

## Appendix C: equalities monitoring impact assessment form (scoping)

### NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## SOCIAL CARE GUIDANCE EQUALITY IMPACT ASSESSMENT – SCOPING

<b>Social care guidance:</b> Transition from Children's to Adult Services
---

As outlined in the social care guidance manual (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 guidance 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

## Appendix C: equalities monitoring impact assessment form (scoping)

- 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**

<b>Protected characteristics</b>
<ul style="list-style-type: none"><li>• Age</li><li>• Disability</li><li>• Gender reassignment</li><li>• Pregnancy and maternity</li><li>• Race</li><li>• Religion or belief</li><li>• Sex</li><li>• Sexual orientation</li><li>• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)</li></ul>
<b>Additional characteristics to be considered</b>
<ul style="list-style-type: none"><li>• Socio-economic status</li></ul> <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"><li>• Other</li></ul> <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 guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none"><li>• refugees and asylum seekers</li><li>• migrant workers</li><li>• looked-after children</li><li>• homeless people.</li><li>• prisoners and young offenders</li></ul>

## Appendix C: equalities monitoring impact assessment form (scoping)

### 1. Have equality issues been identified during scoping?

- Record any issues that have been identified and plans to tackle them during guidance 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:**

**Young people:** This guideline will cover young people in transition from children's to adult services in health and social care. This transition will be only one of many that young people go through during their teenage years and early adulthood. In addition to undergoing physiological transition, many will also be at risk of psycho-social illness, increased peer pressure, onset of mental health problems and other important transitions such as starting paid work, moving out of the family home and becoming a parent themselves.

**Diversity in population:** Young people are as diverse as the entire population. Transition support should be sensitive and accommodating to different cultural, religious and LGBT requirements. Young 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 i) reduced access to health and social care services; ii) may be more likely to drop out from services during transition.

**Young people with disabilities, including those arising from traumatic injury:** Young people with physical and mental disabilities are affected by a range of issues which limit their ability to lead independent lives. For example, they may have low care aspirations and expectations, or attitudes of families and professionals working with them may be discriminatory. This can lead to poor outcomes in their care. .

**Young people with life-limiting conditions:** support and co-ordination of palliative care, and involvement of parents and carers are important areas of

## Appendix C: equalities monitoring impact assessment form (scoping)

concern for this group. This group might also experience a gap in service, for example, because of a lack of appropriate adult services, as more young people are growing up into adulthood, with conditions previously only seen in childhood.

### **People with communication difficulties, and/or sensory impairment:**

Effective communication strategies, quality of services, choice and control, and moving on to independence are important issues for all the equalities groups in this document, and even more challenging for this group. Young people moving out of special education residential schools will have particular needs such as communication difficulties and sensory impairments, which may lead to their preferences being ignored.

**Young people in complex and/or unstable living situations:** Young people who are homeless, or in foster care, or who have difficult relationships with their family or carers, are less likely to make successful transitions into adult services. They are also more likely to undergo multiple and unsupported transitions in other areas of their lives.

**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 alternative care when no adult provision is available, or when they do not meet the threshold for adult services.

**Informal carers' gender and ethnicity:** Evidence suggests that women and ethnic minority carers are sometimes expected to provide informal care more than their male/white counterparts.

Plans for dealing with these aspects include sensitivity to equality and diversity issues, and to consider these in particular when analysing findings. Search strategies will be focused on the intervention 'transition' and the population of 'young people'. Adding inequalities filters has been shown to potentially exclude relevant studies on the groups the filters are meant to

## **Appendix C: equalities monitoring impact assessment form (scoping)**

identify, since authors use a very wide range of terms to describe a population. The guidance 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 for both the young person and carer. The Guidance Development Group may also make recommendations specifically in relation to particular service users and carers. Recommendations from the Guidance will also be subjected to an Equality Impact Assessment before being finalised.

### **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):**

Adults who are under 25 but who are accessing services for the first time are excluded. This is in order to maintain focus on the transition between children's and adult services.

Young people who do not receive health or social care services are excluded. This is to retain the focus of the guideline on the transition from young people's to adult services in health and social care, and to provide action-oriented recommendations for good practice in these and related services. There is a risk that this will exclude important groups who do not engage with services even though they are eligible to receive them. Important groups in this regard will be travelers, refugees and asylum seekers, and homeless young people. However, the focus of this guidance is on transition, not on the lack of service for particular groups.

Transition between children's to adult health and social care services is tightly linked to transitions in other parts of a young person's life such as leaving school and starting work. Separating these out is not ideal, but the rationale

## Appendix C: equalities monitoring impact assessment form (scoping)

for focusing solely on transitions between services rather than service transitions and other transitions that young people may face during adolescence is to ensure that the guidance is focused and that there is time and resource to address the most relevant evidence.

We recognise that a number of other services (including those provided, for example, by education, housing or youth justice sectors) can often be involved in supporting young people included in the scope of this guidance. The way that health and social care services relate to other agencies as part of transition planning and management will, therefore, be included.

### 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.

We will ask a group of young people who have experience of service transition about their views on the Scope.

The Scoping Group has agreed that the most appropriate involvement of young people in the development phase is as full and equal members of the GDG. We will ensure this is reflected in the GDG composition document.

## Appendix C: equalities monitoring impact assessment form (scoping)

### Signed:

Amanda Edwards

\_\_\_\_\_

***NCC Director***

***GDG Chair***

***Date:***

***Date:***

### Approved and signed off:

\_\_\_\_\_

***H&SC Lead***

***Date:***