

NICE EQUALITY IMPACT ASSESSMENT TOOL

GUIDANCE RECOMMENDATIONS

This is one of a set of equality impact assessment tools for use at key stages in the process of developing guidance. The purpose of the tools is to eliminate the risk that guidance might lead to unlawful discrimination and ensure that it promotes equality of opportunity whenever it is able to do so. The tools also provide a place to record compliance with NICE's equality scheme and legal requirements.

This particular tool is for use at the stage of making guidance recommendations – i.e. the stage comprising the process from deciding on draft recommendations (on the basis of the evidence assessment) to agreeing final recommendations in light of consultation responses. The tool enables the advisory body systematically to ensure that final guidance recommendations take **proportionate** account of equality issues identified as **relevant** during this process.

The tool consists of an impact assessment form and you should use it in conjunction with the legal advice on 'Equality in guidance', which includes a section on equality issues in guidance development. The prompts at the head of each column are based on questions raised in the legal advice about avoiding unlawful discrimination and promoting equality, as well as issues highlighted in NICE's equality scheme.

The boxes in the form provide a place to record the conclusions of a structured consideration of these questions and issues as they relate to each equality characteristic (sex, race, disability etc) , and actions resulting from it, including changes to recommendations.

The questions in the legal advice focus on specific obligations on discrimination and equality, but they also encourage consideration of whether guidance recommendations might have desirable and undesirable impacts in areas of equality not covered, or only partially covered, by legislation, such as age discrimination.

Comments in the form should also deal with key points raised in the legal advice where they apply to a recommendation. For example, if the answer to a question on avoiding unlawful discrimination is 'yes', the comment should explain the reasons for a decision to retain distinctions in how a specific group gets access to an intervention, and why there is a legitimate purpose for that decision.

The final component of the form is a box for recording whether consideration should be given to making recommendations for future research. This would be in cases where there is some reason to suspect there may be relevant equalities issue, but no or insufficient evidence for taking action.

Some guidance – particularly clinical guidelines and, in the future perhaps, some public health programme guidance – may contain many recommendations. These recommendations ought to indicate where the priorities lie. However, it may be necessary to carry out a rapid appraisal to identify (1) which recommendations are likely to have the most relevance to equalities and (2) which recommendations are of the greatest overall significance to patients or the target population. (The two categories may well overlap.) This tool can help structure consideration so as to establish which of the recommendations should be looked at in detail.

Guidance recommendations: impact assessment

Guidance title: Overweight and obese children and young people – lifestyle weight management services

Completed by: Caroline Mulvihill and Karen Peploe

Date: 9th July 2013 and updated 10th September 2013

NOTE: This equity audit was carried out on the draft guidance issued for consultation by NICE from 19th April – 18th June 2013 and updated following the production of the final guidance

Relevance of recommendations to discrimination and equality	Avoiding unlawful discrimination	Promoting equality
	<ul style="list-style-type: none"> • Does access to the intervention depend on membership of a specific group? • Do any criteria make it easier or more difficult in practice for a specific group to gain access to the intervention? • Does the way people would be assessed to receive the intervention make it easier or more difficult in practice for a specific group to gain access to it? • Does any general feature of the guidance make it impossible or unreasonably difficult for a disabled person to receive the intervention? • Do comments from stakeholders or consultees highlight areas of possible discrimination or ways of avoiding it? <p><i>Note: some issues of language may correlate with race; and some communication issues may correlate with disability</i></p>	<ul style="list-style-type: none"> • Are there ways the guidance could advance equality for a specific group either through access to the intervention or by means of the intervention? • Could guidance be reformulated to make implementation more acceptable to a specific group? • Would more favourable treatment of any kind help disabled people to gain access to the intervention on the same basis as people without the disability in question? • Do comments from stakeholders or consultees highlight opportunities for promoting equality?

Equality impact assessment (updated 10-09-13)

<p>Sex/gender</p> <ul style="list-style-type: none"> • Women • Men 	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>None. While growth patterns differ between boys and girls, this guidance focuses on the lifestyle weight management in all children and young people regardless of gender and does not discriminate on the basis of gender. It allows equal access by recommending that a tailored programme plan to meet individual needs, appropriate to their age, gender, ethnicity and how obese or overweight they are. The guidance also recommends that during the monitoring and evaluation of programmes that data should be collected on various outcomes including age, gender, ethnicity and socio-economic status. In the evidence collated for the guidance it was noted that study participants were predominantly female. Only 2 studies included more boys than girls and, in most cases, there were at least 20% more girls than boys. However, the PDG noted from expert testimony and experience that, in the 'real world', there tended to be a more even mix of boys and girls among programme participants. Nevertheless, the importance of identifying barriers to involving more boys in intervention studies was noted.</p> <p>In the gaps in the evidence it was noted that there is a lack of data on how to involve male children and young men in lifestyle weight management programmes. In the research recommendations, a highlighted need was to determine any variation in the barriers to and facilitators for participating in lifestyle weight management services. They should include gender, boys in particular.</p>	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>No changes. The guidance aims to encourage the development of a range of interventions that will be relevant to different groups.</p>
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Equality impact assessment (updated 10-09-13)

