and training events

Members of certain faith communities may not be able to fully participate during times of religious observance eg Friday Prayer times for Muslims and Friday evening after sundown (Sabbath Observance for some Jews) or during certain religious festivals

See <http://www.interfaithcalendar.org/2009.htm>

Access to an appropriate quiet space for religious observance where educational courses, training events and conferences are being held.

Adequate washing facilities near to the quiet space are important for Muslim participants. A Multi-Faith Resource for Healthcare Staff (published by NES) also provides information about the religious practices of different faith communities.

<http://www.nes.scot.nhs.uk/documents/publications/classa/multifaith/Interactive%20master.pdf>

In general when planning educational courses or events it is advisable to include within information required from prospective participants the opportunity to declare any specific religious needs, including requirements to enable their religious practices to be performed or respected . This importantly also means checking their dietary requirements if food or drink is being provided.

## **5. Age**

What does the evidence tell us about different needs, experiences or outcomes for people from different age groups?

The literature indicates that children, young people and older people can perceive that services are not designed to take account of their specific needs.

In a recent report entitled “Young People’s Health: the need for action, Dr Russell Viner, Consultant in Adolescent Medicine argues that young people need to be recognised as a distinct group in devising public health policies (BMJ, April 2005, 330).

## **Key Links Page:**

Inclusive Education and Learning page on the Knowledge Network:

<http://www.knowledge.scot.nhs.uk/home/learning-and-cpd/about-education-and-learning/inclusive-education-and-learning.aspx>

Plain English:

<http://www.plainenglish.co.uk>.

Stonewall:

<http://www.stonewall.org.uk/>