

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

Short-term interventions for regaining independence

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

1.0 Scope: before consultation (To be completed by the developer and submitted with the draft scope for consultation)

1.1 Have any potential equality issues been identified during the development of the draft scope, before consultation, and, if so, what are they?

Focus on all adults: By retaining a broad focus on all adults there is a risk that the guideline may marginalise older people who are by far the biggest demographic group using reablement and intermediate care services.

Younger adults: This group is less well represented in research and policy on promoting independence and it is unclear whether the design of traditional reablement services is appropriate to meet the needs and goals of younger adults. Services which focus solely on physical reablement or rehabilitation after an accident or illness are unlikely to enable younger adults to regain full independence, for example by returning to employment or participating in social activities. Stakeholders were also concerned that the needs of younger adults should be considered by the guideline.

Diversity in population: There is research to suggest that people from an ethnic minority background, recent migrants and people for whom English is not their first language can be disadvantaged when accessing services as they may be unaware of social care which is available to them. This issue is particularly relevant to older people from a minority background, particularly older people LGBT people and older

people from minority groups and services should attempt to mitigate the difficulties that these groups can experience in accessing services. Services should also be sensitive and responsive to different cultural, religious and LGBT requirements and ensure that individuals are able to achieve independence that is meaningful to them, for example by enabling them to participate in cultural or religious activities

Gender: Some people may prefer that professionals involved in their care are of the same gender and it is unclear whether reablement and intermediate care services will be able to accommodate such requests. The Health and Social Care Information Centre figures for 2012-13 shows that 60% of service users (of all ages) receiving community-based social care services are female. The guideline should consider gender issues relevant to service users and carers.

People with cognitive impairment including dementia: People with cognitive impairments such as dementia are often excluded from reablement services. They are also usually excluded from research on reablement and the guideline will need to consider the needs of this group. In contrast, some reablement services do accept people with cognitive impairments, including dementia but it is important that these services recognise the difficulties which this group may have in accessing care.

Adults who may lack capacity: It is important that reablement services consider communication strategies, quality of services, choice and control, and safeguarding issues in relation to this group.

People with communication difficulties, and/or sensory impairment: This group may have particular problems in accessing reablement services and the guideline may need to make specific recommendations to ensure that services are accessible and use appropriate communication strategies to enhance choice and control. The guideline should recognise that sensory impairment (e.g. affecting sight or hearing) and communication difficulties may develop with or be exacerbated by age and that adults with learning disabilities or people for whom English is not their first language may experience particular problems in this regard. Safeguarding procedures and quality of services are also issues which will need to be addressed in relation to these groups.

People at the end of life: Many services exclude people who are at the end of life due to perceptions that they are unlikely to benefit from a reablement approach. However some reablement services do support people with end of life care needs, so it should be recognised that benefits can be achieved with this group, in terms of independence. This guideline will recognize that people with end of life care needs experience difficulties in accessing reablement.

Socio-economic status: There is evidence to suggest that lower socio-economic status is associated with poor access to information about care options.

Location: Reablement services have developed at a different pace throughout the country, geographical variation in services is common and there are a range of different delivery models in existence. The guideline should ensure that inequality of access due to regional variation in provision is addressed. **Residential and nursing care homes:** Older adults who live in residential homes (including nursing homes) may experience difficulties in accessing intermediate care and community reablement services. The guideline should attempt to address this issue.

People who live alone: When reablement works well, the person who has used the service will be able to do things for themselves and will therefore not be referred for ongoing support, such as home care. For some people, especially those who live alone, this may lead to feelings of loneliness and isolation. The voluntary sector has a role to play in ensuring that people who have been reabled do not become isolated from their community, for example through the provision of befriending services.

People without a home: People without a settled residence (e.g. the homeless; gypsies and others with traveller lifestyle) are likely to be excluded from services, although searches oriented to their personal/social care will be undertaken and stakeholders noted that this group are within scope.

Family carers' gender and ethnicity: There is some evidence to suggest that women and ethnic minority carers are more likely to be expected to provide unpaid care than their male/white counterparts. Carers in general may be expected to provide more unpaid care if their family member has regained sufficient independence that they do not meet eligibility criteria for ongoing services but

nevertheless need some degree of support.

Prisoners: Stakeholders emphasized that Local authorities have new responsibilities for assessing the social care needs of prisoners including for reablement services under the Care Act.

1.2 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee? For example, if population groups, treatments or settings are excluded from the scope, are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

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 will attempt to uncover and address some of the areas where there is well-documented discrimination. The Guideline Committee may also make recommendations specifically in relation to particular service users and carers.

It is proposed that rehabilitation services are excluded from the scope as these are usually medically supervised programs involving health practitioners such as doctors, nurses, dieticians, physical and occupational therapists and exercise specialists. Rehabilitation services may not involve any social care practitioners or local authority funding. If rehabilitation interventions, which are resourced entirely by the health service are included, the scope will be unmanageable. Furthermore, NICE has produced a number of guidelines on rehabilitation services and others are in development. Details can be found in the draft scope.

A number of stakeholders were concerned that the lower age limit of 18 was problematic given the problems which this group often experience in accessing services. However, the scoping group concluded that these were usually operational issues which were not specific to reablement services and were unlikely to be resolved by the guideline.

2.0 Scope: after consultation (To be completed by the developer and submitted with the final scope)

2.1 Have any potential equality issues been identified during consultation, and, if so, what are they?

2.2 Have any changes to the scope been made as a result of consultation to highlight potential equality issues?

2.3 Is the primary focus of the guideline a population with a specific disability-related communication need?

If so, is an alternative version of the 'Information for the Public' document recommended?

If so, which alternative version is recommended?

The alternative versions available are:

- large font or audio versions for a population with sight loss;
- British Sign Language videos for a population who are deaf from birth;
- 'Easy read' versions for people with learning disabilities or cognitive impairment.

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

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

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?

3.3 Were the Committee's considerations of equality issues described in the consultation document, and, if so, where?

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?

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?

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 questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?

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?

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?

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?

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 questions 4.2, 4.3 and 4.4, or otherwise fulfil NICE's obligations to advance equality?

4.5 Have the Committee's considerations of equality issues been described in the final guideline document, and, if so, where?

5.0 After Guidance Executive amendments – if applicable (To be completed by appropriate NICE staff member after Guidance Executive)

5.1 Outline amendments agreed by Guidance Executive below, if applicable: