Equitable healthcare in NHS Scotland:
How to improve services using equality impact assessment

Equality, People and Performance, NHS Health Scotland
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Note:
The contents pages contain electronic links to each full part in this guidance. You can also link to different parts within the main text of this guidance by clicking on these icons: Part X
Notes of clarity for this publication:

• The word ‘policy’ is a ‘catch all’ word for primary and secondary legislation, strategies, services, functions, programmes, projects and action plans.

• ‘Board’ refers to all NHS Scotland Health Boards.

• ‘Duty’ or ‘duties’ refers to one or more of the current three legal equality duties for race, disability and gender.

• This guidance should not replace board learning and development programmes around EQIA or equality and diversity, instead it should be used to complement it.

• The term ‘equality strand’ will be used instead of ‘protected characteristic’ as at the time of publication, the former is more widely used than the latter. See glossary for a definition of ‘protected characteristic’.

• This guidance refers to gender in a broad sense that is inclusive of gender diversity. For example, the guidance will use the term ‘gender’ to encompass all gender variance. Equally, when referring to men and women, these categories are not limited by biological sex. ‘Transgender’ or ‘trans’ will only be used when it is important to do so.

• This guidance will only fully explore equality screening and full equality and diversity impact assessment as a robust model for assessing impact.

• ‘Equality screening’ will be used throughout this document to represent both initial and equality screening.

• Due to the changing equality and diversity landscape, this guidance will be updated to reflect new legislation and practice.

• A glossary of equality terms is available in the appendices of this document.

• During the development of this publication, the Equalities and Planning Directorate changed their name to the Equality, People and Performance Directorate.
Part 1 – Background

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Introduction

‘Equality is about creating a fairer society where everyone can participate and have the opportunity to fulfil their potential. No one should be denied opportunities because of irrelevant differences.’ (Scottish Executive, 2007)

Equality isn’t about treating everyone the same, but recognising that everyone is different and has different needs. In a health context, treating everyone the same doesn’t lead to equal health outcomes; everyone should have equal health chances to sustain and improve their health, for example access to health services. Equality impact assessment (EQIA) offers an opportunity for NHS staff and their teams to think carefully about the impact of their work on the different needs of patients and staff. EQIAs should ensure that equality is placed at the centre of policy development and review, as well as service delivery.

Aim of the guidance

The aim of this document is to support health boards to improve the quality of their EQIAs and to develop robust and meaningful assessments. By breaking down the elements of impact assessment into manageable chunks, this document will provide managers, policy makers and staff with responsibility for conducting EQIAs and staff undertaking EQIA with information to guide the strategic implementation and the step-by-step process of conducting them.

Doing EQIA well is not only about following a process, but about achieving outcomes and changes to benefit patients, service users and staff. Successful EQIAs should result in tangible changes and improvements and not merely be a list of actions to be implemented by staff with no relationship to patient care.
Why is there a need for this guidance?

This guidance is different from previous Scottish EQIA guidance as it aims to improve the quality of EQIAs, ensuring that they, among other things, are outcomes-focused. It will support work in improving equality and diversity performance in boards and will help staff better understand EQIA as well as improve practice overall, moving away from merely completing the steps required in equality impact assessment. As stated previously, this guidance should not replace board learning and development programmes around EQIA or equality and diversity, but should complement them.

Equality impact assessment is not only a legal requirement, it is also a priority for action as identified by NHS Boards in Scotland, which ties into ongoing work on the national equality and diversity benchmarking exercise and equality data gathering activity.

In November 2008, NHS Health Scotland undertook secondary desk-based reporting work in the form of an EQIA Online Analysis Report. The findings highlighted that across NHS Scotland, EQIA was undertaken in a non-systematic way, was seldom supported by senior management, was generally considered a tick-box exercise and that EQIAs were rarely placed in the public domain. While there are many staff that do good work on equality impact assessment, there are many barriers to finalising and publishing good quality EQIAs in general.

Who is this document for?

