

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Physical activity and the environment update

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?

(Please specify if the issue has been highlighted by a stakeholder)

1. The scope of this guideline focuses on interventions in the built or natural environment that encourage and support physical activity among all population groups, with particular consideration of those who are less able to be physically active. It will partially update NICE guideline PH8 [Physical activity and the environment](#).
2. The guideline will look at inequalities relating to factors such as age and disability, which may reduce people's ability to be physically active in the built and natural environment.
3. While the guideline will focus on all populations groups (including adults and children), the impact of interventions among those less able to be active, will be a particular consideration, including older people, and people with disabilities (including sensory or learning disabilities) and other additional needs.
4. The scope aims to actively improve inclusiveness in terms of identifying interventions that enable everyone to access and utilise built and natural environments which provide opportunities to be physically active. For this reason, the scope includes key questions which focus on any variation in the effectiveness and cost effectiveness of interventions for different populations groups, particularly for those less able to be physically active. It also aims to identify any adverse or unintended effects, how these might vary for particular groups (particularly those less able to be physically active) and how they may be minimised.

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Examples of interventions that will be included are: those that enable people with restricted mobility, for example, who use wheelchairs or adapted cycles, to be physically active by ensuring their local environments are accessible and usable; and transport interventions such as the impact of road crossing times on different groups including older people and those with sensory disabilities.

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?

- This guideline will focus on all population groups but the scope is clear that the committee will need to actively consider: If and how the effectiveness and cost effectiveness of interventions vary for different population groups (including those less able to be physically active); any adverse or unintended effects, how these might vary for different groups and how they may be minimised.

While no population groups have been excluded, some settings associated with particular groups have been excluded:

1. School playgrounds. The review conducted to support the [PH8 update decision](#) in April 2014, identified further evidence relating to the existing recommendations. However the recommendations in PH8 remain valid as they stand. It could also be argued that school playgrounds are only accessible to the children at a particular school and usually during school times. They are not therefore part of an environment that is accessible to everyone. They may also be more appropriately addressed as part of an update of another NICE guideline.
2. Residential settings such as care homes. These are excluded as building interiors are excluded and, as above, they are not part of an environment that is accessible to everyone. However although the setting has been excluded from the scope, this does

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not extend to the residents themselves in terms of their needs in the wider environment and public spaces.

Completed by Developer – Adrienne Cullum and Karen Peploe

Date – March 2016

Approved by NICE quality assurance lead - Andrew Harding

Date – March 2016

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?

Two issues were raised by stakeholders as potential equality issues during the consultation on the scope.

One stakeholder noted that *priority* would be given to those with limited mobility, such as wheelchair users and queried the exclusion of ‘interventions to increase physical activity to manage chronic conditions’, suggesting that these two stances would be mutually exclusive. They then noted that obesity and overweight are chronic conditions which can cause immobility or disability and suggested that excluding individuals who are overweight or obese would be potentially discriminatory.

The draft scope and the final scope are clear however, that the focus of the guideline will be on interventions in the built or natural environment that support and encourage the whole population to be physically active, with *particular consideration* of those who are less able to be physically active. There may be a range of reasons that they are less able to be physically active and obesity and overweight are not excluded from this. However the focus of the work will be interventions within the environment which benefit all groups rather than on the management of specific conditions such as obesity and related conditions by individuals.

A second stakeholder suggested a potential equality issue around gender and that women as primary-care givers may have additional accessibility needs in terms of

managing buggies in the built or natural environment. In addition they suggested that 'not feeling safe' may be a barrier to women accessing open spaces, path networks and the countryside.

As above, the draft and final scope are clear that the focus of the guideline will be on interventions in the built or natural environment that support and encourage the whole population to be physically active. This will clearly include women. While some examples of additional needs have been included in the scope, such as using a wheelchair the list is not intended to be exhaustive.

Regarding concerns about safety or perceptions about safety, this is one of several potential barriers to using built or natural environments to be physically active that the PHAC may consider. Safety has been added to section 1.3.2 of the final scope. It is possible that the PHAC may include perceptions of safety as an intermediate outcome measure, which may impact on the primary outcome measures of physical activity, in the review protocol and this issue will be highlighted for discussion with the PHAC.

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

'Safety' has been added to section 1.3.2 of the final scope.

Updated by Developer: Adrienne Cullum and Karen Peplow

Date: May 2016

Approved by NICE quality assurance lead: Andrew Harding

Date: May 2016

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?

All potential equality issues raised during the scope consultation were addressed by the committee when drafting the recommendations. This is reflected by the whole population approach taken in the recommendations, with a focus on people whose mobility is limited and those whose mobility is impaired (including those with sensory or learning disabilities where appropriate).

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?

In addition the committee discussed the following equality issues.

The committee noted that evidence from reviews and expert testimony was weighted towards urban settings, with less information about interventions in rural areas. The committee were mindful of the fact that there are differences in the challenges faced by those living rurally compared with urban settings. They noted the importance of not disadvantaging rural areas, and of making recommendations that give them due consideration. Similarly, blue spaces were studied less than green spaces. The committee highlighted the imbalance in the evidence in the discussion section, and emphasised the importance of engaging with local communities to ensure that local needs are taken into account when implementing recommendations. Recommendations were also worded inclusively, ensuring that rural settings were explicitly covered.

The committee also discussed car ownership. Evidence from expert testimony highlighted that in London, car owners are 2-3 times less likely to do 30 minutes of active travel (journeys made on foot, by bicycle or other means of active travel) in a day than non-car owners. They heard that over half of the walking done by Londoners each week is as part of public transport trips, as people walk between transport stops and stations.

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?