<p>Race</p> <ul style="list-style-type: none"> • Asian or Asian British • Black or black British • People of mixed race • Irish • White British • Chinese • Other minority groups not listed 	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>The guidance highlighted that obesity was more prevalent among children from black, Asian, 'mixed' and 'other' minority ethnic groups than among their white counterparts. This guidance focuses on lifestyle weight management in all children and young people regardless of race or ethnicity. It allows equal access by recommending that a tailored programme plan to meet individual needs, appropriate to their age, gender, ethnicity and how obese or overweight they are. The guidance also recommends that during the monitoring and evaluation of programmes that data should be collected on various outcomes includes age, gender, ethnicity and socio-economic status. In the research recommendations, a highlighted need was to determine any variation in the barriers to and facilitators for participating in lifestyle weight management services according to ethnicity.</p> <p>Stakeholder comments from the draft guidance consultation suggested the need to target specific groups with specific resources due to their increased risk, exploring problems and solutions which are culturally acceptable and highlighted the need to train staff in culturally competent communication and who is most at risk in terms of obesity. Finally stakeholders commented on the differing body composition between ethnic groups and the need for an ethnic specific BMI for children.</p>	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>Following stakeholder consultation and PDG discussion the following amendments were made in the final guidance:</p> <ul style="list-style-type: none"> • Recommendation 2 (commissioning services) – the need to commission services to meet the needs of children from different cultural backgrounds has been added to children of different ages and stages of development • Also in recommendation 2 (commissioning services) the need to specify any particular at risk groups such as BME groups are being targeted in programme specifications and contracts. • Recommendation 3 (core components) 'cultural background' has been added alongside 'ethnicity' to the factors which need to be taken into account when tailoring programmes for individuals • Recommendation 11 (programme staff training) and 13 (training health professionals in how to make programme referrals) - the need to be culturally aware of the way in which obesity is viewed by different communities and issues to be considered to ensure activities are culturally acceptable has been added. • Consideration 3.15 has been added which acknowledges that while there is evidence that adults from BME groups are at risk of obesity associated co-morbidities at a lower BMI than white Europeans, it was beyond the remit of this guidance to determine if the same is true for children.
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<p>Disability</p> <ul style="list-style-type: none"> • Sensory • Learning disability • Mental health • Cognitive • Mobility • Other impairment 	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>This guidance focuses on the lifestyle weight management in all children and young people regardless of disability. The guidance recommends the need to investigate the barriers to, and facilitators for, implementing lifestyle weight management services for overweight and obese children and young people with special needs and to determine how these might be addressed. In the gaps in the evidence the PDG recommended the need to investigate the barriers to, and facilitators for, implementing lifestyle weight management services for overweight and obese children and young people with special needs and to determine how these might be addressed.</p> <p>Stakeholder comments from the draft guidance consultation suggested the need to tailor interventions for children with special needs. It noted that programmes should include children and young people with disabilities, making reasonable adjustments to do so.</p>	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>Following stakeholder consultation and PDG discussion the following amendments were made in the final guidance:</p> <ul style="list-style-type: none"> • Recommendation 2 (commissioning services) a bullet point has been added which requires the consideration of how the needs of children and young people with special needs or disabilities can best be met. It gives examples of providing specific services where these are available, and making reasonable adaptations to mainstream services (including training staff) and evaluating them. It also recommends ensuring there is an appropriate interface with specialist obesity services to help those with more complex needs manage their weight. • Considerations 3.18 and 3.19 have been added which explain that while no evidence was found for this group, the PDG were aware of their particular needs and the statutory duty of public bodies to look at ways of ensuring equal access to service provision. It notes the above examples taken from a PDG commissioned report and encourages the evaluation of such approaches. It notes the broad range of needs and that some children with complex needs will need help from specialist obesity services to manage their weight. • A research recommendation has been added which recommends investigating effective and cost effective approaches to lifestyle weight management for children and young people with special needs and how their needs and their families needs can be best met. It also recommends investigating the training needs of staff.
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Equality impact assessment (updated 10-09-13)

