Equalities In Health

NHS Greater Glasgow and Clyde

Inequalities Sensitive Practice Initiative

NHS Greater Glasgow and Clyde

Final Evaluation Report

Executive Summary

Produced by avanté
strategic directions
creative solutions

February 2009

Acknowledgements

Avanté Consulting wish to acknowledge most sincerely the support and assistance which we have received throughout this initiative. The very willing participation by the ISPI Project Team, Steering Group, Implementation Groups, Task Groups, staff of NHS Greater Glasgow and Clyde, Glasgow City Council, and participating voluntary organisations, in individual interviews, focus groups, and workshops, has ensured completion of the evaluation against project objectives and to the agreed timescale. We are grateful to everyone for their courtesy, honesty, co-operation, and constructive contributions. In particular, we would like to thank Sue Laughlin, Ruth Kendall, Cath Krawczyk, and Christine Duncan for their advice, guidance, and patience.

We also wish to acknowledge the contribution of all other stakeholders who gave their time and/or information to complete the questionnaire.

We are most grateful to NHS Greater Glasgow & Clyde for giving us the opportunity to work with them. It has been a thoroughly interesting, informative, challenging, and enjoyable experience for us.

We hope sincerely that this report will support NHSGGC and its partners as they seek to develop further inequalities sensitive practice across health and social care services, in the interests of our most vulnerable communities, in Glasgow and throughout Scotland.

Avanté Consulting
January 2009

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Executive Summary

The Inequalities Sensitive Practice Initiative (ISPI) was launched by NHS Greater Glasgow & Clyde (NHSGGC) in 2006, and funded as part of the former Scottish Executive's Multiple and Complex Needs Initiative.

Within the context of health inequalities, ISPI's aim was to identify and illustrate ways of delivering health services which take proper account of individuals' circumstances. With an emphasis on poverty and gender, the initiative explored how practitioners can support clients to disclose sensitive and difficult issues, such as prostitution and domestic violence, and considered how practitioners and services can respond effectively to these issues. At the same time, managers, planners, and policy makers were encouraged to consider the benefits to be derived from inequalities sensitive practice in terms of performance.

From the beginning, ISPI's focus was upon **practice**. The aim was to encourage practitioners across a range of disciplines to consider and discuss not only **what** they do, but **how** they do it. At the heart of ISPI was the belief that whilst effective partnership working and efficient systems and processes can support inequalities sensitive practice, they are not, in themselves, the solution. ISPI encouraged staff to question the ways in which they respond to an individual's circumstances, to examine personal attitudes and beliefs, and to consider how their current practice and behaviour might not be appropriate in every situation. Staff working in a variety of situations considered how their practice might be improved in order that services can be sensitive to the needs of clients whose health is adversely affected by the circumstances in which they live.

The settings

Four settings were selected for the location of ISPI. Each setting had adopted a model of health and social care which recognised the need to extend beyond the traditional, medical responses to the poor health which can result from inequalities, and which acknowledged the significance of poverty and gender. The settings were:

- Maternity Services
- Integrated Children's Services
- Addictions Services
- Primary Care Mental Health Services

Already, these settings had introduced a range of measures designed to address the multiple and complex needs of clients. These included:

- in Addictions Services, the development of a Gender Pilot;
- in Maternity Services, a range of support services delivered to women with complex needs via the Women's Reproductive Health Service;
- in Integrated Children's Services, the establishment of Parent and Child Together (PACT) Teams, designed to provide short-term, intensive support to vulnerable families; and
- in Integrated Children's Services, the establishment of Parent and Child Together (PACT) Teams, designed to provide short-term, intensive support to vulnerable families; and
- in Primary Care Mental Health Services, the establishment of multi-agency teams whose remit was to provide short-term interventions for people with 'mild to moderate' mental health problems, together with a responsibility to engage with local communities in order to promote positive mental health.

