

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Home care

Output: Equality analysis form – Meeting 1

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis 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, i.e. not just population groups 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 is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
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 (e.g. the North/South divide, urban versus rural).
Marital status (including civil partnership)

Other categories

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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Topic overview

Topic: Home care

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

It is important that home care services are delivered in a way that is sensitive and accommodating to the diverse needs of people with different cultural, religious and sexual orientation backgrounds. This is addressed in the development and review of the home care plan in statements 1 and 2.

It was identified that people with a physical disability or mental health problem may have limited independence which may also limit their expectations and aspirations for their care. Statements 1 and 2 highlight that these people may need additional support when developing and reviewing their home care plan.

People with communication difficulties and/or sensory impairment may need communication to be adapted to ensure their needs are met. Ensuring communication needs are addressed during development and review of the home care plan is included in statements 1 and 2. Statement 6 identifies that it may be necessary to adapt communication to ensure service users and carers are able to access the information in the care diary.

Statement 2 highlights that people who are likely to be approaching the end of life and those with deteriorating conditions may need more frequent reviews of their home care plan.

Statement 3 emphasises that people with dementia can find it very confusing to receive care from people they do not know so it should be a priority to keep the number of home care workers to a minimum.

Statement 4 highlights that people with disabilities including cognitive impairments, communication difficulties or sensory loss may need home care workers to spend more time with them to give them the support they need. Individual needs should be carefully considered before it is agreed that short home care visits are appropriate.

Statement 5 identifies that older people living alone or those who lack mental capacity are particularly vulnerable if home care visits are missed or late and therefore it should be a high priority to action contingency plans as soon as possible.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

Standing members for Quality Standards Advisory Committees (QSACs) have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to home care have been recruited. The draft quality standard will be published and wide stakeholder comment invited, including from those with a specific interest in equalities.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

This quality standard will focus on home care for older people and will not include younger adults and children. Older people represent 80% of the population using home care services and it is important to focus on their specific needs. It is anticipated that younger adults and children who use home care services will be included in future topic specific quality standards.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The statements do not make it difficult for specific groups to access services.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

A positive impact is expected. We believe these statements promote equality.

By promoting person-centered care the statements will ensure home care is tailored to individual needs and responsive to the needs of people with health problems and disabilities.