

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

GUIDELINE EQUALITY IMPACT ASSESSMENT - RECOMMENDATIONS

Social care guideline: Home care

As outlined in the [social care guidance manual](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 lists the protected characteristics and other equality factors NICE needs to consider, i.e. not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guidance developer before final submission. It will be approved by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved **since scoping**, including NICE, the NICE Collaborating Centre for Social Care, the GDG Chair, the National Collaborating Centres (where relevant) and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline may advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups.

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race

- Religion or belief
- Sex
- Sexual orientation
- Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)

Additional characteristics to be considered

- Socio-economic status

Depending on policy or other context, this may cover factors such as social exclusion and deprivation associated with geographical areas, or inequalities or variations associated with other geographical distinctions (for example, the North–South divide; urban versus rural).

- Other

Other groups in the population experience poor health because of circumstances often affected by, but going beyond, sharing a protected characteristic or socioeconomic status. Whether such groups can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:

- refugees and asylum seekers
- migrant workers
- looked-after children
- homeless people.
- prisoners and young offenders

1. Have equality issues been identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability.

Over-arching principles

The following points relate to all issues listed below:

- In conducting searches, the aim was to ensure that we captured literature relevant to all older people needing home care support (i.e. including available evidence relating to particular sub-groups of older people). To do this, searches were based upon retrieving items with the setting or intervention of "home care" and either one or more of the population groups of "older people, 65 years and over", "carers", "workforce" and "social care organisation". Searches were developed using subject heading and free text terms, aiming to balance sensitivity and precision, and the strategy was run across a number of databases.
- Throughout the guideline development process, the GDG emphasised the importance of delivering support in a 'person-centred' way. As a result, the principles of person-centred care are reflected throughout the recommendations, and also highlighted at the start of the guideline. These include delivering care and support that is:
 - tailored to the person, rather than a 'one size fits all' approach
 - focusing on what people can do and their aspirations, not only what they cannot do
 - treating people with empathy, courtesy, respect and in a dignified way, and ensuring monitoring and review of support provided addresses this
 - prioritising continuity of care; and,
 - recognising the importance of 'matching' care workers to people.

Following these principles should ensure that people's individual needs, aspirations and preferences (which may include equality and diversity requirements) will be addressed.

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what
<p>Focus on Older People: The particular characteristics of older people justify focusing exclusively on home care services for them. These include their rising numbers within the population, the likely presence of co-morbidities (and mental health and learning and physical disabilities); and possible age discrimination in the allocation of resources to them.</p>	<p>The recommendations relate to all older people using home care.</p>
<p>Diversity in population: Older people are as diverse as the entire population. Services delivered in the home should be sensitive and accommodating to different cultural, religious and LGBT</p>	<p>Recommendations 1.1.1-1.1.6 emphasise the importance of person-centred care</p> <p>1.4.13 recognises that people</p>

<p>requirements. People of ethnic minority background, recent migrants and people who do not speak English as their first language are likely may to have reduced knowledge of, and hence access to, social care services, and may find them more difficult to access.</p>	<p>using services need workers that are able to meet their cultural and language needs</p> <p>A number of recommendations highlight the impact of social isolation, and also the potential benefit of working with voluntary and community sector organisations, as well as ensuring information about services available is located in a range of places (1.2.3)</p>
<p>Gender: The Health and Social Care Information Centre figures for 2011-12 shows that 61% of service users (of all ages) receiving community-based social care services are female. The reasons behind this are unclear, and will be investigated so far as possible.</p>	<p>There was insufficient evidence to make recommendations specific to male users. The recommendations relate to all older people using home care.</p>
<p>Older people with disabilities, including those arising from traumatic injury: People with physical and mental disabilities are affected by a range of issues which limit their ability to lead independent lives, including environmental constraints, and attitudes which limit expectations and aspirations in their care. in some cases illegal (Unison).</p>	<p>The recommendations relate to all older people using home care.</p> <p>The issue of people with complex needs (including, but not limited to disabilities) featured throughout GDG discussions and there are a number of recommendations about workforce skills and knowledge (general and specialist).</p>
<p>Older people who may lack capacity: Communication strategies, quality of services, choice and control, support to take medication and safeguarding are important issues for this group.</p> <p>People with communication difficulties, and/or sensory impairment: Communication strategies, quality of services, choice and control, and safeguarding are important issues.</p>	<p>The recommendations relate to all older people using home care.</p> <p>The need to ensure communication is appropriate for people with a range of needs (including, for example, sensory loss) features explicitly in 1.2.3 and 1.4.3.</p> <p>Supporting people who may lack capacity is addressed explicitly in 1.2.3, 1.4.6 and 1.4.15</p>

