

Equality Impact Screening

Title of policy: Community children’s nursing services – publication of a document to share the findings of a project to support the implementation of existing policy

Short description of policy: The policy was set out in standard 6 of the Children, Young People and Maternity NSF in 2004. It seeks to support the development of children’s nursing services, as part of wider children’s services, to enable all ill and disabled children to be cared for at home unless their clinical needs require hospital admission.

This document shares the findings of a DH project aimed at identifying and sharing local good practice. The project in question was not a piece of formal research and the nature of the document reflects this. It aims to be a helpful document for both commissioners and providers wishing to improve or benchmark their services.

The project did not identify any equalities issues in relation to the delivery of community children’s nursing services. (This was true in general and also for each of the seven specific areas considered in this screening template). This is a gap in our understanding of these services and we will be looking at the results of the study commissioned by the National Institute of Health Research, and currently being conducted by the University of York, to see if it provides any additional information on such issues. Any information would then be taken into account in decisions on future policy and research.

Negative impact

How could the policy have a **significant** negative impact on equality in relation to each area?

The overall aim of the document is to make access to community children’s nursing services available to all children and young people based on clinical needs.

Both mapping of children’s health services and anecdotal evidence indicate that provision of community children’s nursing services is patchy, with very few areas offering services that meet the full range and extent of nursing needs.

Age, ethnicity, gender (including transgendered people), religion or

belief and sexual orientation

There should be no negative impact as this seeks to improve service provision for all children and young people who need it.

The document highlights that the needs of young people are met when (amongst other things):

- parents can rely on services that are accessible, equitable, comprehensive, sustainable and flexible for all young people with a nursing need.
- there is no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief. (The document also highlights that this does not preclude developing interventions targeted at particular groups of children and young people).

Disability

Some disabled children have a nursing need as a result of their disability. Community children's nursing services can address such needs and so by facilitating the sharing of good practice in this area this document could have a positive effect on services for disabled children.

See also 'Age' above.

Socio-economic groups

Any potential negative impact is mitigated by the policy being based on the principal of individual assessment of the child / young person's needs and family choice

Positive impact

Could the policy have a **significant** positive impact on equality by reducing inequalities that already exist?

Explain how will it meet our duty to:

1. Promote equal opportunities

Currently many adults have access to nursing care in the home which is denied to many children due to ad hoc community children's nursing service provision. This promotes services being available to all children who need it. A stated outcome in the document is that there is no discrimination on the grounds of age.

2. Get rid of discrimination

The document highlights that the needs of young people are met when (amongst other things) there is no discrimination on the grounds of race, disability, gender, age, sexual orientation, religion or belief. (The document also highlights that this does not preclude developing interventions targeted at particular groups of children and young people).

3. Get rid of harassment

No.

4. Promote good community relations

No.

5. Promote positive attitudes towards disabled people

A stated outcome in the document is that there is no discrimination on the grounds of disability. Disabled children are a specifically identified group the document aims to promote services for.

6. Encourage participation by disabled people

This policy particularly supports disabled children remaining as part of their family (rather than being in hospital) when it is in their best interests to do so. In addition to above the comment it promotes involvement of the disabled child or young person in choosing their care.

7. Consider more favourable treatment of disabled people

As above, the aim is to promote care for all ill and disabled children at home when appropriate.

8. Promote and protect human rights

It promotes the right to family life and the right for the child to be cared for as part of their family where this is possible (upholding the spirit of the UN Convention on the Rights of the Child).

Evidence

What is the evidence for your answers to the above questions?

Age / Promoting equal opportunities for children:

Children and young people represent approximately twenty-five per cent of the population and with their families are very clear that their preferred place of care is their own home and community where they can continue to live their lives amongst friends and family¹²³⁴

Children and young people are referred to as 4 groups:

- Children with acute and short-term conditions
- Children with long term conditions
- Children with disabilities and complex conditions including continuing care and neonates
- Children with life-limiting and life-threatening illness including palliative and end of life care

Those who have long-term conditions have not experienced the same improvements in outcomes as those of adults. For example, 84% of children under 16 with diabetes in England and Wales had poor or very poor diabetic control.

Better management of long-term conditions such as these during childhood will lead to increased life expectancy and greater opportunity to fulfil their social and economic opportunities⁵.

CLIC-Sargent⁶ found that frequent admission or long periods of time in hospital for children and young people with cancer can cause long term harm through social isolation; interrupted education resulting in poorer educational outcomes and employment opportunities.

The independent review⁷ into the care of children with palliative care needs found that the provision of community children's nursing was critical to families ability to care for their child at home especially in the end of life phase and yet seventy four per cent of children with life-limiting and life-threatening conditions die in hospital when they and their families have stated they would prefer to be at home.

Encourage **participation** by disabled people

These children and young people can be cared for at home – the setting of their choice. Critical to the success of care in the home or community setting is accessible advice, support, and co-ordination of services around their needs enabling them 'to live full lives without being pushed to their coping limits' (parent 2009).

¹ Sartain et al 2002 Randomised Control Trial comparing an Acute Paediatric Hospital at Home Scheme with conventional hospital care Archives of Disease in Childhood 2002 87: 371-375

² Transforming Community Services: Ambition, Action, Achievement Transforming Services for Children, Young People and their Families 2009

³ RCN Well Child Better at Home Campaign 2008

⁴ Independent Review Children's Palliative Care 2007

⁵ DH Healthy Lives: Brighter Futures 2009

⁶ CLIC-Sargent More Than My Illness: Delivering Quality Care for Children with Cancer 2009

⁷ DH 2007 Independent Review of Palliative Care for Children & Young People

Whilst there are many examples of good community services provision this is not a consistent pattern and in many areas health services for ill and disabled children and young people in the community are fragmented and underdeveloped leading to inequality, inefficiency and unmet need.⁸

What does available research say?

Existing research has given no consideration to equalities issues.

What further research or data do you need to fill any gaps in your understanding of the potential or known effects of the policy?

None identified.

Have you thought about commissioning new data or research?

The National Institute of Health Research has commissioned the University of York to conduct a study evaluating models of care closer to home for children and young people who are ill. One of the aims of this study is to 'explore how different models respond to needs influenced by, for example, age, condition, ethnicity and deprivation'. Once we have findings of this study we shall consider whether further research is needed. The initiation of any further nationally-sponsored work in this area will depend on whether such activities are covered by the roles and responsibilities of the Department of Health, or any other national body, under the new arrangement for the NHS.

Screening assessment

Now that you have looked at the evidence, do you think that the policy needs a **Full EqIA**? **No**
