

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## NICE guidelines Equality impact assessment

### Falls in older adults

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

#### 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?

##### Age

Difficulties in accessing and engaging with services for people with age-related impairments was identified as a potential equality issue during scoping.

This was addressed by the committee in recommendations for all three settings: community, hospital and residential:

In **community settings** the recommendations specify that falls prevention exercise programmes should be tailored to a person's specific needs, preferences, and abilities.

In **residential care settings** people are often living with frailty or cognitive impairment. Therefore, as well as recommending exercise or movement classes be tailored to the person's abilities and preferences, the committee recommended encouraging people to remain active. This included reassuring the person that they should not avoid or restrict activity and helping them to be less sedentary. accessibility.

For people in **hospital settings** the committee recommended that any risk factors related to the ward environment should be considered before offering comprehensive falls management. This would include the lay-out of the ward, such as flooring and lighting, height of beds and availability and use of patient alarms. The committee also recognised that risk factors identified in hospital can also be relevant when a person is discharged back into their home environment and recommended that referring a person to community falls services when leaving hospital be considered.

For **all settings**, the committee agreed offering people a choice in how exercise

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programmes are delivered and provided, discussing what changes the person is willing and able to make would help maximise the likelihood that of people participating in falls prevention activities.

To extend the availability and range of falls prevention services the committee also recommended providing information on local and national organisations and support groups who can offer additional support and information.

### **Disability**

Difficulties in accessing services for **disabled people with poor mobility** and who are housebound was a potential equality issue identified during scoping.

Accessibility of services for disabled people is similar to those with age-related impairments, and the recommendations made to address these inequalities would also apply to this population (see age above). These include exercise programmes in the community or in residential care settings being tailored to a person's specific needs and preferences, including the methods of delivery and duration of exercise programmes.

For hospital inpatients providing tailored education sessions that the person is able to engage in is recommended. The NICE guideline on decision making in mental health is also cross referred to.

For people being discharged from hospital considering referral to community services is recommended to see if risk factors identified in hospital can be addressed in their discharge environment.

To maximise participation in falls prevention programmes the committee recommended that potential barriers to participation are addressed and interventions are flexible enough to accommodate people's different needs.

**People with learning disabilities or cognitive impairments** have more difficulty with understanding and consequently adhering to falls prevention interventions. This was identified during the scoping.

To address this, the committee recommended an assessment of cognition and mood as part of a comprehensive falls assessment. Early identification, before interventions are offered, is important to mitigate difficulties in understanding and improving adherence to falls prevention interventions.

The committee also recommended that interventions are flexible enough to

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accommodate each person's different needs and preferences. This is particularly the case when looking at exercises or movement classes in residential care settings where there are likely to be a higher proportion of people with cognitive impairments who may require more support and adaptations to be able to participate.

The guideline also cross refers to the NICE guideline on [Decision making and mental capacity](#) which provides general recommendations on decision making for this group.

### **Race**

Language and cultural factors preventing access to information and services and engagement of older people from minority ethnic groups was identified as an equality issue. A reference to the NICE guideline on [Patient experience in adult NHS services](#) has been made for guidance on communication including different formats and languages and providing information.

### **Socio-economic factors**

People from **lower socio-economic groups** were also highlighted during scoping as potentially at increased risk of falls because of their financial disadvantage and related issues in their home circumstances. It was suggested that a key aspect of financial disadvantage is not being able to access appropriate eyewear and footwear which can increase the risk of falls.

The committee addressed this by including assessment of footwear, visual and hearing impairments in the recommendations on a comprehensive falls assessment. They recommended that if the assessment identifies risk factors for falls, then interventions to reduce a person's risk should be provided. A home hazard assessment and subsequent intervention has also been recommended to address any adaptations that may be needed in a person's home.

### **Other definable characteristics**

Other groups identified who may experience difficulty in accessing and engaging with services included people who are **homeless or who have insecure accommodation** such as asylum seekers, people in Gypsy, Roma and Traveller communities, and people not registered with a GP or in contact with health and social care services.

The recommendations made in relation to accessibility to services (see above) are applicable to these populations. These include recommendations to ensure that

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interventions are flexible enough to accommodate each person's different needs and preferences, tailoring falls prevention exercise programmes to a person's specific needs and preferences. This could include exercise programmes being delivered in person or remotely; and providing information on local and national organisations and support groups who offer additional support and information.

Other groups identified as being at particular risk of falls are people with **alcohol problems**. To address this risk the committee recommended that an assessment of alcohol misuse be included as part of a comprehensive falls assessment.

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?

### **Sex**

When reviewing and discussing the evidence on falls risk assessment the committee noted that although no evidence had been found, the [World Health Organisation report](#) of 2007 notes that women with osteoporosis are at increased risk of falls and fractures, whereas men have a higher risk of fatal falls. The current Falls guideline recommends assessment of osteoporosis risk as part of a falls risk assessment and the committee agreed by consensus this should be carried over to the comprehensive falls assessment recommendation. The committee agreed that none of the recommendations were a barrier to women or men being identified if they are at risk of falls.

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

Where equality issues have been identified these are discussed in the committee discussion sections of the following evidence reviews: 1.1 Information and support, 4.1 falls prevention interventions in community settings, 4.1 Falls prevention intervention in hospital settings, 4.1 Falls prevention interventions in residential care

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

Settings and 4.3 Falls adherence interventions

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 barriers to accessing services were identified.

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?

No adverse impacts on people with disabilities were identified.

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 box 3.4, or otherwise fulfil NICE's obligation to advance equality?

n/a

**Completed by Developer:** Carlos Sharpin

**Date:** 25<sup>th</sup> September 2024

**Approved by NICE quality assurance lead:** Sara Buckner

**Date:** 17<sup>th</sup> October 2024