NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

EQUALITY IMPACT ASSESSMENT

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NICE quality standards

Equality impact assessment

**Transition from children’s to adults’ services**

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

### 1. TOPIC ENGAGEMENT STAGE

### 1.1 Have any potential equality issues been identified during this stage of the development process?

Not applicable as this QS update did not have a topic engagement stage. The equality impact assessments for the published quality standard are still valid.

### 1.2 Have any population groups, treatments or settings been excluded from coverage by the quality standard at this stage in the process. Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

No population groups, treatments or settings have been excluded from this update.

### 2. PRE-CONSULTATION STAGE

### 2.1 Have any potential equality issues been identified during the development of the quality standard (including those identified during the topic engagement process)? How have they been addressed?

Stakeholders highlighted the importance of recognising the young person’s communication needs. Equality considerations have therefore been added to statements 3 to 6 so that service managers ensure a range of support is available, and used, to help young people communicate effectively. This could include having a written record of how a young person prefers to communicate, such as a communication passport or 1-page profile, and using different ways to help the young person communicate, such as communication boards and digital communication tools. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in [NHS England's Accessible Information Standard](https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/) or the equivalent standards for the devolved nations. An equality consideration has also been added to statement 5 to ensure that health and social care practitioners consider the young person’s communication needs and preferences when deciding on the format for the introductory meeting with adults’ services.

Stakeholders suggested that the timing and approach to transition from children’s to adults’ services should reflect any learning disabilities or neurodevelopmental needs. Equality considerations have therefore been added to statements 1 & 2 to emphasise that health and social care practitioners should ensure that the starting point for transition planning is developmentally appropriate and considers each young person's capabilities, needs and hopes for the future, addressing their biological, psychological and social development in the broadest terms. Transition support should take into account the young person’s maturity, cognitive abilities, psychological status, needs in respect of long-term conditions, social and personal circumstances (including culture and beliefs), caring responsibilities and communication needs. The transition plan should ensure that the point of transfer is not based on a rigid age threshold and takes place at a time of relative stability for the young person.

Stakeholders also highlighted that services should ensure that young people with complex needs do not have to keep re-telling their story at each step. An equality consideration has therefore been added to statement 3 to highlight that consistent staffing and developing and sharing a personal folder may help to avoid young people having to re-tell their stories at each meeting.

Stakeholders also highlighted that it can be difficult to engage ethnic minority groups in transition and it is important to break down barriers. No specific considerations relating to the quality statements were highlighted, however, so this has not been added to the quality standard.

### 2.2 Have any changes to the scope of the quality standard been made as a result of topic engagement to highlight potential equality issues?

No changes have been made to the scope of the quality standard.

### 2.3 Do the draft quality statements 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?

The draft quality statements do not make it more difficult for specific groups to access services.

### 2.4 Is there potential for the draft quality statements to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The draft quality statements do not have an adverse impact on people with disabilities.

### 2.5 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 2.1, 2.2 or 2.3, or otherwise fulfil NICE’s obligation to advance equality?

There are no other explanations that could be included.

Completed by lead technical analyst: Melanie Carr

Date:22/8/23

Approved by NICE quality assurance lead: Mark Minchin

Date: 18/9/23

### 3. POST CONSULTATION STAGE

### 3.1 Have any additional potential equality issues been raised during the consultation stage, and, if so, how has the committee addressed them?

Stakeholders highlighted the young person’s communication needs should be considered during development of the transition plan in statement 2. They also highlighted that advocacy should be included. The equality consideration on communication needs has been amended throughout to include advocacy and added to statement 2.

Stakeholders also highlighted the importance of considering the needs of care leavers as they may require additional support when transitioning to adult health services as their lives can be unpredictable. An equality consideration has been added to statement 2 to highlight that service managers should ensure practitioners can respond to the specific needs of care leavers including the option to continue services beyond age 18 until care has been transferred to adult services. Practitioners should ensure that the transition plan for care leavers is included within their pathway plan for leaving care.

Stakeholders highlighted the importance of considering the young person’s travel and communication needs and preferences when arranging meetings. An equality consideration has been added to statements 3 and 5 to highlight that health and social care practitioners should consider the young person’s travel and communication needs and preferences when deciding whether the annual meeting should take place in person or virtually and when deciding on the format for the introductory meeting with adults’ services.

Stakeholders highlighted the importance of services considering reasonable adjustments that can be made to encourage young people to engage with adults’ services. An equality consideration has been added to statement 6 to highlight that health and social care practitioners should consider any specific needs relating to disability, leaving care or where someone lives when working with young people who have not attended their initial meetings or appointments in adults’ services. They should consider if reasonable adjustments can be put in place that will encourage future attendance.

### 3.2 If the quality statements have changed after the consultation stage, are there any 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?

The statements have not changed following consultation.

### 3.3 If the quality statements 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?

The statements have not changed following consultation.

### 3.4 If the quality statements 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 3.1, 3.2 and 3.3, or otherwise fulfil NICE’s obligations to advance equality?

The statements have not changed following consultation.

Completed by lead technical analyst: Melanie Carr

Date:16/11/23

Approved by NICE quality assurance lead: Mark Minchin

Date: 28/11/23

### 4. After NICE Guidance Executive amendments

### 4.1 Outline amendments agreed by Guidance Executive below, if applicable:

No amendments required by GE

Completed by lead technical analyst: Melanie Carr

Date: 7/12/23

Approved by NICE quality assurance lead: Mark Minchin

Date: 7/12/23

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