

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: violence and aggression

Output: equality analysis form – meeting 1

Introduction

As outlined in the [Quality Standards process guide](http://www.nice.org.uk) (available from www.nice.org.uk), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations between people from different groups. The purpose of this form is to document the consideration of equality issues in each stage of the development process before reaching the final output that will be approved by the NICE Guidance Executive. This equality analysis 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, i.e. not just population groups sharing the 'protected characteristics' defined in the Equality Act but also those affected by health inequalities associated with socioeconomic factors or other forms of disadvantage. The table does not attempt to provide further interpretation of the protected characteristics. This is because it is likely to be simpler, and more efficient, to use the evidence underpinning the quality standard to define population groups within the broad protected characteristic categories rather than to start with possibly unsuitable checklists created for other purposes, such as social surveys or HR monitoring tools.

The form should be used to:

- confirm that equality issues have been considered and identify any relevant to the topic
- ensure that the quality standards outputs do not discriminate against any of the equality groups
- highlight planned action relevant to equality
- highlight areas where quality standards may advance equality of opportunity.

This form is completed by the NICE quality standards internal team at each stage within the development process:

- Topic overview (to elicit additional comments as part of active stakeholder engagement)
- Quality Standards Advisory Committee – meeting 1
- Quality Standards Advisory Committee – meeting 2

Table 1

Protected characteristics
Age
Disability
Gender reassignment
Pregnancy and maternity
Race
Religion or belief
Sex
Sexual orientation
Other characteristics
<p>Socio-economic status</p> <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 (e.g. the North/South divide, urban versus rural).</p>
Marital status (including civil partnership)
<p>Other categories</p> <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 are identifiable depends on the guidance topic and the evidence. The following are examples of groups covered in NICE guidance:</p> <ul style="list-style-type: none"> • Refugees and asylum seekers • Migrant workers • Looked after children • Homeless people.

Quality standards equality analysis

Stage: Topic overview

Topic: Violence and aggression

1. Have any equality issues impacting upon equality groups been identified during this stage of the development process?

- Please state briefly any relevant equality issues identified and the plans to tackle them during development.

Several groups were identified during the scoping and development of the clinical guideline as requiring specific consideration which will also need to be considered by the committee during development of the quality standard. These groups were:

- BME service users – issues around following religious or cultural practices during restrictive intervention, cultural awareness among staff and keeping personal, religious or culturally significant items
- Women – issues around who carries out personal searches
- Carers – issues around communication, risk assessments, risk management plans, information sharing and search policy
- Service users who lack mental capacity – issues around involving carers in decision making
- Service users with co-existing substance misuse – issues around search policy, monitoring

These potential issues were considered by the quality standards advisory committee (QSAC), but no specific modifications were required to the statements being developed to address them.

2. Have relevant bodies and stakeholders been consulted, including those with a specific interest in equalities?

- Have comments highlighting potential for discrimination or advancing equality been considered?

The first stage of the process gained comments from stakeholders on the key quality improvement areas which were considered by the QSAC.

The QSAC was recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSAC included representation from a number of people in order to gain a range of perspectives. Standing members of the QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. In addition to these standing committee members, specialist committee members from a range of professional and lay backgrounds relevant to violence and aggression have been recruited and were present at the committee meeting.

The draft quality standard will be published for a 4 week consultation period for registered stakeholders to express their views on the proposed quality standard statements.

3. Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process? Are these exclusions legal and justified?

- Are the reasons for justifying any exclusion legitimate?

The population is adults, children and young people with mental health conditions who are currently service users within healthcare, including mental healthcare, healthcare in forensic settings, social care and community settings as well as their carers.

This quality standard will not cover:

- People who do not have a mental health condition and are not carers of people with such a condition. This group is outside of the scope of the referred topic.
- People in whom the primary behaviour is self-harm. Self-harm falls outside of the definition of violence and aggression and is covered by the [self-harm](#) quality standard.
- Violence and aggression among people with primary diagnosis of learning disability. This group is covered by the [learning disabilities: challenging behaviour](#) quality standard.

4. If applicable, do any of the quality statements make it impossible or unreasonably difficult in practice for a specific group to access a service or element of a service?

- Does access to a service or element of a service depend on membership of a specific group?
- Does a service or element of the service discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive a service or element of a service?

The draft statements do not prevent any specific groups from accessing services.

5. If applicable, does the quality standard advance equality?

- Please state if the quality standard, including statements, measures and indicators, as described will advance equality of opportunity, for example by making access more likely for certain groups, by tailoring the service to certain groups, or by making reasonable adjustments for people with disabilities?

We believe the quality standard will advance equality. The quality standard aims to address the need for reasonable adjustments to care for people with mental health conditions. The quality statements aim to ensure that people with mental health conditions are safe and treated with dignity and respect even in the challenging situations when violent episodes take place.