

1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE quality standards

Equality impact assessment

Physical activity: encouraging activity in the community

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?

There may be inequalities relating to age and disability (including sensory or learning disabilities) if people's ability to be physically active is reduced. The impact of the quality standard among those less able to be active, will be a particular consideration during development.

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 coverage at this stage.

Completed by lead technical analyst ___Michelle Gilberthorpe_____

Date ___31/7/18_____

Approved by NICE quality assurance lead _____Nick Baillie_____

Date ___15/8/18_____

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1.0.7 DOC EIA

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?

Statement 1 includes an equality and diversity consideration to ensure local strategies, policies and plans which are developed and implemented by using [community engagement approaches](#) and a range of partners should support and encourage all ages and all abilities to be physically active. Some groups are known to be less active such as older people and people with disabilities. Local strategies, policies and plans should show that they have considered the needs of these groups and state how they are going to address these needs to ensure that they can be physically active.

Statement 2 includes an equality and diversity consideration to ensure the views and needs of people with limited mobility who may be adversely affected by connected travel routes must be addressed. People with limited mobility may find it easier to move around their local area if, for example, footways include features such as tactile paving and even surfaces. Non-reflective, anti-glare paving surfaces can make it easier for people with visual impairments to interpret their surroundings.

Statement 3 includes an equality and diversity consideration to ensure local authorities, local community members and volunteers focus on the least active communities (limited mobility, low income communities and black and minority ethnic communities) to encourage them to use their local public open spaces for free with enhanced, safe facilities and access. The views and needs of people with limited mobility who may be adversely affected by the design and maintenance of public open spaces must also be addressed.

Statement 4 includes an equality and diversity consideration to ensure that workplace physical activity programmes are accessible to employees with limited mobility or disabilities. Also tailored written information should be accessible to all employees with additional needs such as physical, sensory or learning disabilities, and to employees who do not speak or read English. Employees receiving information should have access to an interpreter or advocate if needed.

Statement 5 includes an equality and diversity consideration to ensure that schools and early years settings have travel plans which are accessible to infants, children and young people with limited mobility or disabilities.

1.0.7 DOC EIA

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 at this stage.

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 in practice 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 further explanations that the committee could make to alleviate barriers to services.

Completed by lead technical analyst ___Sabina Keane_____

Date_____13/12/18_____

Approved by NICE quality assurance lead _____Nick Baillie_____

Date_____13/12/18_____

1.0.7 DOC EIA

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?

The committee and stakeholders discussed the issue of accessibility and independence for this quality standard. It was agreed more detail on equal access should be added to the equality considerations for all of the statements to ensure that the views and needs of all ages and all abilities who may be adversely affected must be addressed. Particular consideration of the least active such as older people and people with disabilities (including sensory, visual or learning disabilities) was highlighted.

Statement 2 includes an additional equality and diversity consideration for people with limited mobility. It was suggested a full equality impact assessment should be carried out when changes to new travel routes are being considered.

Statement 3 includes an additional equality and diversity consideration when involving communities in designing and managing public open spaces. Tackling health inequalities, such as physical activity, can be more effective if people from marginalised and deprived communities and those who are socially isolated are seen as valuable contributors to the local assets. Community members should have confidence that their opinions are valued as highly as the views of the professionals involved in the process.

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?

N/A

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?

N/A

1.0.7 DOC EIA

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?

There are no additional considerations that could be included.

Completed by lead technical analyst ___Sabina Keane_____

Date _____29/4/19_____

Approved by NICE quality assurance lead _Nick Baillie_____

Date _____29/4/19_____

1.0.7 DOC EIA

After Guidance Executive amendments

4.1 Outline amendments agreed by Guidance Executive below, if applicable:
No changes were agreed by Guidance Executive

Completed by lead technical analyst Sabina Keane_____

Date _____ 7/5/19 _____

Approved by NICE quality assurance lead ___ Nick Baillie _____

Date _____ 7/5/19 _____

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