This guidance is for any NHS Scotland staff member. It will be especially helpful to the following groups:

- Staff who manage and lead EQIA processes
- Staff who undertake EQIA in health boards
- Equality and diversity leads and teams
- Policy authors and writers
- Staff with governance, monitoring and accountability responsibilities
- Chief Executives, Chairs, Directors, board members (including those who are not board staff but have a role in board operations)
- Staff who potentially will conduct EQIA or be part of the process
Discrimination and prejudice

People who face discrimination and prejudice because of their age, disability, ethnicity or race, gender, religion or belief, sexual orientation or transgender status (or for any other reason) are not equally valued and respected in society. This leads to people being excluded from or restricted by society, since they do not have an equal opportunity to participate and fulfil their potential. This is to the detriment of society overall, as everyone loses out on the benefits of the insights, experiences, talents and contributions of all of its citizens. Discrimination, therefore, ultimately limits all people to some extent, but most significantly affects those who are already discriminated against.

Discrimination and prejudice clearly have a negative impact on health and wellbeing. It is not surprising that people who are discriminated against often have a sense of worthlessness, low confidence and feel less deserving of positive and healthy choices leaving them frequently feeling excluded and less well.

The NHS can use equality impact assessment as a process to eliminate discrimination experienced by a number of groups and individuals who are unable to access services or benefit from positive health outcomes in order to continuously improve services.

Cycle of oppression
The equality duties for race, disability and gender were introduced to make sure that public services are free of discrimination and that the consideration of equality is central to the way public bodies carry out all of their functions.

Some NHS Boards in Scotland have been at the forefront of equality and diversity developments. The principle of fairness – which requires that services should be available to all that need them and delivered in an appropriate manner – has informed much of recent health policy development.

Nationally, equality is recognised as a central feature of a modern, quality and efficient service for health boards. This is further supported by other key national drivers – such as Better Health Better Care, Equally Well, The Quality Strategy, Patient Rights Bill and Single Outcome Agreements (SOAs) – which individually and collectively provide health boards with a consistent and systematic framework in which to incorporate equality at all stages of the improvement process.

However, it has also been acknowledged that identifying and understanding some of the hidden barriers that prevent access to services for some of the most excluded and disadvantaged groups is not an easy process and can only be achieved by working closely with service users and the local community. Plans for removing barriers and eliminating discrimination will only succeed if they are constructed, delivered and monitored in partnership with those who are supposed to benefit.
The link with human rights

As we move forward with work on equality in Scotland, we recognise the connection and relationship with human rights and the underpinning legislation.

The Human Rights Act (1998)\(^1\) was intended to place human rights at the heart of public service delivery and through this to make rights and freedoms a reality for all people in the UK. This has been imbedded in Scottish Law through the set up of the Scottish Parliament. The act has two main aims:

- To bring most of the human rights contained in the European Convention on Human Rights into UK law. In other words, to make it possible for people to directly raise or claim their human rights within complaints and legal systems.
- To bring about a new culture of respect for human rights.

The five human rights principles are:

\(^1\) http://www.opsi.gov.uk/ACTS/acts1998/ukpga_19980042_en_1
Equality is a fundamental human right as set out in the European Convention. It could be argued that human rights takes ‘equality’ a step further than how we consider it currently within UK equality legislation, in that it:

- sets minimum standards of treatment
- sets out that everyone should be treated equally well, not just equally
- can be used to reinforce cases taken up on equality issues.

Furthermore, a human rights understanding of the principle of proportionality can assist in the balancing of competing rights and interests which may be of critical importance in the promotion of good relations between communities.

Overall, equality within a human rights framework promotes better treatment for everyone.

A human rights-based approach (HRBA) is a way of ensuring that human rights principles and standards are made real in practice. Human rights-based approaches are built on the five core principles of:

1. putting human rights principles and standards at the heart of policy/planning
2. ensuring accountability
3. empowerment
4. participation and involvement
5. non-discrimination and attention to vulnerable groups.

As an overall approach, these principles support a wide range of benefits for NHS staff, patients and carers. Many NHS organisations may already have a number of processes in place that support these principles. Employing a human rights-based approach does not automatically require the development of new processes – often it is about utilising what is already in place. An example of this could be simply the incorporation of human rights language into policies and services: accountability, empowerment, participation and non-discrimination².

² Rosemarie McIlwhan, McIlwhan Consulting
What is a human rights-based approach in health care?

