

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

CLINICAL GUIDELINE EQUALITY IMPACT ASSESSMENT – RECOMMENDATIONS

Clinical guideline: Violence and aggression: the short-term management of violent and physically threatening behaviour in mental health, health and community settings

As outlined in [The guidelines manual \(2012\)](#), NICE has a duty to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. The purpose of this form is to document the consideration of equality issues in each stage of the guideline production process. This equality impact assessment is designed to support compliance with NICE's obligations under the Equality Act 2010 and Human Rights Act 1998.

Table 1 below lists the protected 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 form should be drafted before first submission of the guideline, revised before the second submission (after consultation) and finalised before the third submission (after the quality assurance teleconference) by the guideline developer. It will be signed off by NICE at the same time as the guideline, and published on the NICE website with the final guideline. The form is used to:

- record any equality issues raised in connection with the guideline by anybody involved **since scoping**, including NICE, the National Collaborating Centre, GDG members, any peer reviewers and stakeholders
- demonstrate that all equality issues, both old and new, have been given due consideration, by explaining what impact they have had on recommendations, or if there is no impact, why this is.
- highlight areas where the guideline should advance equality of opportunity or foster good relations
- ensure that the guideline will not discriminate against any of the equality groups

Table 1 NICE equality groups

Protected characteristics
<ul style="list-style-type: none">• Age• Disability• Gender reassignment• Pregnancy and maternity• Race• Religion or belief• Sex• Sexual orientation• Marriage and civil partnership (protected only in respect of the need to eliminate unlawful discrimination)
Additional characteristics to be considered
<ul style="list-style-type: none">• Socio-economic status <p>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 (for example, the North–South divide; urban versus rural).</p>
<ul style="list-style-type: none">• Other <p>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 can be identified depends on the guidance topic and the evidence. The following are examples of groups that may be covered in NICE guidance:</p> <ul style="list-style-type: none">• refugees and asylum seekers• migrant workers• looked-after children• homeless people.

1. Have the equality areas identified during scoping as needing attention been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified in the scope as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
<p>BME service users, including cultural and religious practices – recommendations were drafted</p>	<p>The GDG considered this in their discussions and three recommendations were drafted in the general principles section of the guideline:</p> <ul style="list-style-type: none"> • one to ensure that service users are informed about their right to follow their religious or cultural practices during restrictive interventions and that staff should identify any barriers to this and work to reduce them (see 1.1.7); • the second calling for health and social care provider organisations to train staff in cultural awareness (see 1.1.9); • the third to ensure that service users in seclusion keep their personal, religious or culturally significant personal items with them, where possible (see 1.4.51). <p>In addition, a recommendation was drafted stating that negative assumptions based on culture, religion or ethnicity must not be made when assessing the risk of violence or aggression (see 1.2.9).</p>
<p>Women – a recommendation was drafted</p>	<p>There was no specific evidence for this area and following GDG discussion and consensus a recommendation was drafted:</p> <p>Searches should be undertaken by staff who are the same sex as the service user being searched (see 1.3.3)</p>
<p>Carers – many recommendations were drafted</p>	<p>Following GDG discussion, especially the valuable input from service user and carer representatives, many recommendations were drafted including:</p> <ul style="list-style-type: none"> • communicating and working with carers where appropriate (see 1.1.1) • developing carer and risk management plans (see 1.1.6) • carrying out risk assessments (see 1.2.10) including sharing the findings (see 1.2.14) especially where there is risk to the carer (see 1.6.4) • sharing information on the aims and levels of observation (see 1.4.15) and of any violence or aggressive incidents (see 1.4.61)

	<ul style="list-style-type: none"> • searching policies including the searching of carers (see 1.3.1), and this policy being shared with carers (see 1.3.2).
Service users who lack mental capacity – a recommendation was drafted	A recommendation was drafted so that service users who lack mental capacity have their carers involved in all decision-making (see 1.1.10).
Service users with co-existing substance misuse – recommendations were drafted	<p>A recommendation was drafted on searching policies, and that they should address storage/return/disposal of drugs or alcohol, and links to other policies on drugs and alcohol.</p> <p>A further recommendation was drafted on the additional monitoring requirements following rapid tranquillisation where the service user has taken illicit drugs or alcohol (see 1.4.45).</p> <p>Due to the lack of quality evidence in this area, a research recommendation was drafted on what the best environment is in which to contain service users who are violent who have misused drugs or alcohol (see 2.2).</p>
Other comments	

2. Have any equality areas been identified *after* scoping? If so, have they have been addressed in the guideline?

Please confirm whether:

- the evidence reviews addressed the areas that had been identified after scoping as needing specific attention with regard to equality issues (this also applies to consensus work within or outside the GDG)
- the GDG has considered these areas in their discussions.

Note: some issues of language may correlate with ethnicity; and some communication issues may correlate with disability

What issue was identified and what was done to address it?	Was there an impact on the recommendations? If so, what?
Protected characteristics – a recommendation was drafted	A specific recommendation was drafted to encourage staff to identify service users and carers who may be viable to violations of rights - particularly protected characteristics - and then to take steps to prevent any rights violations from taking place (see 1.1.9).
Service users who lack mental capacity – a recommendation was drafted	A recommendation was drafted so that service users who lack mental capacity have their carers involved in all decision-making (see 1.1.8).
Other comments	

3. Do any recommendations make it impossible or unreasonably difficult in practice for a specific group to access a test or intervention?

For example:

- does access to the intervention depend on membership of a specific group?
- does using a particular test discriminate unlawfully against a group?
- would people with disabilities find it impossible or unreasonably difficult to receive an intervention?

Dome recommendations were drafted for service users who lack mental capacity who are detained under the Mental Health Act.

4. Do the recommendations promote equality?

State if the recommendations are formulated so as to advance equality, for example by making access more likely for certain groups, or by tailoring the intervention to specific groups.

Yes

5. Do the recommendations foster good relations?

State if the recommendations are formulated so as to foster good relations, for example by improving understanding or tackling prejudice.

There are many recommendations related to including carers, ensuring good communication and sharing of information to ensure that carers are involved where appropriate and where the service user agrees to this.

There is a section of the guideline specifically for children and young people – here there are recommendations on involving the family or person with parental responsibility, with some recommendations specifically for the parents, such as offering parent training and support to them (see 1.7.11).