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EQUALITY IMPACT ASSESSMENT

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NICE guidelines

Equality impact assessment

Safe midwifery staffing for maternity settings

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

Equality issues have been considered throughout the scoping process.

Ethnicity, age, disability, sexuality, socio-economic status, religious beliefs, non-English speakers and being a member of a social minority (e.g. migrants, asylum seekers, travellers) may all influence rates of access to maternity services. These factors may also influence the level of midwifery staffing required to provide safe care.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

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Consideration of the impact of equality issues on the provision of safe care to all women and babies is an integral part of standard midwifery practice. As such considering equality issues that may influence the provision of safe staffing forms an integral part of the scoping document and will form an integral part of the evidence reviewed by the committee.

There are no exclusions within the scope that require justification.

Completed by Developer: Kirsty Little (Clinical Fellow)

Date: 26/02/14

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date: 26/02/14

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

The importance of social complexity and social risk factors on safe midwifery levels was raised during the scope consultation process.

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

As a result of the additional potential equality issues raised during the consultation additional review questions have been added to the scope to allow the committee to fully consider the impact of these factors on safe staffing levels.

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2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

The guideline does not primarily address a population with specific disability related communication needs (although the guideline does address midwife care provided to women and babies which may include women who have disability-related communication needs).

Updated by Developer: Kirsty Little (Clinical Fellow)

Date: 22/04/14

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date: 22/04/14

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3.0 Guideline development: before consultation (to be completed by the developer before draft guideline consultation)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Potential equality issues, including those identified during the scoping process, have been considered throughout the committee consultation process. Where these issues, such as language barriers, social exclusion, maternal age and physical/mental/communication disability, have been considered by the committee to have a direct influence on midwifery staffing this has been highlighted in the guideline. It has also been highlighted that organisations using the guideline should monitor their population for changes in these, and other demographic characteristics such as migration, that might influence staffing requirements.

Social complexity, safeguarding and social isolation were raised during the consultation on the scoping document. These issues were added to the final draft of the scope and were considered by the committee alongside the other potential equality issues identified.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

No additional issues were identified. Some previously identified issues were explored in greater detail and expanded. These have been highlighted in the guideline when the committee felt they were significant factors.

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

Yes, in the guideline recommendations (such as where examples are provided), and in the Linking Evidence to Recommendations appendix to the guideline.

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3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, it is not anticipated that the preliminary recommendations will make it more difficult for any specific groups to access the benefits of care.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, there's is no potential for the preliminary recommendations to have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

As it was not anticipated that the preliminary recommendations will make it more difficult for any specific groups to access the benefits of care, no specific recommendations were made. Consideration of equalities issues is covered more generally in the recommendations and supporting tables and boxes included in the guideline, where individual care needs of women, babies and their families are considered.

Completed by Developer: Kirsty Little (Clinical Fellow) & Sheryl Warttig (Technical Analyst)

Date: 16/10/14

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date: 16/10/14

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4.0 Final guideline (to be completed by the Developer before GE consideration of final guideline)

4.1 Have any additional potential equality issues been raised during the consultation, and, if so, how has the Committee addressed them?

None were raised

4.2 If the recommendations have changed after consultation, are there any recommendations that make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

Changes made to recommendations are not anticipated to make it more difficult for specific groups to access services.

4.3 If the recommendations have changed after consultation, is there potential for the recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

Changes made to recommendations are not anticipated to have an adverse impact on people with disabilities as a consequence of their disability.

4.4 If the recommendations have changed after consultation, are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

Changes made to recommendations are not anticipated to require recommendations or explanations regarding alleviating barriers to or access to services.

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4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

Recommendations are focussed on meeting the individual needs of all women and babies accessing midwife care. The linking evidence to recommendations describes the committee's equalities considerations too.

Updated by Developer: Sheryl Warttig (Technical Analyst)

Date: 04/02/2015

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date: 04/02/2015

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5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable:

None

Approved by Developer: Sheryl Warttig (Technical Analyst)

Date: 24/02/2015

Approved by NICE quality assurance lead: Lorraine Taylor (Associate Director)

Date: 24/02/2015