‘A human rights-based approach is about ensuring that staff support service users to meet their optimal level of recovery through admission to aftercare by promoting and respecting the individual’s views and dignity… It is about ensuring that we take account of all aspects of the person and that we deliver care to a high standard while involving the person in choices about their care, and that we stand up for people when we see inappropriate care or people not being consulted or bullied by services to accept things they don’t really want.’ Equality and Human Rights Adviser, NHS Trust

Boards could be mindful of individual and group human rights as an overarching principle in determining the likelihood of discrimination through board policies and practices.

While human rights is currently outside the scope of equality legislation, we recognise that boards may find it helpful to receive guidance on how they relate in practice and how they could be addressed in future.

What is an equality impact assessment (EQIA)?

An equality impact assessment is a step-by-step process for identifying the potential positive or negative impact of a public body’s policies and functions on service users, stakeholders and staff.

The role of EQIA is also to promote equality of opportunity and to identify any discrimination – institutional or otherwise – that may exist in any policy and to implement actions or steps to eliminate that discrimination. As part of effective policy development processes, it is important for NHS Boards, via the EQIA process, to consider any potential risks or discrimination inherent in policies or functions and to identify actions to be taken to remove discrimination.

EQIA can help NHS Scotland staff provide and deliver excellent services by making sure that policies and services reflect the different needs of all people, and that communities can benefit from those policies within a health board region. By conducting EQIAs, a board can ensure that its policies and services fulfil the requirements of anti-discrimination and equalities legislation, as set out currently for race, disability and gender. As a matter of good practice, health boards are also required to consider age, religion or belief, sexual orientation and the aspect of human rights when undertaking equality impact assessment.
Why undertake equality impact assessment?

The snapshot below indicates some reasons why equality impact assessment and equality in general should be treated as a priority for health boards and is integral to the quality of work, not as an additional dimension.

Equality impact assessment can be used to address some of the following health inequalities:

- In Scotland, there is a disabled person, or person with a long-term illness, living in just over one in three households (Fair for All – Disability, Progress Report, 2007).
- Over 50% of disabled people rated their health over the past five years as being not good compared to 5% of non-disabled people (Social Focus on Disability, 2004).
- One in four people will experience a mental health problem at some point in their lives (Fair for All – Disability, Progress Report, 2007).
- Type 1 diabetes in children has trebled in the last 30 years and Scotland has one of the highest rates in the world for this condition (Sign Guideline 55 – Management of Diabetes, 2001).
- Women are more likely than men to make a quit attempt with an NHS smoking cessation service. The older age groups were also more likely to attempt to quit. The largest number of quit attempts were made by people living in the ‘most deprived’ areas in Scotland (NHS Smoking Cessation Service Statistics (Scotland) 1 January – 31 December, 2008).
- Men continue to take up primary healthcare services at lower rates than women and continue to experience poorer outcomes in some areas of health, including higher rates of cancer and heart disease (Equality and Human Rights Commission, A Practical Guide to Revising Gender Equality Schemes, 2010).
- Women prisoners, who comprise only 5% of the prison population, have exceptionally high levels of health needs. For example 98% of the women in Cornton Vale have addiction problems, 80% have mental health problems, 70% have been abused and around 50% self harm (Equally Well, 2008).
- In 2008, the suicide rate for males was over three times that for females and Scotland’s suicide rate is higher than rates in other parts of the UK (http://www.scotpho.org.uk/home/Healthwell-beinganddisease/suicide/suicides_keypoints.asp).
• Women are more likely to experience domestic abuse and incidents of violence against women are known to be under reported (Fair for All – Gender, 2007).

• 17% of Scottish lesbian and bisexual women between the ages of 25 and 64 have never had a smear test, compared to 7% of women in general (Stonewall Scotland, Prescription for Change, 2008).

• In a Stonewall Survey of 6000 lesbian women, 50% have had a negative experience using the health service (Stonewall Scotland, Prescription for Change, 2008).

• Transgender people experience high levels of discrimination with direct impact on mental health (Dimensions of Diversity, 2010).

• A study of transgender healthcare in Scotland found that many health professionals confused transgender issues with issues of sexual orientation and that prejudice and discrimination were common experiences for transgender people (The Inclusion Project 2003:18).

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**Top Tip**

In this document, the word policy is a ‘catch all’ word for primary and secondary legislation, strategies, services, functions, programmes, projects and action plans.

EQIA helps boards to compile a growing body of evidence for commissions, inspectorates and the public they serve to highlight that they have identified the impact of their services, avoided discrimination, and have action plans in place to remove it.