From the outset, ISPI sought to make the connections between policy and practice. It offered support to the design and piloting of new approaches to service design and delivery, principally within NHSGGC, and involving local authorities and partners from the voluntary and community sectors.

The ISPI Team

Appointed in 2006, the team comprised a Project Co-ordinator, four Setting Leads (one for each of the settings), a Learning and Development Officer, and an Administrative Officer. The initiative was directed throughout by a Steering Group which included senior representatives of NHSGGC, Glasgow City Council Social Work Services, and the Scottish Government.

Four Setting Implementation Groups were established, with a view to ensuring support and direction at individual setting level. In two of the settings (Maternity Services and Addictions Services), Task Groups were set up, working closely with the Setting Leads.

The evaluation process

In 2007, ISPI commissioned Avanté Consulting as the project evaluators. The Avanté team worked closely with the ISPI team, the Steering Group, and representatives of the Public Health Resource Unit Research and Development team in order that learning could be shared throughout the course of the initiative. The consultants met regularly with stakeholders – the Project Team, staff from individual settings, senior managers, and partner organisations – through individual interviews, focus groups, and workshops. They observed meetings and discussions, and studied relevant minutes, papers, and policy in order to identify the extent to which ISPI was influencing practice, planning, and policy development. An electronic and paper-based questionnaire distributed widely across the settings provided feedback on attitudes, awareness, and understanding of inequalities sensitive practice and ISPI.

Through this approach, Avanté consultants developed a comprehensive understanding of the initiative and fulfilled the role of 'critical friend' to the initiative and its staff, whilst at the same time providing objective ongoing evaluation.

What did we learn?

The key ingredients

Inequalities sensitive practice was already evident in many situations, without being 'labelled' as such. Whilst such practice was often attributable to an individual's personal commitment to equalities and inclusion, it was recognised that it was an approach worth defining and replicating. ISPI identified the key ingredients required for inequalities sensitive practice as follows:

- leadership, commitment and enthusiasm;
- recognition of the significance of inequalities sensitive practice throughout the organisational infrastructure;
- a supportive, working environment;
- well-established, well-functioning teams;
- champions of change, offering dedicated, practical support;
- recruitment and selection processes which reflect the values and principles, characteristics and skills required in order to deliver inequalities sensitive practice;
- adequate investment in the development of ISP-related training and support programmes;
- practical illustrations of inequalities sensitive practice (as provided by the ISPI practice descriptors);
- discussion and debate – within a non-threatening environment;
- effective, regular support and supervision for all staff, where principles and practice are considered alongside case management;
- a monitoring and evaluation framework which examines the impact of all of the above, with regard to client support, staff development, and performance management.

What's to be done?

The evaluation report proposes a series of recommendations:

1) The significance of inequalities sensitive practice must be embedded throughout the organisational infrastructure - reflected in policy and planning, organisational development, performance management, learning and development, human resources, and the allocation of resources.

2) NHSGGC should ensure that corporate services, including the Corporate Inequalities Team, Organisational Development, and Public Health, work more collaboratively to ensure clarity of roles and responsibilities in relation to the ongoing development of inequalities sensitive practice.

3) The work of ISPI in relation to learning and development should be remitted to the Learning and Development service located within Organisational Development.

4) The role of leaders, throughout the organisation, in the development of ISP should be explored, and reflected in future leadership programmes and performance management.

5) The role of 'champions' within services should be explored and defined, with a view to identifying future ISP champions across all NHSGGC settings.

6) Strategic and operational managers, and any other relevant staff should be given dedicated responsibility and authority which will ensure that ISP is reflected in planning and policy.

7) Local structures (as described within the main report) should be established in order to further embed a commitment to ISP amongst practitioners. These structures should be led by local managers, involve front-line practitioners and administrators, and include a rolling programme of learning & development activities.

8) An understanding of and commitment to ISP must be further developed within the recruitment and selection of all staff employed by NHS GG&C, and reflected in future person and job specifications.

9) ISP should form a core element of induction activities and mandatory training for all NHSGGC staff, with identified pathways for ongoing equalities training and development.

10) Discussions with professional training providers, particularly nurse and social work training institutions, should be initiated in order that inequalities sensitive practice can be reflected in the training of potential future employees.

11) The Knowledge and Skills Framework (KSF) system of performance and development planning (currently under-utilised) should be amended to reflect ISP in performance and development planning, and fully utilised across all services.

12) Within individual settings, there should be regular opportunities for practitioners to share, question, and develop their practice within a safe and supportive environment, individually and collectively, and with access to case studies, practice descriptors, and other relevant materials.

13) Existing structures should be used to disseminate outputs/resources and share learning from ISPI, and Public Health seminar programmes utilised to articulate and highlight good practice..

14) There should be further investment in developing practical illustrations of inequalities sensitive practice such as those provided by the ISPI practice descriptors, DVDs and case studies.

15) Regular staff support and supervision should reflect a commitment to reflective practice for all staff.

16) Screening, assessment, and referral systems within settings should be reviewed to ensure consistency and a commitment to inequalities sensitive practice, using tools such as the Equality Impact Assessment.

17) Current data collection systems should be reviewed and enhanced in order to ensure the effective and efficient gathering of client profiling information. Furthermore, the use of data collected from these systems should be reflected in future service planning and design.

18) A comprehensive monitoring and evaluation framework should be designed and implemented across NHSGGC, in relation to all of the above recommended actions. This framework should include qualitative and quantitative inequalities indicators which support the measurement of impact upon clients, staff, and overall performance.

19) Policy makers, at national and local levels, should ensure that policies take account of the views of managers and practitioners, and that supporting workforce development initiatives are aligned to enable the effective implementation of policy.

Why do we think so?

The recommendations described above are based upon a number of key themes which emerged throughout the initiative, across all of the settings, in individual interviews, focus groups, meetings, and workshops. They include:

- **language and definitions;**
- **inequalities sensitive enquiry;**
- **leaders and champions;**
- **policy and practice; and**
- **learning and development.**

In October 2008, an Action Research Workshop attended by practitioners, team leaders, senior managers, and ISPI staff explored these themes in detail and concluded that they reflect the key 'enablers' to the development of inequalities sensitive practice across mainstream services.

At the same time, they highlight barriers to be addressed if staff are to recognise the significance of inequalities sensitive practice, question their values and attitudes, and explore ways in which they might change current practice.

a) Language and definitions

In the initial stages, there was uncertainty amongst practitioners as to the meaning of the phrase 'inequalities sensitive practice'. When invited to give a definition, the most common response was 'a holistic, multi-agency response to the needs of individual clients'. People referred to single shared assessments and referral processes. Rarely did anyone suggest that it might have something to do with their individual practice. However, as a result of the discussion and debate facilitated by ISPI, there has been a gradual raising of awareness and understanding.

> *"When we were developing the Gender and Addictions Toolkit prior to ISPI we asked workers what their definition of 'inequalities sensitive practice' was. We were struck by the number of workers that said this meant treating everyone the same. ISPI has managed to get underneath this and been able to evidence that in reality workers do not treat everyone the same, that they do take on board the diversity of our client group and respond differently to each service user. It was clear they struggled to articulate this and also did not badge this under 'inequalities sensitive practice'."*
>
> **Senior Manager, Addictions Services**

Critical of what they described as 'policy speak - the language of academics', by the end of the initiative, staff from all of the settings could describe in their own terms the key characteristics of ISPI.