<p>People at end of life: People who are likely to be in the last year of life may need enhanced care and regular review, and are likely to be in need of care and support from both home care and health practitioners</p>	<p>The recommendations relate to all older people using home care. The importance of ensuring health and social care practitioner work together in an integrated way, with service users and carers at the centre, is emphasised throughout the recommendations.</p>
<p>Socio-economic status: Evidence suggests that lower socio-economic status is associated with increased difficulty in (a) accessing information about care options; and (b) ability to pay for home care.</p>	<p>The recommendations relate to all older people using home care.</p> <p>There are a number of recommendations that relate explicitly to providing people with information about their options, and about funding mechanisms, with particular focus on these issues in 1.2.1-1.2.6</p>
<p>Location: The delivery of home care in rural environments may be difficult, for example, because of logistics of travel distances and availability of public transport.</p>	<p>There was insufficient evidence to make recommendations specific to geographical accessibility of rural areas, although the issue of privacy in relation to small communities was discussed and informed recommendations.</p>
<p>People without a home: People who do not have a settled home in which home care can be, or is, delivered (e.g. the homeless; gypsies and others with traveller lifestyle)</p>	<p>The guideline focused on home care.</p> <p>A number of recommendations highlight the importance of ensuring information about services available is located in a range of places (1.2.3)</p>
<p>Informal carers' gender and ethnicity: There is some evidence of stereotyping that suggests that women and ethnic minority carers are expected to provide informal care more than their male/white counterparts</p>	<p>The importance of involving carers features throughout the recommendations.</p> <p>Carers are now entitled to an assessment of their needs, independently of the person they care for, under the Care Act. This is referenced in the context section of the guideline.</p>

<p>Home care workforce: Home care is provided by a largely female, low paid, part-time workforce, many of whom are recent immigrants to UK (UKHCA; Hussein, SCWRU @ King's College). Pay and terms of employment are reported to be very poor.</p>	<p>Terms & conditions of employment are out-of-scope for this guideline, although were discussed by the GDG in the context of developing recommendations on workforce.</p>
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2. Have any equality areas been identified *after* scoping? If so, have they been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability.

<p>What issue was identified and what was done to address it?</p>	<p>Was there an impact on the recommendations? If so, what</p>
<p>Carers may also be in need of care and support.</p>	<p>The importance of involving carers features throughout the recommendations.</p> <p>Carers are now entitled to an assessment of their needs, independently of the person they care for, under the Care Act. This is referenced in the context section of the guideline.</p>

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

<p>Not applicable</p>

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely to certain groups, or by tailoring the intervention to certain groups.

The recommendations promote equality by emphasizing the importance of tailoring the service to the person, rather than adopting a 'one size fits all' approach. See 'Over-arching principles'.

5. Do the recommendations foster good relations?

The recommendations emphasise the importance of integrated working, across organisational boundaries, recognising complementary skills and expertise. It is anticipated that this will help build parity of esteem among practitioners.

Signed:

Amanda Edwards

NCC Director

Date:

GDG Chair

Date:

Approved and signed off:

H&SC Lead

Date: