

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality and health inequalities assessment (EHIA) template

Violence and aggression: prevention and management

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

This EHIA relates to:

- Full update and changes to the scope for current guideline NG10 violence and aggression: short-term management in mental health, health and community settings.

Appendix [X]: equality and health inequalities assessment (EHIA)

STAGE 2. Informing the scope

(to be completed by the Developer, and submitted with the draft scope for consultation, if this is applicable)

Guideline: Violence and aggression: prevention and management

Date of completion: TBC

Focus of guideline or update: Full update and changes to the scope for current guideline NG10 violence and aggression: short-term management in mental health, health and community settings.

2.1 What approaches have been used to identify potential equality and health inequalities issues during the check for an update or during development of the draft scope?

Equalities considerations from 2019 surveillance of violence and aggression: short-term management in mental health, health and community settings (NICE NG10)

Equality issues were identified during the surveillance process which included literature search updates, external topic expert feedback and stakeholder consultation. It was noted that the guideline did not meet the full recommendations within the [Human rights framework for restraint](#) in that the age of the service user is not considered alongside other factors when undertaking manual restraint. It was also noted that there was not enough information regarding rapid tranquillisation in pregnant women. Comments were also made during consultation regarding the disproportionate use of certain restraint mechanisms on particular population groups with protected characteristics and that these should be addressed within the guideline. Stakeholder consultation feedback also included comments by NHS England relating to people with protected characteristics. It was raised that the guideline did not fully represent children and young people, especially those with learning disabilities. The surveillance report noted a gap in recommendations for children, young people and adults with learning disabilities and violent or aggressive behaviour. The surveillance report also identified that recommendations within the guideline did not address any adaptations needed for the management of people with severe mental illness and substance misuse and that any updates should cross refer to relevant guidelines for those specific populations.

Other sources of equality considerations in early scoping work

Key priority areas for the guideline update were identified by the scoping team and were reviewed by topic experts. Validation by topic experts reiterated the concerns outlined in the surveillance report towards the need for representation of children and young people with learning disabilities. New evidence was identified within the surveillance report for rapid tranquillisation and debriefing, however, it was uncertain whether the identified evidence involved children and young people and the report concluded that this area may require closer monitoring. Topic experts agreed that when considering violence and aggression in children and young people, rapid tranquillisation and debriefing should be addressed. External comments also outlined the need for guidance for acute behaviour disturbance (ABD) and reference to alcohol intoxication.

The [existing Equality Impact Assessments \(EIAs\)](#) from the current NG10 Violence and Aggression guideline have also been taken into consideration.

2.2 What potential equality and health inequalities issues have been identified during the check for an update or during development of the draft scope?

- Particular considerations for children and young people when using interventions to prevent or manage violence and aggression.
- Particular considerations for people with learning disabilities, or neurodevelopmental disorders (including autism) when using interventions to prevent or manage violence and aggression.
- Restraint positions and mechanisms:
 - Safety of different restraint positions.
 - Signs of a physical health emergency in people who are being restrained.
 - Safety and use of restraint for people with certain protected characteristics or vulnerabilities. This includes age (children and young people, older people), physically unwell people, disabled people, pregnant people, people with neurocognitive or neurological disorders, obese people, women and girls, and people from black and minority ethnic backgrounds.
 - Consider disproportionate use of restraint in young males, particularly with learning disabilities.
 - Religious or cultural practice considerations during restrictive intervention, cultural awareness among staff and respecting the importance of personal, religious or culturally significant items.
 - Alcohol intoxication and substance use considerations.
- Pregnancy and age should be taken into account when considering rapid tranquillisation.
- Supporting decision making for people who lack mental capacity and involving carers in decision making

- Support for language skills both for those who have low verbal ability and those who have difficulty with English for example, when using verbal de-escalation techniques and consideration of coordination with carers.
- Potential impact of geographical location (and related socioeconomic status) relating to resourcing or funding support. Consider reduced resourcing in certain healthcare settings, for example, security or staff in GP clinics compared to hospitals
- Issues around search policy and monitoring for people with severe mental illness and co-existing substance misuse or withdrawal.
- Issues relating to the choice of person that carries out personal searches for women and non-binary people.
- Consideration of potential physical causes for violence and aggression, for instance, delirium, particularly in older people in acute hospitals.

2.3 How can the identified equality and health inequalities issues be further explored and considered at this stage of the development process?

