1.0.7 DOC EIA (2019)

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?
If evidence was found specifically about any of these groups or issues then it was reported and the committee given the choice as to how they would use the evidence to make recommendations. Equally in discussions about all the evidence about safeguarding the committee sometimes agreed via consensus to include reference to one of these groups or issues within the recommendation in order to address potential inequalities in how safeguarding concerns are identified, reported and managed. Groups considered when developing the guideline: Older residents Residents with disabilities and long-term health conditions Residents who lacked capacity either now or in the future Residents and care home staff whose first language is not English Lesbian, gay, bisexual and transgender residents Carers of residents Issues raised by stakeholders It was suggested that there were potential equality issues across all areas of the protected characteristics within the Equality Act 2010 in relation to safeguarding adults within care homes, because of the very personal and individual nature of care and support within care homes and the diversity of residents. In particular potential equality issues relating to age, ethnicity, disability, sexual orientation, family carers and people whose first language isn't English were identified. The Committee wrote a number of recommendations with consideration of these protected characteristics in mind and throughout the guideline emphasised the importance of 'making safeguarding personal' and person-centred approaches for managing safeguarding concerns, referrals and enquiries. The committee agreed with stakeholders that some residents were more at risk of abuse or neglect because of communication barriers to identifying or talking about abuse and neglect and what safeguarding was. This may be because the resident at risk or other residents who may witness abuse or neglect have a communication

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impairment or a learning disability that affects their ability to communicate easily or because they lack mental capacity. The committee were particularly keen to emphasise that practitioners working with people and their families in care homes had a responsibility to make sure residents understood what safeguarding was and understood the care homes procedure for dealing with it. The committee were very keen to emphasise the human rights of residents and the importance of preventing staff working in care homes from making discriminatory assumptions, based on age, disability, sexual orientation (or other protected characteristics) about what is or isn't acceptable behaviour and treatment within the environment of a care home and about the capacity of individuals to make decisions for themselves. It was noted that sometimes protection and safety procedures did not safeguard because they restricted the freedoms of residents to make choices for themselves, including the freedom to take reasonable risks with their own health and safety when they have the mental capacity to do so. The committee included these issues as possible indicators of organisational abuse and neglect within the guideline to reinforce these messages about safeguarding being the opposite of restrictive practices.

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?
No particular new areas were identified, but the committee had already agreed to consider all protected groups.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
Throughout the guideline recommendations focus on the importance of 'making safeguarding personal' for all residents and on the 6 principles of safeguarding as set out in the Care Act statutory guidance: empowerment, prevention, proportionality, protection, partnerships and accountability. These principles have been at the core of each of the nine evidence reviews undertaken.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
Some examples are included here but this is not an exhaustive list: In the sections on 'policy and procedure' the recommendations talk about the importance of accessibility, clarity and transparency of information for all residents i.e. that whistleblowers (including residents) are protected by the law and should not be victimised. In this section as well as a number of others the guideline has made reference to the importance of care homes, local authorities and Safeguarding Adult Board engaging with carers of residents, about safeguarding procedures. Unpaid carers are often a forgotten group in relation to care home residents and the committee wanted to draw attention to their role in safeguarding. In the section on 'Induction and training' in care homes the recommendations talk about the importance of mandatory training and induction covering how to talk to and share information about safeguarding with residents and their families and carers. This is to emphasise that different residents may need the information presented to them in different ways in order to understand it. The committee felt very strongly that mandatory training and induction needed to ensure that staff who speak English as a second language fully understood the terminology and key messages of safeguarding and that if translations were needed then these should be offered. They also agreed that training should make use of case studies and examples that teach staff how safeguarding relates to personalised care and the human rights of residents. The committee agreed a set of indicators which may lead a person to consider or suspect that 'organisational or institutional level abuse' was taking place. A number of these related to equality issues which had been previously indicated particularly in the respect of restrictive or discriminatory practices e.g. • there is some evidence of poor medicines management (for example excessive use of 'as needed' medicines) • restrictive practice is used: – residents are prevented from moving around the home freely or independently – staff teams have inflexible and non-negotiable routines that do not take account of what individual residents want or need – staff do not help residents live as independently as they can • meaningful and structured activities for residents are not available or accessible • behaviours of concern are mismanaged (for example overuse of

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restrictive practices, including misuse of medication)

- residents do not receive person-centred care (for example, care is about completing tasks rather than being personalised to the individual)
- staff make assumptions about residents or their needs, and miss hidden needs or disabilities.
- staff do not respond to requests from residents, or interfere with residents' preferences and choices
- blanket policies are used that do not allow for individual circumstances
- certain residents receive preferential treatment

The committee agreed a set of indicators which may lead a person to suspect that individual abuse or neglect was taking place. They wrote indicators specifically for the 'discrimination' abuse and neglect category of the Care Act 2014. These indicators included:

- are not treated equitably and do not have equal access to available services
- experience humiliation, violence or threatening behaviour related to protected characteristics
- are not provided with the support they need, for example relating to their religious or cultural beliefs

Finally, in the section on "working with the resident at risk during a safeguarding enquiry" the recommendations emphasise the important of ensuring the person at risk has the opportunity to review and revise their desired outcomes using whatever communication aids are needed and or the importance of an independent advocate for residents who need one. This is particularly to ensure best interest decisions are made on behalf of people who may lack capacity now or in the future. The committee wrote a number of recommendations about the role of and importance of advocates in the safeguarding process.

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?
None were identified

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?
None were identified

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?
None were identified

Completed by Developer: Lisa Boardman (Guideline Lead NGA)

Date: 17th March 2020

Approved by NICE quality assurance lead: Nichole Taske

Date: 30th August 2020