NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Supporting adult carers

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

The guideline committee highlighted the following groups that need specific consideration as they may find it more difficult to access services or may have specific needs for how services are delivered:

* older carers (including frail elderly)
* young adult carers (18-25)
* carers with disabilities and long-term health conditions
* male and female carers
* lesbian, gay, bisexual and transgender (LGBT) carers
* black, Asian and minority ethnic carers

Any specific needs of these groups will be highlighted during development of the quality standard.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The quality standard for carers will not include:

* Young carers aged 17 or under
* Adults who care for children under 16 with health and social care needs.

These groups are excluded due to differences in support provision. These groups will, however, be included in relation to whole family assessments.

Completed by lead technical analyst: Melanie Carr

Date:13/01/2020

Approved by NICE quality assurance lead: Nick Baillie

Date: 15/1/2020

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### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

The committee considered that women are more likely to take on caring roles and that this is an important equality issue given the gender pay and pension gap in the UK. Statement 1 highlights that health and social care practitioners should avoid making assumptions about who might be providing care based on their gender or their relationship to the person being cared for. This issue also helped them to prioritise statement 5 on supporting carers to remain in work but they agreed that no specific equality considerations were needed for this statement.

The committee highlighted that it is important to ensure that carers with additional needs such as physical, sensory or learning disabilities, and carers who do not speak or read English, or who have reduced literacy skills can access information in an accessible way. Statements 2 and 4 highlight that services should make reasonable adjustments to ensure information can be easily read and understood, including video or easy read information, and carers should have access to an interpreter or advocate if needed. These statements also highlight that information should be culturally and age appropriate. In addition, statements 3 and 4 highlight that services that provide carers’ assessments and carers’ breaks should make reasonable adjustments to ensure the service can be accessed by people in these groups and they should have access to an interpreter (including British Sign Language) or advocate if needed.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard at this stage.

### 2.3 Do the draft quality statements 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?

The draft quality statements do not make it more difficult in practice for a specific group to access services compared with other groups.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The draft quality statements do not have an adverse impact on people with disabilities.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

There are no additional explanations that the committee could make at this stage.

Completed by lead technical analyst: Melanie Carr

Date: 26/8/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 6/10/2020

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders suggested that carers in some vulnerable groups may find it more difficult to identify as a carer and to seek support. Statement 1 highlights that health and social care practitioners should recognise that it may be more difficult for carers in some groups to identify as a carer and to seek support due to cultural and communication barriers. This includes young people, very elderly, people whose first language is not English, black and minority ethnic groups and people who identify as lesbian, gay, bisexual or transgender.

Stakeholders also noted the importance of ensuring that services that provide replacement care and support for carers to have a break are widely accessible. Statement 4 highlights that services that provide replacement care and support for carers to have a break should make reasonable adjustments to ensure that people with additional needs such as physical, sensory or learning disabilities, and people who do not speak or read English, or who have reduced communication skills, can use the service. The service provided should be culturally and age appropriate.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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?

Statements 1 and 5 are now focussed on organisations rather than carers. Only minor changes have been made to the other statements after consultation. None of the statements make it more difficult for specific groups to access services.

### 3.3 If the quality statements 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?

The statements do not have an adverse impact on people with disabilities.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

The committee has not identified any additional explanations that could advance equality.

Completed by lead technical analyst: Melanie Carr

Date: 23/12/2020

Approved by NICE quality assurance lead: Mark Minchin

Date: 05/02/2021

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No relevant amendments were made by Guidance Executive.

Completed by lead technical analyst: Melanie Carr

Date: 26/02/2021

Approved by NICE quality assurance lead: Mark Minchin

Date: 26/02/2021

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