NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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

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

If evidence was found specifically about any of these groups then it was reported and the committee given the choice as to how they would use the evidence to make recommendations. Equally when looking at generic evidence about all carers the committee sometimes agreed via consensus to include a reference to one of these groups of carers within the recommendation in order to address potential inequalities around how a service or task may be delivered or offered to carers.

Groups to be given specific consideration when developing the guideline

older carers

young adult carers (18-25)

carers with disabilities and long term health conditions

male and female carers

lesbian, gay, bisexual and transgender carers

black, Asian and minority ethnic carers

Issues raised by stakeholders

Variation in support relating to geographical location – One of the purposes of the guideline was to help address variation of support for carers across the country, so the recommendations reflect this aim.

Inadequacy of support for carers in relation to caring for someone with dementia and other mental health problems – There are a number of condition specific guidelines which make recommendations more focused on the needs of carers supporting people with those conditions. The committee agreed that given the scope of this

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guideline it was more appropriate for the condition specific recommendations to remain in those relevant guidelines. However mindful of the particular challenges of caring for people with complex needs (but no particular condition) they addressed these challenges in some of the recommendations. For example, evidence located in the work, education and training review (D) showed that carers were discouraged from exploring opportunities for work because of concerns over the quality of replacement care, especially when the person's needs are complex. To address this, the committee drafted the recommendation about the need for replacement care to provide a range of options, especially in complex caring situations, such as providing care for more than one person or for more than 20 hours per week.

The need to take account of the different support needs and interests of carers at different stages of adult life, from young to older adult – In practice this issue was addressed through a number of the reviews, reflecting the ways in which more support can assist carers in looking after their own well-being as well as continuing to take an active part in society through education, work or leisure. But the committee resisted making age related assumptions about the sorts of outcomes that mattered most to carers at different stages of life.

That advice, information and other forms of support for adult carers need to be fully inclusive for LGBT people – This was considered in a number of areas and addressed directly a the recommendation about ensuring training programmes (training carers to provide support) are designed with a particular focus on supporting diverse groups, including lesbian, gay, bi-sexual and transgender carers.

That information and advice more generally for carers needs to be available in a range of formats for a range of audiences – the importance of accessible information and advice was a major theme, not just in the information and advice review but in a number of the other reviews also. For this reason, recommendations related to this issue were located in several sections of the guideline. Examples include ensuring information about work, education and training opportunities and support are widely available, providing ongoing advice and information about community services, ensuring information about carer training programmes is accessible and available in variety of formats and ensuring the carer assessment process is accessible and easy to navigate.

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?

- Religion or belief – the extent to which cultural differences might influence carers' perceptions about offers of support and the involvement of practitioners. The committee addressed this, for example emphasising the importance of ensuring that cultural appropriateness is taken into account in the planning and provision of psychosocial and psychoeducational support to carers. The committee also drafted a number of recommendations promoting the importance of careful, sensitive work to identify carers, not least because the evidence suggested that some people are reluctant to identify themselves as carers or as being in need of support to fulfil the role.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

Throughout the guideline the recommendations focus on the need for person-centred support for carers, which by default requires consideration of the specific circumstances and wishes of the carer. This has been at the core of each of the nine evidence reviews undertaken.

Some examples are included here but this is not an exhaustive list:

In the sections on 'how to provide information and advice' and 'psychological and emotional support for carers' the recommendations include reference to a number of **accessibility** considerations relevant to a number of groups identified in this EIA.

In the rational and impact section for 'Work, education and training for carers: information and advice' the committee noted particular disadvantages experienced by **young adult carers** striving to balance work or education with caring.

In the sections about 'mutual caring' the committee addressed issues about carers who also have **long term health conditions and disabilities**, many of whom are **older carers**.

In the sections on 'how to provide information and advice', 'psychological and emotional support for carers' the recommendations include reference to a number of **cultural** considerations relevant to a number of the groups identified in this EIA including **black, Asian and minority ethnic carers** and those with a range of **religious beliefs** and preferences.

In the section about "carer training programmes" the committee emphasised the need for such programmes to appeal to the diversity of carers. The committee

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particularly highlighted **LGBTQ carers** and the importance of making training culturally relevant
In the section about "psychological and emotional support for carers" the committee considered carers with **mental health conditions**
In the sections about 'Information and advice' and 'advance care planning' the committee considered the need to take into account issues for the carer relating to the **mental capacity** of the person being cared for e.g. for some people in advanced stages of **dementia.**
There were no specific recommendations made relating to **male** and **female** carers and nothing relevant came up in the evidence.

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?

None were identified

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?

None were identified

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

None were identified

Completed by Developer: Lisa Boardman (Guideline Lead NGA)

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Approved by NICE quality assurance lead: Christine Carson

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