NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

People's experience in adult social care services: improving the experience of care for people using adult social care services

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 from age 18 upwards: The original proposal was that the age range to be considered should be 25+. However, this would exclude young people who may transition into adult services from the age of 18 so the draft scope has been amended to cover adults and young people aged 18+ who are using adult services. Children and young people under 18 years old are excluded from this guideline, not because their views and experiences are not important but in order to keep the guideline focused and the work manageable.
- Vulnerable groups: this includes people with learning difficulties, seldom-heard groups, non-English speakers, young people over 18 making the transition to adult services, and people with dementia. The initial indications from the prescope search suggest that research on the experience of such groups is limited. Such groups may experience difficulty accessing and using social care provision and their experience is very important. So we should consider how best to involve them in both scoping and development.
- **Overlapping categories**: Many service users may fall into more than one 'population category', in particular those with multiple or complex needs, and

some may also identify as carers. The issue of accessing and using social care provision may be exacerbated because of the complexity of individuals' conditions. The guideline should acknowledge the difficulties caused for individuals from this group.

- **Diversity in population:** People of ethnic minority background, recent migrants and those who do not speak English as their first language are likely to have less access to information and advice, and hence may be disadvantaged when accessing social care services. The guideline should also consider evidence on experiences of people from other minority groups, for example, people from different cultures and religions, as well as LGBT people. Preliminary research as part of pre-scoping work identified that evidence was sparse so the research team will work with the GC to explore alternative forms of data-gathering, as far as possible.
- Gender: Some people may prefer that professionals involved in their care are of the same gender. 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 evidence on 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 services and research. The guideline should consider the needs of this group and the difficulties in accessing social care and support.
- Adults who may lack capacity: It is important that the guideline considers the particular needs of individuals in this group in respect to communication strategies, quality of services, choice and control, and safeguarding issues. During guideline development it may be necessary to include the views of their carers in relation to these adults experiences, where their ability to speak for themselves is limited.
- People with communication difficulties, and/or sensory impairment: This

group may have particular problems in accessing social care services and the guideline should include the need to consider the accessibility of services, and appropriate strategies to support their choice and control. Sensory impairment (e.g. affecting sight or hearing) and communication difficulties may develop with or be exacerbated by age and adults with learning disabilities or people for whom English is not their first language may experience particular problems in this regard.

- Socio-economic status: Lower socio-economic status may be associated with poor access to information about care options, or difficulty to pay for alternative care when no adult provision is available, or when individuals do not meet the threshold for adult services. The guideline should acknowledge the potential impact of SES on the experience of care.
- **Location:** The guideline should make clear that inequality of access due to regional variation in provision is acknowledged.
- People in complex and/or unstable living situations: This includes people who are homeless, gypsies and others with a traveller lifestyle, or those who have difficult relationships with their family or carers. Individuals identified in this category are potentially more likely to experience difficulty accessing social care provision. The guideline should acknowledge this issue and searches oriented to their personal/social care will be undertaken.
- **Parity of esteem:** Mental health will be treated equally to physical health as it was enshrined in law by the Health and Social Care Act 2012.

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 identify material on these

groups. The Guideline Committee may also make recommendations specifically in relation to particular service users and carers.

It is proposed that service user views about clinical mental health or clinical care services, including inpatient and community psychiatric care, and secondary care is excluded from the scope.

It is also proposed that support for carers, such as respite/short breaks/carers assessments, and their views on that support will be excluded. A separate guideline will cover carer support and experiences in relation to their own support.

The scope includes carer views on the services received by those that they care for and this point is particularly significant for those service users who may not be able to speak for themselves.

Young people's views and experiences in relation to children's services will be excluded. Covering both child and adult experiences would need different approaches, as the legislation, services and processes are different – there is likely to be a significant separate body of evidence in this area.

The scope states that the guideline will cover all settings and services in which adult social care is provided, which could include: provision of equipment; home help and support for independent living; community support and activities; personal budgets; and information, advice and advocacy. To ensure the work is manageable, focused on social care and consistent with other social care guidelines, we propose excluding research that relates primarily to housing support services or transport.

Completed by Developer: Beth Anderson/Catherine Swann

Date 04/11/2015

Approved by NICE quality assurance lead: Jane Silvester

Date 17/11/12015

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?

The consultation process highlighted equality issues which have already been explicitly addressed in the EIA. The first point about how to seek and gain the views of those who lack capacity has been referenced in the EIA in the context of carers articulating the voice of the user where mental capacity may affect communication. This topic area is to be further strengthened through the development of a separate NICE guideline which is currently underway.

Other equalities groups addressed in the consultation are individuals with communication problems caused by issues such as hearing or sight loss, and those who are in the later stages of dementia.

The issues of income inequality and ethnicity were also raised in the consultation. During guideline development we will be particularly mindful of the impact that the latter can have on the risk for specific health conditions or social care needs.

Information, advice and guidance related to eligibility thresholds was also highlighted and is fundamental to enabling service users to make informed care choices.

The Guideline Committee will steer the development of this work to ensure that we have not excluded any of these equalities issues in the process of guideline development.

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

One particular point in the consultation that was not addressed in the EIA previously was 'parity of esteem', i.e. valuing mental health equally with physical health. We

have now noted this in the EIA.

2.3 Is the primary focus of the guideline a population with a specific disabilityrelated 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.

No, this guideline is about the user experience in adult social care.

Updated by Developer: Beth Anderson

Date: 26/01/2016

Approved by NICE quality assurance lead: Jane Silvester

Date: 03/02/2016

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?

Completed by Developer _____

Date_____

Approved by NICE quality assurance lead _____

Date_____

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?	

Updated by Developer _____

Date____

Approved by NICE quality assurance lead _____

Date_____

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

5.1 C	Dutline amendments	agreed by Gui	idance Executive I	below, if applicable:
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Approved by Developer _____

Date_____

Approved by NICE quality assurance lead ______

Date

NICE guidelines

Equality report EIA analysis form

[Title of guideline]

Product C	ode								
Title / Topic									
If equality issues identified, how many?									
What was	What was the breakdown of identified equality issues, by protected, socioeconomic, or 'other' characteristic?								
Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio- economic	Other
How many issues had an impact on recommendations? If equality issues were identified,									
	summarise what they were What was the breakdown of equality issues with an impact on recommendations?								

Age	Disability	Gender reassignment	Pregnancy maternity	Race	Religion or belief	Sex	Sexual orientation	Socio- economic	Other
If equality issues had impacts on recommendations, summarise these impacts									