"Key Characteristics of Inequalities Sensitive Practice

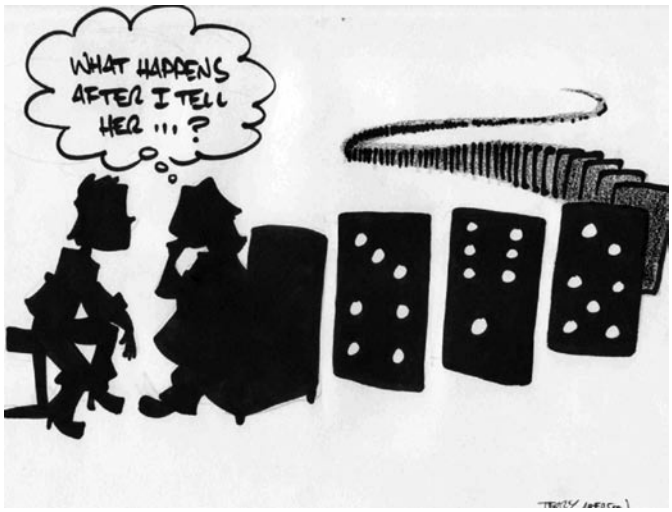
- person centred **and not** service/profession centred
- firmly embedded in a **social model of health**
- have **core**, **routine** areas of **enquiry**
- empathetically 'curious' **and** actively supportive
- firmly embedded in appropriate **pathways of support care**
- firmly linked to **performance management systems/ data collection sets**
- carried out by **competent practitioners who know and understand the impact of social inequalities on health."**

Extract from Integrated Children's Services Setting Report

The absence of a formal definition at the start of the initiative proved helpful, as it prompted discussion and encouraged practitioners to develop descriptions which were more meaningful and relevant to their working environments.

b) Inequalities Sensitive Enquiry

'Inequalities sensitive enquiry' was by far the most significant of the themes, highlighted as the key to inequalities sensitive practice. It was widely agreed that it is not possible to design and deliver an appropriate package of support services without an effective and comprehensive assessment of an individual's circumstances, carried out in a considered way, and at the right time. However, there are a number of issues to take into account.



What happens if I tell her?

Clients will disclose only when they are ready. They may be fearful of the consequences of disclosure, and may not raise sensitive issues at a first appointment. The practitioner must be able to 'read the signs', instil trust in a client, and offer reassurance that support is available. Disclosure requires time, and a relationship between practitioner and client that is based on trust.

"A can of worms"?

Practitioners may be reluctant to pursue sensitive enquiry, concerned that they don't know how to deal with a particular issue or at times, don't want to. Awareness raising, training and experience, together with a comprehensive knowledge of other available services, can give staff the confidence and skills to conduct sensitive enquiry. Practical illustrations, such as the DVDs developed by ISPI, offer an excellent means of demonstrating how to explore difficult issues with a client.

Support and supervision

A structured framework for support and supervision provides the opportunity to discuss specific cases including practice review, as well as support for problem-solving, case management and professional development. The active development of this model of support and supervision was highlighted by staff as a crucial element of inequalities sensitive enquiry and service delivery.

And it's not just the clients

Individual members of staff may have personal experience of issues such as drug and alcohol abuse or domestic violence. Managers were acutely aware of this, and highlighted the need for support to be available to staff, if required.

c) Leaders and champions

Respondents shared the view that changes in practice are best supported by strong leadership. If inequalities sensitive practice is to be established across mainstream services, there must be clear evidence of commitment and action from senior managers and team leaders across the organisation.

Within the ISPI settings, the enthusiastic engagement of senior managers enabled a comprehensive programme of discussion and training. Attendance at training events was good; ISPI was welcomed as a tool to support development and change. Conversely, without the support of managers, there were serious difficulties in generating interest in the initiative.

There must be leadership and decision-making which reflects a commitment to inequalities sensitive practice in terms of planning, setting targets, identifying priority areas, and allocating resources. In a climate of financial and workload pressures, this requires managers to make challenging decisions on how ISP is supported and resourced against a range of competing organisational priorities.

