

Community engagement – EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Community Engagement: improving health and reducing health inequalities

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?

The scope makes explicit that it is concerned with 'Communities defined by at least one of the following: geographical area, interest, health need, disadvantage or shared identity'. The scope provides examples of 'communities and groups' which is not meant to be comprehensive. The scope does not 'exclude' anybody from consideration or inclusion. No potential equality issues were identified.

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?

Public Health Advisory Committee C – Meeting 11 (2) - Community Engagement (11th December 2014) – PHAC were satisfied that the issues raised by stakeholders and identified by NICE via the EIA tool do not raise any issues related to the discrimination on the basis of equality. The issues raised by stakeholders and NICE have been considered and acknowledged

Completed by Developer: James Jagroo
Date 24th November 2011

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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?

Stakeholders raised the need to consider specific groups who experience inequalities in health explicitly Gypsies and Travellers and people with disabilities – this included issues regarding levels of education and literacy and impacts on becoming “fully engaged”. Stakeholders also outline the need for the full acknowledgement of the range of capabilities with communities in order for its needs to be addressed . Suggestions were made for the need to specifically outline the ‘protected characteristics’ as per the Equality Act 2010.

Public Health Advisory Committee C – Meeting 12 (3) - Community Engagement (3rd February 2015) – No further issues regarding equality and/or discrimination on the basis of equality were raised. The committee proceeded to the development of draft recommendations.

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

Some very minor changes – stakeholder responses highlighted several points, these items have been considered and amended in the scope but were not seen to constitute discrimination on the basis of equality. Examples include acknowledgment of the way barriers may exist to nurturing the strengths and capabilities of communities when they face levels of disadvantage in the context of the ‘asset based approach’.

The following amendments have been made to the scope document:

p.7, section 4.1 – a) and b): Specific reference has been made to geographical settings and housing tenants on a particular estate as an example of included groups.

p.8, section 4.2.1: specific reference has been made to community groups.

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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.

The primary focus of this guidance is communities as defined on p.5, section 4 of the scope document.

The final scope document makes specific reference to disabilities as something that would be considered amongst other 'characteristics' that define a community (4.1.1 *groups that will be covered* p.6).

The issue of guidance format, accessibility and alternative versions will be considered further as the guideline is developed and is outlined as a 'potential consideration' in the final scope document (Appendix A – p.12)

Updated by Developer: James Jagroo

Date: 5th February 2015

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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?

Yes – as outlined in section 2 and 3 the equality issues raised by stakeholders and the EIA assessment tool were seen to be considered within the scope. PHAC meeting 2 and 3 raised no further issues pertaining to equality.

PHAC meeting 5 and 6 (June 3rd/4th)

Economic migrants and refugees including Gypsy and Roma communities were raised by a committee member as groups that should be considered (an additional point regarding *the difference between different travelling communities* was also raised). The question was raised are these particular communities discriminated against on the basis of equality or are there any other equality issues raised by the content of the guideline as it is? The definition of communities in this guideline that has been utilised in the scope was felt to be inclusive enough to consider all communities including those mentioned and does not unfairly discriminate against those populations mentioned. The guideline also makes reference ('The Committee's discussion' section: Gaps in the evidence) to issues pertaining to a lack of evidence and hard to reach and newer communities including asylum seekers, refugees and economic migrants –but is not intended to be an exhaustive all-inclusive list of under-represented groups.

A subsequent question '*a lack of evidence and the need for greater direct research in under researched groups*' was raised by the committee and the possible implication to the guidance. The evidence reviews undertaken for this guideline actively sought interventions that focused on disadvantaged groups, to address health inequalities. Searches undertaken were as broad and inclusive as possible within the constraints of time and resource. As a consequence this issue has been highlighted in The Committee's discussion section: Gaps in the evidence, as an overarching point (and also raised in 'Recommendations for Research section).

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 other potential equality issues have been raised by the EIA assessment tool – the guideline refers to addressing health inequalities and the participation of vulnerable,

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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?

marginalised , isolated or those living in areas of deprivation in developing approaches to solutions, amongst other equality items.

The guideline makes reference to identifying ‘representation gaps and filling these’ when engaging communities at an operational level. Specific reference is made to providing outreach to engage marginalised or vulnerable groups as well as the use of ‘plain language’ and ‘provision for non-English speakers’.

The Context section further highlights and makes reference to ‘involving disadvantaged groups’ in terms of the effectiveness of community engagement in reducing health inequalities and the current policy context.

At PHAC meeting 5 and 6 (June 3rd/4th) – see section 3.1 of this document – some further issues were raised for discussion regarding the reference to specific populations and the lack of evidence on under-represented populations. On review by PHAC and NICE technical team these issues are already outlined sufficiently in the guideline document and do not constitute an issue regarding equality and/or discrimination on the basis of equality. Some minor changes were made to the guideline document (see section 3.1 of this document).

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

Yes – see section 3.1 and 3.2 in this document

The definition of ‘community engagement’ utilised in the scope documents and the guideline are explicit in the inclusion of all – ‘Communities defined by at least one of the following: geographical area, interest, health need, disadvantage or shared identity’.

The recommendations section makes reference to ‘involving the community’ and ‘identifying and working with community’. Aspects related to the consideration of timing and locations are outlined in the recommendations to ‘making it as easy as possible for local people to get involved’ (Recommendation 1.5). Recommendations highlight making reference to plain language and provision for non-English speakers and other items to foster inclusion of groups identified under the protected

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

characteristics.

The Committees discussion outlines some of the items and context in which discussions were had when developing recommendations. Within this section ‘Equalities’ has its own subsection– issues considered included the recognition of the importance of fair allocation of resource to local community engagement activity to benefit those at greatest risk of poor health; the recognition that most evidence reviewed focused on disadvantaged communities; the need to not consider populations in isolation as this may not reflect the dynamics of how communities interact to improve their health and wellbeing; the role of internet based social media as a means of helping people get involved but also as a potential way to increase health inequalities.

As outlined in section 3.2 issues pertaining to a lack of evidence and hard to reach and newer communities including asylum seekers, refugees and economic migrants are outlined in the Committees discussion : Gaps in the Evidence section and Research Recommendations in response to committee discussions.

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?

No - the recommendations are specific with regard to being inclusive, working with communities and letting them lead decisions. Throughout the guideline reference is made to representation, inclusivity, facilitating, involving and ultimately engaging all communities. The draft guideline document for consultation makes reference to equalities and their consideration in community engagement and the implementation of the guideline throughout.

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?

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No – There is potential for more overt references to different formats of information for those with visual and other impairments to increase the accessibility of the guideline but this is not seen to be an omission per se, as reference is made to inclusivity throughout and to create an exhaustive list in a guideline that is explicit in its definition of community (see Final scope) .

The draft guideline recommendations also highlight 'make it as easy as possible for local people to get involved' – making reference to plain language and provision for non-English speakers, providing outreach, and other items to foster inclusion of different groups.

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?

No – all possible issues have been outlined in previous sections – amendments have been made to address these (see section 3.1). Overall no issues regarding discrimination on the basis of the protected characteristics or issues pertaining to equality have been identified that impact on the guideline.

Completed by Developer - James Jagroo

Date: 17th July 2015

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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?

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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 _____

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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:

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Approved by Developer _____

Date _____

Approved by NICE quality assurance lead _____

Date _____