<p>Age¹</p> <ul style="list-style-type: none"> • Older people • Children and young people • Young adults 	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>This guidance focuses on lifestyle weight management in all children and young people regardless of age. It allows equal access by recommending that a tailored programme plan to meet individual needs, appropriate to their age, gender, ethnicity and how obese or overweight they are. The guidance also recommends that during the monitoring and evaluation of programmes that data should be collected on various outcomes includes age, gender, ethnicity and socio-economic status.</p> <p>It was noted in the considerations section of the guidance that there is a lack of data on effective and cost effective approaches to weight management for children aged under 6 years, including the views of their parents and families. In addition, there is a lack of data on the barriers to, and facilitators for, encouraging these younger children to complete a lifestyle weight management programme. There is a research recommendation regarding the factors that encourage or discourage parents/ carers and families with children aged under 6 from engaging with lifestyle weight management services and how they might be addressed.</p> <p>The considerations also note that a family based approach applies to older children and young people and that flexibility in terms of parental involvement is important</p>	<p>Comment/Action/Changes: <i>(Please state if none)</i></p> <p>Following stakeholder consultation and PDG discussion the following amendment was made in the final guidance:</p> <ul style="list-style-type: none"> • Adding a research recommendation regarding investigating effective and cost effective approaches to lifestyle weight management for children under the age of 6
<p>¹ Definitions of age groups may vary according to context.</p>		

<p>Sexual orientation & gender identity</p> <ul style="list-style-type: none"> • Lesbians • Gay men • Bisexual people • Transgender people 	<p>None. This guidance focuses on the lifestyle weight management in all children and young people regardless of sexual orientation and gender identity.</p>	<p>No changes.</p>
<p>Religion/ Belief</p>	<p>This guidance focuses on the lifestyle weight management in all children and young people regardless of religious belief.</p>	<p>Following stakeholder comments and PDG discussion the following amendments were made in the final guidance::</p> <ul style="list-style-type: none"> • Recommendation 2 (commissioning services) – the need to commission services to meet the needs of children from different cultural backgrounds has been added to children of different ages and stages of development • Recommendation 11 (programme staff training) and 12 (training for health professionals in how to make referrals to programmes)- the need to be culturally aware of the way in which obesity is viewed by different communities and issues to be considered to ensure activities are culturally acceptable has been added.

<p>Socio-economic status²</p>	<p>While the prevalence of obesity is linked with socioeconomic deprivation and is more prevalent in urban areas, this guidance focuses on the lifestyle weight management in all children and young people regardless of socio-economic status. The guidance recommends that during the monitoring and evaluation of programmes, that data should be collected on variations in outcomes according to age, gender, ethnicity and socioeconomic status (for example, as indicated by the postcode of participants), so that the impact on health inequalities can be assessed.</p> <p>The PDG noted that there was limited and contradictory data on the impact of lifestyle weight management programmes according to socioeconomic group. In most studies, children and young people were from middle-income families. In the research recommendations, a highlighted need was to determine any variation in the barriers to and facilitators for participating in lifestyle weight management services according to socioeconomic group.</p> <p>Stakeholder comments from the draft guidance consultation suggested the need to tailor interventions for children with a low income and that those from low income families should not be paying to take part.</p>	<p>Following stakeholder comments and PDG discussion the following amendments were made in the final guidance::</p> <ul style="list-style-type: none"> • In recommendation 2 – (commissioning) the need to specify particularly at risk groups which may be being targeted in programme specifications and contracts has been highlighted. Low income families and neighbourhoods have been given as an example. • Recommendation 3 – (core components) cultural background, economic and family circumstances have been added to the list of factors that a tailored programme plan needs to take account of. • Also in Recommendation 3 – ‘on a budget’ has been added to ‘how to modify culturally appropriate recipes’ • Recommendation 4 (Developing a tailored programme plan) ‘affordable’ has been added to dietary changes.
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² Depending on context, this may cover factors such as social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs).

<p>Other categories³</p> <ul style="list-style-type: none"> • Gypsy travellers • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people 	<p>The guidance aims to encourage the development of a range of interventions that will be relevant to different groups.</p> <p>Although not specifically addressed the guidance focuses on basing the services which are commissioned, on the needs identified through the JSNA and on identifying barriers discouraging or factors encouraging the uptake and completion of services, through community engagement approaches (recommendation 1)</p> <p>The term ‘parents and carers’ is used throughout in recognition that some children and young people may be looked after children</p> <p>Recommendation 5 ‘encouraging adherence’ takes account of practical issues such the need for venues to be places in which participants feel comfortable, easily accessible by public transport and at a variety of times</p>	<p>Following stakeholder comments and PDG discussion the following amendments were made in the final guidance:</p> <ul style="list-style-type: none"> • Recommendation 2 – (commissioning) the need to specify particularly at risk groups which may be being targeted in programme specifications and contracts has been highlighted. • Recommendation 3 – (core components) - cultural background, economic and family circumstances have been added to the list of factors that a tailored programme plan needs to take account of.
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³ This list is illustrative rather than comprehensive.

Research recommendations

Signed off

Centre Director

Date: