

# NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

## GUIDELINES EQUALITY IMPACT ASSESSMENT FORM

### RECOMMENDATIONS

As outlined in the [Guidelines Manual](#), NICE has a duty to take reasonable action to avoid unlawful discrimination and promote equality of opportunities. The purpose of this form is to document that equality issues have been considered in the recommendations of a clinical guideline. Please refer to the 'Positively equal equality guide' for further information on questions to be considered during the development of recommendations.

Taking into account **each** of the equality characteristics below the form needs:

- To confirm that equality issues identified in the scope have been addressed in the evidence reviews or other evidence underpinning the recommendations
- To ensure the recommendations do not discriminate against any of the equality groups
- To highlight areas where recommendations may promote equality.

This form is completed by the Short Clinical Guidelines Team and the Guideline Development Group **for each guideline** before consultation, and amended following consultation to incorporate any additional points or issues raised by stakeholders.

The final version is submitted with the final guideline, signed by the SCG Associate Director and the Guideline Development Group (GDG) Chair, to be countersigned by the GRP chair and the guideline lead from the Centre for Clinical Practice.

<b>EQUALITY CHARACTERISTICS</b>	
<p><b>Age</b></p> <ul style="list-style-type: none"> <li>• Older people</li> <li>• Children and young people</li> <li>• Young adults</li> </ul> <p>Definitions of age groups may vary according to policy or other context</p>	<p><b>Religion or belief</b></p> <ul style="list-style-type: none"> <li>• Religions (e.g. Christian; Muslim; Hindu; Jewish; Sikh; Buddhist)</li> <li>• Denominations or sects within a religion (e.g. Jehovah's Witness; Sufi)</li> <li>• Structured philosophical belief (e.g. atheism; humanism)</li> <li>• Lack of religion or belief</li> </ul>
<p><b>Disability</b></p> <ul style="list-style-type: none"> <li>• Sensory</li> <li>• Learning disability</li> <li>• Mental health</li> <li>• Cognitive</li> <li>• Mobility</li> </ul>	<p><b>Sexual orientation</b></p> <ul style="list-style-type: none"> <li>• Lesbians</li> <li>• Gay men</li> <li>• Bisexual people</li> </ul>
<p><b>Ethnicity</b></p> <p>Asian or Asian British Black or black British People of mixed ethnicity Irish White British Chinese</p>	<p><b>Socio-economic status</b></p> <p>Depending on specific policy context, this may include factors such as:</p> <ul style="list-style-type: none"> <li>• Social exclusion and deprivation associated with geographical areas (e.g. the Spearhead Group of local authorities and PCTs, neighbourhood renewal fund areas).</li> <li>• Inequalities associated with other geographical distinctions (e.g. the North/South divide, urban versus rural).</li> <li>• Inequalities in income, education, health, housing, crime rates or other factors associated with socio-economic disadvantage.</li> </ul>
<p><b>Gender</b></p> <ul style="list-style-type: none"> <li>• Women</li> <li>• Men</li> </ul>	<p><b>Other categories</b></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> </ul> <p>This list is illustrative rather than comprehensive. These groups are not specifically protected under current or forthcoming legislation, but it is good practise to consider their needs. From a legal perspective, people in these groups are likely to fall within one or more of the categories that are specifically protected.</p>
<p><b>Gender identity</b></p> <ul style="list-style-type: none"> <li>• Transsexual people</li> <li>• Transgendered people</li> </ul>	

# **GUIDELINES EQUALITY IMPACT ASSESSMENT FORM: RECOMMENDATIONS**

## **Guideline title: Food Allergy in Children**

### **1. Have the equality areas identified in the scope as needing attention been addressed in the guideline?**

Please confirm whether

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equalities issues.

*Please note this also applies to consensus work in or outside the GDG*

- the development group has considered these areas in their discussions

*Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability*

Section 4.1.1 refers to all children presenting with suspected food allergy and symptoms are to be included in this guideline.

The GDG examined the evidence and found that there were no groups that needed special consideration when testing for suspected food allergy. They did agree, however, reach a consensus opinion that the allergy focused clinical history taking should include questions about religious and cultural beliefs that affect the foods that they eat.

### **2. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?**

For example:

- Does access to the intervention depend on membership of a specific group?
- Does using a particular test discriminate unlawfully against a group?
- Do people with disabilities find it impossible or unreasonably difficult to receive an intervention?

Access to the tests is not limited to any specific groups.

The GDG found that there are no specific groups that would find it unreasonably difficult to receive any of the tests, however the GDG did consider that socio economic status, religious and cultural issues may affect the foods that the patient is able to eat, and made recommendations that this is taken into account during the allergy focused clinical history taking and when offering information.

### **3. Do the recommendations promote equality?**

Please state if the recommendations are formulated so as to promote equalities, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups?

In recommendation 1.1.3 religious and cultural factors that affect the foods that the patients eat are considered and in the 'Providing Information and support' section, recommendation 1.1.13, the age of the patient is considered, and recommendation 1.1.15, socio economic status and religious and cultural beliefs are considered, when offering information to the patient, parent or carer.

**Signed:**

Nicole Elliott

Peter Barry

***Associate Director***

***GDG Chair***

***Date:*** November 2010

***Date:*** November 2010

**Approved and signed off:**

Judith Richardson

John Hyslop

***CCP Lead***

***GRP chair***

***Date:*** November 2010

***Date:*** November 2010