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**The legal case for EQIA**

The EQIA process is not only a legal requirement; it can improve policy development and assist organisational change to ensure better outcomes for whole communities, not only individuals or equality groups.

Under the race equality duty, public authorities have a requirement to impact assess current and proposed policies and to monitor existing policies. For both the disability and gender duties, the requirement is to impact assess all existing policies and practices, in addition to current and proposed policies and practices.
The following table sets out the general duties and specific duties in relation to impact assessment that health boards (and all public bodies) are required to achieve for gender, race and disability. There are additional specific duties for all strands which are not listed in the table below. The ‘general’ part of the equality duties is to eliminate discrimination and harassment and promote equality of opportunity. This lies at the heart of all equality work.

Given the requirements of the disability and gender duties, when carrying out assessments on existing policies, it makes sense to do this for race also, if it has not already taken place (particularly in light of the duty to assess functions and policies for relevance to race).
Breakdown of legal requirements of equality duties including the general and specific duties

<table>
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<th>Race Equality Duty</th>
<th>Disability Equality Duty</th>
<th>Gender Equality Duty</th>
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<tr>
<td>• Public bodies must publish a Race Equality Scheme setting out functions and policies that are relevant to the general duty on race</td>
<td>• Public bodies must involve disabled people in the development of a Disability Equality Scheme, which demonstrates how it intends to fulfil its general and specific duties</td>
<td>• Public bodies must prepare and publish a Gender Equality Scheme, which details the overall objectives the public body has set to allow it to meet its general duty</td>
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<table>
<thead>
<tr>
<th>General Duty</th>
<th>General Duty</th>
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<tr>
<td>• Eliminate unlawful racial-discrimination</td>
<td>• Promote equality of opportunity between disabled persons and other persons</td>
<td>• Eliminate unlawful discrimination and harassment</td>
</tr>
<tr>
<td>• Promote equality of opportunity</td>
<td>• Eliminate discrimination that is unlawful under the DDA* 1995</td>
<td>• Promote equality of opportunity between women and men</td>
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<tr>
<td>• Promote good relations between persons of different racial groups</td>
<td>• Take steps to take account of disabled persons’ disabilities, where that means treating disabled people more favourably than other persons</td>
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<tr>
<td></td>
<td>• Promote positive attitudes towards disabled people</td>
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<td></td>
<td>• Encourage participation by disabled people in public life</td>
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* DDA = Disability Discrimination Act

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Through EQIA, boards should be able to demonstrate that they are at least meeting or exceeding statutory requirements, in particular in promoting equality of opportunity as a way of meeting the positive duties. There are many cases that demonstrate where these basic requirements have been omitted in policy design in the past and, as a result, public sector bodies have had to answer for their lack of action and are vulnerable to legal challenges. This tends to occur when EQIA hasn’t been completed or has been conducted inadequately.

An example of this in the NHS was the case of a lesbian couple being denied fertility treatment on the basis of the classification of ‘infertile’.

http://news.bbc.co.uk/1/hi/scotland/glasgow_and_west/7913082.stm

<table>
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<th>The specific duties relevant to impact assessment are:</th>
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<tr>
<td>• assessing and consulting on the likely impact of proposed policies on the promotion of race equality</td>
<td>• the way in which disabled people have been involved in the methods for impact assessment</td>
<td>• assess the impact of its policies and practices on men and women, and use the results to inform its work.</td>
</tr>
<tr>
<td>• monitoring policies for any adverse impact on the promotion of race equality</td>
<td>• the arrangements for gathering information in relation to employment</td>
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<tr>
<td>• publishing the results of assessments, consultation and monitoring (as referred to above)</td>
<td>• the arrangements for putting the information gathered to use, in particular in reviewing the effectiveness of its action plan and in preparing subsequent Disability Equality Schemes.</td>
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<tr>
<td>• ensuring public access to information and the services that it provides.</td>
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Another example was where a medical receptionist was discriminated against on account of her age. She had been asked to leave her post as a part-time receptionist when her employers discovered that she was over 65.


In the wider public sector, the Stephen Lawrence case illuminated institutional discrimination on the basis of ethnicity in the Metropolitan Police.

www.guardian.co.uk/uk/1999/feb/23/lawrence.ukcrime9

Following a victory for Southall Black Sisters, Ealing Council now has to rethink its policy on domestic violence services.

www.guardian.co.uk/commentisfree/2008/jul/28/women.gender

For case studies, please go to Part 7.

