

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

**SOCIAL CARE GUIDELINE EQUALITY IMPACT ASSESSMENT –
SCOPING****Social care guideline:** Home care

As outlined in the social care guidance manual – interim version (2013), 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 equality impact assessment is to document the consideration of equality issues at the scoping stage of the guideline development 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 equality characteristics and other equality factors NICE needs to consider – not just population subgroups sharing the 'protected characteristics' defined in the Equality Act, but also groups affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. Table 1 does not attempt to provide further interpretation of the protected characteristics.

This form should be completed by the guideline developer before scope sign-off, and approved by the NICE lead for the guideline at the same time as the scope. The form will be published on the NICE website with the final scope. The form is used to:

- record any equality issues raised in connection with the guideline during scoping by anybody involved, including NICE, the NICE Collaborating Centre for Social Care, the GDG Chair, the National Collaborating Centres (where relevant) and stakeholders
- demonstrate that each of these issues has been considered and explain how it will be taken into account during guideline development if appropriate

- 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
<ul style="list-style-type: none"> • Socio-economic status <p>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).</p>
<ul style="list-style-type: none"> • Other <p>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 guideline topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"> • refugees and asylum seekers • migrant workers • looked-after children • homeless people. • prisoners and young offenders

1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guideline development. For example
 - if the effect of an intervention may vary by ethnic group, what plans are there to investigate this?
 - if a test is likely to be used to define eligibility for an intervention, how will the GDG consider whether all groups can complete the test?

Equality issues identified during pre-scoping work:

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.

In 2011/12, 517,000 people in England made use of home care support funded by their local authorities. Of these people, 80% were aged 65 or older (Health and Social Care Information Centre [HSCIC] 2013a, table 3.1 p33). Just over half of local authorities' social care expenditure was on people aged 65 and older, equating to a total of £8.92 billion (HSCIC 2013b, table 3.2 p16). Approximately one-fifth of this (£1.9 billion) was spent on home care (HSCIC 2013b, table 4.2 p20).

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 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.

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.

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.

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.

People with communication difficulties, and/or sensory impairment: Communication strategies, quality of services, choice and control, and safeguarding are important issues.

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.

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.

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.

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) are likely to be excluded from the service, although searches oriented to their personal/social care will be undertaken.

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.

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, and in some cases illegal (Unison).

Plans for dealing with these aspects include sensitivity to equality and diversity issues, and search strategies specifically oriented to seek out material on these groups. The guideline will address the organisation and delivery of services that take account of these issues, including the provision of advice and information to support access to personalised services. The Guideline Development Group may also make recommendations specifically in relation to particular service users and careers.

2. If there are exclusions listed in the scope (for example, populations, or settings), are these justified?

- Are the reasons legitimate? (that is, they do not discriminate against a particular group)
- Is the exclusion proportionate?

Proposed exclusions from pre-scoping work (to be discussed):

Young adults (typically, but not exclusively defined as those under 65) and children receiving home care. There may be a need to apply a more flexible age threshold for older adults, as we do not wish to promote the view that adults of a certain age should have different services and possibly different standards and aims of care. We also expect to include people with age-related conditions such as early onset dementia, as their care needs may be similar to older people with dementia. However, the scope of the work is unlikely to do justice to all client groups, so the guideline will be focused on older people. This also aims to maximise the opportunity posed by the guideline to tackle some of the key issues relating to home care for older people.

Clinical or health care is excluded given that the guideline focuses on social care.

3. Have relevant stakeholders been consulted?

- Have all relevant stakeholders, including those with an interest in equality issues been consulted?
- Have comments highlighting potential for discrimination or advancing equality been considered?

The NCCSC is working to ensure a wide range of user-led organisations and others with an interest in equality register themselves as interested stakeholders and are actively involved in the consultation around the draft scope.

Signed:

Amanda Edwards

NCC Director

Date: 27th November 2013

Bridget Warr

GDG Chair

Date: 27th November 2013

Approved and signed off:

Nick Baillie

H&SC Lead

Date: 10th December 2013