

**NATIONAL INSTITUTE FOR HEALTH AND
CARE EXCELLENCE**

HEALTH AND SOCIAL CARE DIRECTORATE

QUALITY STANDARDS

Quality standard topic: Antisocial behaviour and conduct disorders in children and young people

Output: Equality analysis form – post consultation

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 – prioritisation meeting
- Quality Standards Advisory Committee – post consultation meeting

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: Post consultation (meeting 2)

Topic: Antisocial behaviour and conduct disorders in children and young people

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.

Engaging with families where a child or young person has a conduct disorder is a significant challenge. One area that has been identified as a possible issue relates to the local workforce. The workforce across agencies should, as far as possible, reflect the local community. Practitioners should have training to ensure that they have a good understanding of the culture of families with whom they are working. Interpreters should be provided if no practitioner is available who speaks a language in which the family members can converse fluently. Practitioners should support access to services and the uptake of interventions by children and young people, and their parents and carers, by being flexible in relation to settings and offering a range of support services. If these issues are not addressed the challenges associated with engaging with families where a child or young person has a conduct disorder will be increased.

The QSAC identified a number of groups that may have specific needs that require a different approach to be taken in relation to assessment and management of conduct disorder. To address this the equality and diversity considerations section of statements 2, 3 and 5 state that consideration should be given to the specific needs of: girls and young women with conduct disorders: and looked after and adopted children and young people.

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 will gain 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. Representation was sought from a variety of specialist committee members.

Consultation on the draft quality standard took place with registered stakeholders for a period of 4 weeks. All comments received were considered by the QSAC and a high level summary report produced of those consultation comments that may result in changes to the quality standard (see NICE website).

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 relates to services for people under 18 years. It excludes those older than this age as the referral for this quality standard is focused on services for children and young people. The population is consistent with the scope of the primary evidence source

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?

Some of the statements refer to families or carers. There is recognition that in different cultures family units can vary and therefore suitable adjustment should be made to facilitate engagement with all relevant members of the family / household when working with families.

It is acknowledged that some groups may find it difficult to access the services and take part in the interventions that are described in the quality statements. In order to address this the equality and diversity considerations for the relevant statements advise that practitioners should support access to services and the uptake of interventions by being flexible in relation to settings and offering a range of support 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?

Yes we expect the quality standard to advance equality. The actions stated in some of the quality statements are specifically targeted at increasing: access to and engagement with services, and uptake of interventions amongst groups with low engagement rates currently.