The committee recognised the importance of encouraging active travel by considering contested spaces and how best to ensure that people who are undertaking active travel are not disadvantaged compared with people using motorised vehicles. However, the committee decided not to make a recommendation specifically to reduce the ownership of cars as they were conscious that this evidence applied specifically to London and that it may not apply to other areas with less access to public transport, in particular rural areas. In addition they heard from further expert testimony that for certain groups, for example some older adults and those with limited mobility, access to a car was sometimes a key factor in determining if people could get out of the house at all. This in turn gave them opportunities to be active at destinations reached by car, even if it was at low levels. These considerations are captured in the discussion section.

The committee recognised that families may face particular impediments to being physically active in their environment. This could be due to difficulties faced when transporting babies or young children in prams, buggies etc. due to road design, public transport facilities or other reasons. It could also be due to a lack of family friendly facilities in the environment, such as safe areas in parks. As childcare responsibilities, on a population level, sit with women more than men, women may have disproportionate disadvantage as a result of these factors. Because of this, the committee decided to include families with children in prams or buggies in the definition of 'limited mobility' used throughout this guideline. The committee also recognised that carers may face many of the same barriers for similar reasons yet were not considered in any included studies, and so have specified carers as a group in several research recommendations.

Finally, the committee discussed the impact of recommendations on socioeconomically disadvantaged groups. The committee noted that these groups may be particularly affected by barriers to physical activity in the environment, such as having access to good quality, well-maintained green and blue open spaces. They noted from references cited in an expert testimony (Expert Paper 4) that deprived communities, including many black and minority ethnic (BME) communities, may have less access to open spaces than other groups and that which is available may be of poorer quality. They noted that people who don't have access to a car may find it difficult to get to some more rural open green and blue spaces in which they can be physically active, particularly if there are no regular public transport services.

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?

The committee noted that although using public transport may help people to build physical activity into their daily lives, it incurs a cost for most people. They noted that certain groups, such as older people and children and young people, have access to free or discounted travel on some public transport services (although the age of eligibility varies). However, fiscal measures such as ticket pricing were beyond the scope of this guidance, so the committee have not made recommendations in this area.

Recommendations have been made which consider these barriers which disproportionately affect socioeconomically disadvantaged groups (see recommendation 1.3.1).

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?

The committee discussion section of the guideline for consultation contains details of the discussions the committee had about equality issues.

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 committee took the approach, as outlined in the scope, of considering the whole population in the recommendations, with a focus on groups with limited mobility.

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. The committee took the approach, as outlined in the scope, of considering the whole population in the recommendations, with a particular focus on groups with limited mobility.

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?

Any recommendations or explanations that the committee could make to remove barriers to services have been included in the guideline.

Completed by Developer Hugh McGuire

Date 26/06/2017

Approved by NICE quality assurance lead Nichole Taske

Date 07/02/2018

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?

Some stakeholders felt that recommendations 1.1.5 and 1.2.8 - which are about getting to places of education - excluded adults, implying that physical activity was something which either only children and young people did, or which was only important for these groups. The committee felt that the use of these recommendations did not disadvantage other age groups in the guideline. This was because the definition of limited mobility explicitly included a broad range of ages, including older adults. In addition, recommendation 1.2.3 specifies workplaces and other locations specific to adults. However, the committee decided to amend recommendation 1.2.8 in line with wording already used in recommendation 1.1.6 to state that the recommendation was targeted to “children, young people and their families and carers”.

One stakeholder discussed recommendation 1.1.3, which says to implement policies on ensuring there are enough pedestrian crossings. They point out that pressure groups are calling for fewer signal-controlled pedestrian crossings. However, reducing the number of signal-controlled pedestrian crossings would have a negative impact on those with limited mobility. Therefore the committee decided not to make a change to the recommendation based on this comment.

Most stakeholders approved of the definition of “limited mobility” used in this guideline and specified in the “Terms used in this guideline”. However, one stakeholder felt that the definition did not align with the social model of disability. Other stakeholders suggested additional groups to add to the definition, including those with severe mental health conditions or phobias, those with neurological conditions and those with chronic pain. In order to address this, the committee added a number of conditions to those listed (including chronic pain and other neurological conditions; severe mental health conditions; and people supporting people using mobility aids).

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?

No. The committee took the approach, as outlined in the scope, of considering the

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whole population in the recommendations, with a focus on groups with limited mobility

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?

No. The committee took the approach, as outlined in the scope, of considering the whole population in the recommendations, with a focus on groups with limited mobility.

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 4.1, 4.2 and 4.3, or otherwise fulfil NICE's obligations to advance equality?

Any recommendations or explanations that the committee could make to remove barriers to services have been included in the guideline.

4.5 Have the Committee's considerations of equality issues been described in the final guideline, and, if so, where?

Yes. The guideline's target population was the whole population, with a particular focus on those with limited mobility. The importance of equality issues in relation to this population was discussed throughout, particularly:

- The benefits and harms section of each evidence discussion section.
- In relation to evidence that was not used to make a recommendation, for example around removing seating from open spaces (evidence discussion for section 1.3).
- Justification for strong recommendations made as a result of low quality evidence supplemented by expert testimony, committee consensus and equality priorities (evidence discussion for section 1.2).

Updated by Developer _____ Hugh McGuire _____

Date _____ 2/1/2018 _____

Approved by NICE quality assurance lead _____ Nichole Taske _____

Date _____ 07/02/2018 _____

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:

Minimal amendments were requested to the guideline at Guidance Executive. Two minor changes were agreed which were not related to matters of equality.

Approved by Developer __ Hugh
McGuire_____

Date_____ 13/03/2018_____

Approved by NICE quality assurance lead: _Nicole Taske_____

Date: _15 November 2018_____

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