At the same time, ISPI confirmed the value of 'champions' – practitioners who understand the job and can work alongside their colleagues, to support and encourage change.

The model of the ISPI Project Lead as 'champion' was vitally important in ensuring that inequalities sensitive practice was a constant feature of service planning and delivery. The Project Team was described by everyone involved in ISPI as bringing passion, drive, and vision to the initiative, and a key underlying contributor to the success of the initiative.

d) Policy and practice

There was a general frustration shared by practitioners, team leaders, and senior managers over the volume of national policies relating to inequalities and wider health initiatives.

Managers and practitioners expressed their frustration at the apparent 'disconnect' between policies and operational issues. There was little sense that policies were influenced by practice and, as a result, were not 'owned' by the field. At times, this led to resentment about additional administrative and reporting demands which were seen to detract from service delivery.

In particular, staff complained that workforce development initiatives were rarely 'in sync' with the relevant policies.

> *"Staff and team leaders appear to feel disconnected from the worlds of policy and planning and in some cases feel that their lack of influence in shaping decisions about practice hampers their ability to respond effectively to their service users."*
>
> **Report from PACT (Parent & Child Together) Teams**

Making the connection

Discussions with managers, practitioners, and members of the Corporate Inequalities Team indicated that ISPI provided valuable support in terms of delivering services in response to policies and strategies. Through discussion, training, and example, ISPI helped to connect policy and practice, enabling practitioners to consider how they might change their individual practice in response to policy.

e) Learning and development

Throughout the initiative, training programmes provided the opportunity to raise awareness and understanding of inequalities sensitive practice amongst practitioners. Workshops exploring case studies and practical illustrations have offered the means to examine current practice in a supportive environment. Information sessions enhanced knowledge and understanding of specific issues and of services provided by partner agencies.

Equally important was the multi-agency approach to learning and development which supported the integration of services and effective partnership working. Respondents from health services, social work services, and the voluntary sector confirmed that ISPI encouraged staff to examine together their understanding of equalities/inequalities, the impact upon the health and wellbeing of the individual and their family, and the ways in which their practice can best support clients.

> *"When the Project Lead came to our meeting, everyone was completely baffled. It felt a bit condescending. But in terms of trying to measure it, people are fine about it. We have found it quite useful – the training has flushed out some of the concerns I had about health service staff. They clearly don't have the same opportunity in their training to consider values."*
>
> **PACT Team member**

Measuring impact

Despite efforts to encourage the development of data collection systems, further work needs to be done. In the absence of baseline information and consistent and systematic data gathering, it was difficult to measure progress in terms of staff development, or outcomes for clients as a result of suggested changes in practice.

In interviews and workshops, managers emphasised the need for a business case to be made in relation to inequalities sensitive practice. In order to secure further investment in resources, the impact of inequalities sensitive practice must be demonstrated in terms of effectiveness and efficiency. Practice descriptors which have been developed within each of the settings will provide the basis for performance indicators and inform the development of an effective, and more consistent monitoring and evaluation framework across different settings.

In conclusion

This relatively small but ambitious project has pursued a series of objectives which sit at the core of a wide range of national and local strategies, policies, and initiatives. When considering the allocation of resources, the emphasis placed currently upon inequalities and health improvement remains small in relation to efficiency and the delivery of clinical services.

Despite its size and scale, ISPI has led to a shift in understanding and awareness amongst the policy makers, planners, and practitioners engaged in its activities. The influence of policy makers involved in ISPI can be evidenced in recent NHS Greater Glasgow & Clyde policies and strategies; the development of practice descriptors in each of the settings indicates that one year on, not only do managers and practitioners engaged in ISPI have a better understanding of **what** constitutes inequalities sensitive practice, they have found the means to describe **how** it can be done; the development of resources such as the DVDs which offer a practical illustration of inequalities sensitive practice will contribute significantly to extending training and learning to a wider audience of NHSGGC staff in the future.

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February 2009

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