

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Early years: promoting health and wellbeing in under 5s

Output: Equality analysis form – Meeting 2

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
Socio-economic status 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).
Marital status (including civil partnership)

Other categories

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:

- Refugees and asylum seekers
- Migrant workers
- Looked after children
- Homeless people.

Quality standards equality analysis

Stage: Meeting 2

Topic: Early years: promoting health and wellbeing in under 5s

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.

Children living in disadvantaged families are more likely to be exposed to adverse factors such as deprivation, parental substance misuse and mental illness, or neglect, abuse and domestic violence. Consequently, they are more likely to experience emotional and behavioural problems that can impact on their development and opportunities in life. By promoting health and wellbeing in children's early years, particularly for vulnerable children, these adverse outcomes can be reduced or avoided.

Some groups may have difficulties in accessing services or may not engage, for example due to language barriers, religious beliefs or low educational attainment. When developing the quality standard it may be necessary to emphasise the importance of ease of access for these groups, providing the necessary support, and taking steps to encourage their engagement.

Statement 1 highlights that there is a risk of stigmatisation when identifying vulnerable children. Therefore it is important that practitioners take a non-judgemental approach when discussing with parents and carers any factors that may pose a risk to their child's social and emotional wellbeing. Practitioners and local services should ensure that groups who are underserved by, or not in regular contact with, services are contacted and encouraged to attend these 5 key contacts meetings. This could include arranging appointments at children's centres or at home if they feel uncomfortable or have difficulty attending clinics. It also states that professionals should take into account cultural factors, educational attainment levels and whether English is the child or family's first language when discussing the risks with the child's parents and carers to ensure understanding.

Statement 2 states that professionals should take into account cultural and language differences when carrying out the 2 – 2 ½ year integrated review with the child and discussing it with the child's parents and carers. It states that if the child's first language is not English it may be necessary for them to be reviewed by a practitioner with the relevant experience to assess their speech and language skills.

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 Quality Standards Advisory Committees (QSACs).

The QSACs have been recruited by open advert with relevant bodies and stakeholders given the opportunity to apply. The QSACs include 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 the promotion of health and wellbeing in under 5s have been recruited and were present at the committee meeting.

The draft quality standard was published for a 4 week consultation period for registered stakeholders to express their views on the proposed quality standard statements and these comments were considered by the QSAC.

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?

This quality standard will cover all children under the age of 5 as the focus of the quality standard is the early years.

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?

No. The quality standard highlights the importance of contact with hard to reach families and does not exclude any group.

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?

The quality standard should advance equality by promoting the health and wellbeing of all children under the age of 5.