Based on equality issues and gaps identified in the [surveillance process](#), stakeholder and topic expert feedback and [prior EIA](#), the identified equality and health inequalities issues will be considered as follows:

1. Review questions:

- a. Children and young people: Separate review questions have been created for children and young people covering organisational interventions aimed at reducing the use of restrictive interventions, and rapid tranquillisation; otherwise this population will be considered as a subgroup within evidence review questions addressing indicated prevention interventions guided by structured assessment instruments, safety and experiences of observation, restraint and seclusion, signs of a physical health emergency when being restrained, and post-incident support experiences.
- b. People displaying features of acutely disturbed behaviour, sometimes referred to as ABD: A review question has been created to address the best methods for assessing and managing violence and aggression in people who present with acutely disturbed behaviour (note: the term acute behavioural disturbance (ABD) has been avoided due to the absence of a clear definition and because this is not a diagnostic category). This population will also be captured under another review question addressing the signs of a physical health emergency in people who are being restrained.
- c. People with health conditions or vulnerabilities which might make them more susceptible to a physical health emergency when experiencing manual restraint: A review question is included to consider the signs of a physical health emergency and factors that might indicate that a person being restrained may be physically deteriorating.
- d. Consideration of protected characteristics will take the form of subgroup analyses wherever possible.

2. Scope considerations:

<ul style="list-style-type: none"> • Include a requirement for evidence reviews to report outcomes by relevant subgroups where data is available. <p>3. Committee considerations:</p> <ul style="list-style-type: none"> • The committee will use clinical knowledge and experience, and personal expertise from lived experience, to ensure that: <ul style="list-style-type: none"> ○ Where evidence is not available for equality and health inequalities issues identified for any given review question, expert consensus along with any relevant condition-specific guideline will be used so to ensure that these groups are still considered within the recommendations. Research recommendations will also be developed to help address these gaps. ○ Where gaps were previously identified that are covered within other guidelines, ensuring that the appropriate guideline is cross-referenced, such as cross-referencing to coexisting severe mental illness (psychosis) and substance misuse (CG 120) for people with severe mental illness and substance misuse. • The committee will be encouraged to consider how recommendations might impact existing health inequalities across health and care settings. • A question will be included in the stakeholder consultation to ensure that we have adequately covered the most important equality and health inequalities issues. • Feedback from stakeholders and patient groups will be used to inform the committee's discussions and decision-making process, ensuring that equality and health inequality issues are thoroughly considered when developing recommendations. <p>4. Implementation considerations:</p> <ul style="list-style-type: none"> • Consider how guidance on violence and aggression across different health and care settings might be tailored or implemented differently to address the needs of different groups (for example, those with learning disabilities, children and young people, settings with limited resources).

<p>2.4 Do you have representation from stakeholder groups that can help to explore equality and health inequalities issues during the consultation process including groups who are known to be affected by these issues? If not, what plans are in place to address gaps in the stakeholder list?</p>
<p>We have good representation on our list of registered stakeholders from groups that can help explore equality and health inequalities issues:</p> <ol style="list-style-type: none"> 1. Mental health organisations 2. Youth organisations 3. Organisations representing a range of disabilities (including learning disabilities) and health conditions 4. Organisations representing women 5. Organisations representing ethnic minorities 6. Organisations representing religious practices 7. Organisations representing carers and health professionals

<p>8. Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue</p> <p>9. Organisations representing alcohol and substance misuse</p> <p>10. LGBTQ+ organisations</p> <p>11. Pregnancy and maternity</p> <p>12. Organisation focused on health inequalities</p> <p>We also have engagement from a wide range of national health organisations, local authorities, NHS trusts, and specialised health groups that can provide insights into various aspects of health inequalities.</p> <p>There is no consultation planned with the People and Communities Involvement and Engagement (PCIEP) team.</p>

