NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Rehabilitation after Traumatic Injury

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?
Stakeholders commented about the equality impact of the factors identified by the committee as forming part of the rehabilitation needs assessment. Comments were received about including spiritual and religious practices along with other background information, in order to better inform the rehabilitation plan. The committee agreed that this was an important consideration, which was not fully covered by the mentions of cultural considerations. Therefore, the committee added spiritual and religious practices to the rehabilitation needs assessment. Another comment received was that isolation was not always based on where somewhere lives. Social isolation also needs to be taken into account when continuing rehabilitation in the community. This disproportionately affects older people, and has only worsened with COVID-19. This is especially important for psychological and psychosocial adjustment after traumatic injury, as well as when giving information on community support and assessing risks in the home environment. The committee therefore included social isolation as an example of a social factor that might need additional support. Finally, a few stakeholders mentioned that the needs assessment needs to include any previous healthcare needs, as they may require additional referrals or interventions to ensure effective rehabilitation. The committee agreed to expand the rehabilitation needs assessment to assess whether the person has new or existing cognitive, hearing, visual or communication impairments or emotional difficulties that might affect their ability to engage in rehabilitation. A few stakeholders asked if more explicit consideration could be given to people who do not speak English as a first language. Although the committee have signposted to other NICE guidance on communication between healthcare professionals, patients and their families, they agreed that the need for reliable interpretation was important in several areas. They added access to interpreters when undergoing a rehabilitation needs assessment. At a minimum, people are likely to be in a state of shock at this point and reliable translation is paramount to ensure the assessment team receive correct information. They also specified that the handover report should include details of a person’s language needs as this will be the primary document that will be with a patient throughout their rehabilitation journey. Finally, the committee have made several recommendations regarding pain management throughout the

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guideline. They discussed that pain is already a very difficult characteristic to assess reliably due to its subjective nature. In order to limit the confusion with pain assessment, the committee recommended that a person's first language is considered when choosing a measurement tool. Communication with children was another theme from stakeholders, who were concerned that recommendations regarding communication of information did not include adjustments for children and young people. Communication with children and young people is covered by recommendations in the NICE guideline on babies, children and young people's experience of healthcare (NG204), which has been published during the consultation for this guideline. Therefore, the committee signposted readers to this guideline, alongside the NICE guidelines on adults healthcare experience and shared decision-making. A number of organisations commented on the draft guideline, advising where recommendations could be expanded to better encompass the paediatric population. As a result, play therapists was added as an example to the recommendation on the components of the multidisciplinary assessment team, as well as an example of how to maintain range of movement and regain function after nerve injury. Similarly, the committee amended the recommendation wording regarding offering additional support in developing and delivering a self-management programme. This now includes consideration for a child's developmental stage, as rehabilitation programmes may have to utilise different language or formats for younger age children. Some organisations commented on educational adjustment needs that children and young people face when returning to school or education. The committee expanded a current recommendation on establishing eligibility for educational support funding for children and young people, to include eligibility for emergency educational support funding. This will allow children and young people to continue their education as soon as possible, which may be before long-term funding is established. Although the draft guideline had recommendations that included sharing rehabilitation information with educational settings, the committee discussed that this may not be sufficient. Therefore, the committee recommended organising a meeting between the school or education provider, 1 or more members of the multidisciplinary team, and parents or carers of children and young people undergoing rehabilitation after trauma. This dedicated time will allow rehabilitation professionals to inform the education provider about the changes to the environment and education plan that the child or young person may need, talk about how these can be met and answer any questions or concerns. Prior to consultation, the recommendation on safeguarding assessments only referenced the NICE guidelines on child abuse and neglect and child maltreatment. A stakeholder raised concerns that the wording did not adequately reflect the legal responsibility of healthcare professionals as mandatory reporters. It also did not include any additional guidance for safeguarding in the adult population. Therefore, the committee agreed to include a reference to the Care Act 2014, a piece of legislation that clearly sets out the expectations of safeguarding in all age groups among professionals.

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?
No

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?
No

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 question 4.2, or otherwise fulfil NICE's obligations to advance equality?
No

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?
The committee's consideration of equality issues have been described in the evidence reviews and in the responses to stakeholder comments.

Updated by Developer: Lisa Boardman

Date: 21/10/2021

Approved by NICE quality assurance lead: Nichole Taske

Date: 03/12/2021