As a matter of good practice, health boards are also required to consider age, religion or belief, sexual orientation, socio-economic status and the aspect of human rights when undertaking equality impact assessment.

Remember: In this document, the word policy is a ‘catch all’ word for primary and secondary legislation, strategies, services, functions, programmes, projects and action plans.

Additional drivers and requirements:

- EQIA was identified as a recommendation in the Scottish Government’s Equally Well Action Plan
- EQIA was identified as a priority for the Mutuality, Equality and Human Rights Board (see Appendix 1 for more details)
- EQIA was a key focus of the Performance Improvement Working Group, an NHS Scotland Equality and Diversity Lead Network sub-group during 2009 (see Appendix 1 for more information)
The business case for EQIA

In addition to meeting equalities legislative requirements, EQIA can help drive up performance, improve equality within health boards and support the prioritising of equality work at a national level. It can also:

- help reduce inequalities in health and develop equitable services
- improve the quality and efficiency of services by identifying gaps and barriers
- stimulate new ways of thinking and ways of delivering services
- help target resources more effectively and enable efficiency savings
- help develop inclusive policies and procedures
- improve evidence-based policy making
- test understanding of policies or processes.

What are the benefits of EQIA?

The benefits for a board when it undertakes and produces meaningful EQIAs are numerous. The EQIA process provides a framework that ensures the NHS meets its legislative duties with regard to policy development and implementation and will help to avoid claims of unlawful discrimination. The process helps organisations to anticipate problems and make informed decisions. However, it is acknowledged that there is more to meeting the legislative duties than just conducting EQIA.

EQIAs also enable organisations to demonstrate reputable core values and leadership which may include:

- embedding equality and diversity into all strategies, policy development and service delivery
- ensuring the principles and values of the organisation are inclusive
- eliminating unlawful/unjustifiable discrimination and harassment
- demonstrating openness, partnership and participation
- addressing the needs of communities through listening to people and by involving people in decisions regarding their health, care and access to services
- actively promoting equal opportunities, equality and respect for diversity
- fostering positive relationships between different groups of people
- promoting positive attitudes
- developing good and best practice
- enabling a change management process that will enable the journey from ‘where we are now to where we want to be’.

www.nhsemployers.org/EmploymentPolicyAndPractice/EqualityAndDiversity/Equality-Impact-assessments/Pages/
Some further benefits for service users, patients, staff and health boards in general are:

- Improves accountability – internally and externally
- Informs risk assessments
- Challenges discrimination and a ‘one size fits all’ application
- Improves credibility and reputation
- Increases patient confidence in using services
- Improves equity in access to services and improved patient care
- Improves transparency
- Stimulates new ways of thinking within teams to develop more innovative solutions
- Helps identify data gaps and generate actions to fill those gaps
- Improves services for NHS staff, for example parental leave, grievance procedures, etc.

What are the risks of not undertaking and completing EQIA?

By not conducting, completing and publishing equality impact assessments, boards are placing themselves at risk of being non-compliant and facing enforcement action. Other risks include:

- discrimination complaints by patients and workforce
- financial loss through fines – unlimited compensation can be claimed
- negative press leading to a bad reputation for the board
- less effective services that fail to address service user needs
- damaging court cases.

There are risks in any service redesign. For example, if maternity services are cut and an EQIA hasn’t been undertaken to support the decision, there may be a case for the courts to overturn that decision.

There is a danger that boards may see some models of impact assessment as a tool for eliminating risk, rather than eliminating discrimination. EQIA should help boards to increase the level of equality as opposed to only identifying risks. However, boards should include EQIA as part of their risk register analysis to ensure there is no risk around compliance.
Another possibility is that EQIA is seen as the singular answer to eliminating discrimination and harassment, where in fact it should be a fluid and continuous process aligned with other risk assessment processes. In order to achieve an equality and diversity culture change, boards need to be committed to going above and beyond what is required of the EQIA process.

Some examples of robust EQIAs or positive elements of an EQIA can be found in Part 7 of this document.