<p>2.5 How will the views and experiences of those affected by equality and health inequalities issues be meaningfully included in the guideline development process going forward?</p>
<p>The views and experiences of those affected by equality and health inequalities issues will be included in the guideline development process through the following mechanisms:</p> <ol style="list-style-type: none"> 1. Stakeholder consultation: The comprehensive stakeholder list includes organisations representing various groups affected by health inequalities across settings where violence and aggression may occur. These stakeholders will have the opportunity to comment on the draft scope and guideline, ensuring diverse perspectives are considered. 2. Committee expertise: Members with experience of working with diverse populations will be included. Lay members who are experts by experience. 3. Evidence review: The evidence review process will include a focus on extracting data related to equality and health inequalities where available and from the views and experiences of people included in qualitative research studies. 4. Committee discussions: The committee will be encouraged to consider equality and health inequalities implications throughout their discussions and decision-making processes. 5. Consultation feedback: Particular attention will be paid to feedback received during the consultation phase that addresses equality and health inequalities issues. <p>These approaches should ensure that the guideline development process meaningfully includes the views and experiences of those affected by equality and health inequalities issues, even without additional specific measures beyond the standard NICE process. However, if during the development process it becomes apparent that certain</p>

perspectives are underrepresented, additional steps (such as targeted consultations or additional expert input) will be considered.

2.6 If applicable, what questions will you ask at the draft scope stakeholder consultation about the guideline/update and potential impact on equality and health inequalities?

Stakeholders will be provided with this EHIA document and will be asked whether the draft scope adequately addresses the proposed equality and health considerations and whether there are any further equality and health considerations that they believe have not been addressed. Feedback will be taken into consideration and where appropriate, the scope will be updated.

2.7 Has it been proposed to exclude any population groups from the scope? If yes, how do these exclusions relate to any equality and health inequalities issues identified?

The update will not cover rapid tranquillisation for people with dementia. This guideline will refer to the NICE guideline on dementia: assessment, management and support for people living with dementia and their carers [[NICE guideline NG97](#)] which covers antipsychotic medicines for treating agitation, aggression and distress in people living with dementia.

The update will not cover p.r.n. (as needed) medication to prevent imminent violent and aggressive behaviour as this would best be covered in the condition-specific guidelines for people who are already known by the health or care provider and care is already managed in the context of their circumstance, condition and co-morbidities. Population groups that this would apply to include people with severe mental health conditions (psychosis and schizophrenia), antisocial personality disorder in adults, people with challenging behaviour and learning disabilities and people with dementia.

We will ensure that recommendations in the following guidelines, aimed at preventing or managing potentially violent or aggressive behaviour, are linked to within this updated guideline so that a tailored and holistic approach to management is taken:

Attention deficit hyperactivity disorder: diagnosis and management [NICE guideline 87](#)

Antenatal and postnatal mental health: clinical management and service guidance [NICE guideline 192](#)

Antisocial personality disorder: prevention and management [NICE guideline 77](#)

Antisocial behaviour and conduct disorders in children and young people: recognition and management [NICE guideline 158](#)

Autism spectrum disorder in under 19s: support and management [NICE guideline 170](#)

Autism spectrum disorder in adults: diagnosis and management [NICE guideline 142](#)

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges. [NICE guideline 11](#)

Delirium: prevention, diagnosis and management in hospital and long-term care [NICE guideline 103](#)

Dementia: assessment, management and support for people living with dementia and their carers [NICE guideline 97](#)

Psychosis and schizophrenia in adults: prevention and management [NICE guideline 178](#)

Completed by developer _____ Lisa Boardman (Topic Lead)_____

Date _____ 30/10/2025 _____

Approved by committee chair _____ Phil Taverner _____

Date _____ 30/01/2025 _____

Approved by NICE quality assurance lead _Sharon Swain (Senior Topic Advisor)

Date _____ 30/01/2025 _____

STAGE 3. Finalising the scope

Guideline: Aggressive behaviour in people receiving NHS or social care: prevention and management

Date of completion: May 2025

Focus of guideline or update: Full update and changes to the scope for current guideline NG10 violence and aggression: short-term management in mental health, health and community settings.

3.1 How inclusive was the consultation process in terms of response from stakeholders who may experience inequalities related to the topic (identified in 2.2)?

Three hundred and forty-nine stakeholders were invited to respond to consultation consisting of a wide range of organisations with diverse representation that could help explore equality and health inequalities issues [see section 2, question 2.4 for details].

One hundred and eleven detailed responses were received from 20 organisations including a variety of mental health organisations, organisations working with and representing children and young people, organisations working with and representing autistic people and people with a learning disability; organisations representing staff that work in care and mental health workplaces as well as organisations or trusts representing health professionals such as mental health professionals, ambulance workers, pharmacists and speech, language and occupational therapists; organisations that monitor and regulate the quality of care across NHS health, mental health and social care settings and those focused on particular settings with health inequalities such as psychiatric intensive care, acute and low secure services and children and young people in secure estates.

There were several organisations or individual non-registered stakeholders that provided comments on resourcing issues and matters relating to the following groups:

- girls, women, trans men or non-binary people (including those who are pregnant)
- LGBTQ+ people
- people from an ethnic minority background
- people presenting with acutely disturbed behaviour
- people with underlying medical problems.

These included trusts, organisations or bodies focused on mental health or psychiatry, an integrated care board, a network focused on reducing the unnecessary use of restrictive practices as well as independent comments from registered nurses.

3.2 Have any additional equality and health inequalities issues been identified during consultation? If so, what were they and what potential solutions/changes were suggested by stakeholders to address them?

Stakeholder comments during consultation identified new equalities and health inequalities or suggested additions to, or reinforcement of, the existing equalities and health inequalities that had been identified. These comments were made by an integrated care board, an individual registered nurse, a mental health charity, an NHS quality transformation team for mental health, learning disability and autism, a national association representing psychiatric intensive care, acute and low secure services and a network focused on reducing the unnecessary use of restrictive practices.

The following suggestions on equalities and health inequalities were identified from stakeholder comments:

Additions to, or reinforcement of, existing equalities and health inequalities that had been identified:

- Adding the consideration of people with brain injuries when using interventions to prevent or manage aggressive behaviour and reinforcing the need to specifically focus on people who are neurodiverse or have a learning disability. Suggested example of adjustments for these populations included sensory modifications as well as sensory supportive spaces and strategies with involvement of appropriate professionals such as speech and language therapists and occupational therapists
- Addition of people from Black or ethnic minority backgrounds when considering disproportionate use of restraint
- Adding the consideration of the need to support people with sensory impairment during de-escalation
- Supporting the need to consider older adults and pregnancy when looking at non-pharmacological restrictive practices
- Reinforcement of the need to consider physical causes of aggressive behaviour such as delirium.

New equalities and health inequalities issues raised:

- Consideration of groups affected by disparities within mental healthcare, for example, restrictive practices towards marginalised groups such as people from Black or ethnic minority backgrounds
- Consideration for those with protected characteristics who may not have family as carers.

The NICE development team have also subsequently identified the following equality and health inequality additions:

- People with a medical condition such as asthma should be added to groups at greater risk of harm when considering safety and use of restraint.

Two further comments related to plans to address equality and health inequality issues during development or implementation:

- One stakeholder specified the need to differentiate management approaches between child and adult settings. They suggested that recommendations for de-escalation techniques should be age-appropriate, with CAMHS-specific approaches to the management of aggressive behaviour to be reviewed
- Another stakeholder requested that implementation plans give all the listed protected characteristics and health inequalities rather than examples.

3.3 Have any changes been made to the scope as a result of the consultation and equality and health inequalities issues identified in 2.2 and 3.2? Were any other changes made to the scope that may impact on equality and health inequalities?

The following changes to the scope have been made as a result of consultation:

Settings:

- Settings have been expanded to cover all settings in which NHS or social care is provided. This is not anticipated to impact equality and health inequality issues identified. However, stakeholder comments have highlighted the need to consider the experience of trauma and the potential for restrictive practices to be traumatising, particularly for vulnerable children within the secure estate.

Population:

- Several consultation comments suggested that the management of aggressive behaviour in some populations would be better considered in the context of the management of their condition, and taking into account their individual circumstance, condition and co-morbidities. Existing NICE guidance on the management of aggressive behaviour in condition-specific guidelines exists in the following areas:
 - Assessing, managing and preventing recurrence of self-harm (covered in the [NICE guideline on self-harm](#))
 - Anticipating, preventing and managing behaviour that challenges in people with autism spectrum disorder (covered in the [NICE guidelines on autism spectrum disorder in under 19s](#) and [autism spectrum disorder in adults](#))

- Anticipating, preventing and managing behaviour that challenges in people with learning disabilities (covered in the [NICE guideline on challenging behaviour and learning disabilities](#))
- Rapid tranquilisation during pregnancy (covered in the [NICE guideline on antenatal and postnatal mental health](#))
- Management of agitation or aggression in dementia (covered in the [NICE guideline on dementia](#))
- Assessing risk of violence in antisocial personality disorder (covered in the [NICE guideline on antisocial personality disorder](#))
- Oral antipsychotic medication to prevent or manage aggressive behaviour (covered in condition-specific NICE guidance)

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Date July 2025

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Date July 2025

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