**Why is EQIA seen to be difficult?**

In the NHS in general, EQIA is currently seen as complex, time consuming and as a tick box exercise. There is difficulty demonstrating the difference that EQIA can make to patients, carers and staff once a positive impact on services can be identified.

There are some significant development challenges for public bodies around the generally low levels of knowledge and understanding of discrimination and, in particular, towards specific groups of people. Many public bodies do not have equality and diversity as part of organisational development or a learning strategy and may not always acknowledge that institutional discrimination exists.

If people do not see that there is a problem in the first place, they are unlikely to want to do anything about it.

As a public sector body, the NHS has many functions and policies to consider for equality impact assessment, many of which are complex. The sheer scale of the work involved can often be a challenge, particularly when capacity and resources are often directed at competing priorities. This guidance addresses some of the challenges and helps to build the capacity needed to undertake meaningful EQIA.

**Who are the people that EQIA might affect?**

EQIA affects all people, not just ‘other’ people – some beneficially, some differentially, some not at all. By not conducting EQIAs thoroughly, large numbers of people may be negatively affected, many of whom are often discriminated against for a number of reasons and on a number of levels.

However, it is recognised that no one person represents a single equality strand and many people experience multiple forms of discrimination – for example, asylum seekers with mental health problems, disabled young people, etc.
People who are service users, staff, carers, contractors, partners and stakeholders can belong to the following groups (or equality strands) and are generally identified by:

- age
- disability
- gender
- race/ethnicity
- religion or belief
- sexual orientation.

Within these equality strands, there are particular equality communities or equality groups, who commonly experience barriers and discrimination in access to and in their experience of services. According to the Scottish Executive EQIA toolkit, these are some of the least visible, most overtly disadvantaged/discriminated against and most forgotten people/groups. Some of these might include:

- gypsy/travellers
- refugees
- asylum seekers
- men and women, including older men and women
- transgender people
- children and young people
- older gay men and lesbian women
- people from different faiths and religious backgrounds
- disabled people, including people with hidden impairments
- older black and minority ethnic (BME) communities with mental health issues
- lesbian, gay and bisexual people
- people who experience socio-economic disadvantage.

**Future equality legislation – The Equality Act**

In April 2010, the UK Government introduced a new Equality Act. The aim of the Act is to consolidate, simplify and, where appropriate, harmonise equality legislation that has been produced over the last 40 years.
Equalities legislation is reserved to the UK Government. However, the wide remit of the Equality Act impacts on Scotland and its devolved functions.

In order to streamline this legal framework the Act will create a public sector Equality Duty. The new Equality Duty brings together the existing three duties on race, gender and disability and extends coverage to sexual orientation, age, religion or belief, marriage or civil partnership, pregnancy and maternity, sex and gender reassignment. Like the current duties, this new duty has two parts: a general duty, and provision for specific duties.

The general duty will require public bodies to pay due regard to the need to:

- eliminate unlawful conduct
- advance equality of opportunity
- foster good relations across all protected characteristics.

The specific duties are intended to set out a clear framework that will assist public bodies to meet the requirements of the general duty. Any specific duties to be placed on public bodies will be set out in secondary legislation which will be taken through the Scottish Parliament over the coming months. It is anticipated that the public sector duty will be effective from April 2011.

The Equality Duty also introduces an entirely new standalone duty on certain public bodies to consider what action they can take to reduce socio-economic inequalities and to place this objective at the core of their policy development and strategic planning in relation to spending and service delivery.

Socio-economic duty:

- The Equality Act does not impose duties directly onto Scottish Public Bodies in relation to the socio-economic duty. When the Equality Act does come into force, the onus will be on Scottish Ministers to decide which bodies the socio-economic duty will apply to in Scotland. At the moment this duty is expected to come into effect in April 2011. Although there is no enforcement regime proposed in the socio-economic duty, Scottish Ministers could apply some form of monitoring mechanism.
- When the duty does come into force the Scottish Government will produce guidance in advance of the commencement date. Unlike other duties, the socio-economic duty applies only to strategic decisions.

As information becomes available on progress in Scotland, this section will be updated.
Part 2 – Starting to think about EQIA

This section:

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  - What is equality screening/initial screening? 29
  - What is equality proofing? 30
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  - What is an equality impact assessment (EQIA)? 32
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How many kinds of impact assessment processes are there?

There are a variety of different impact assessment processes being used by public sector bodies. Currently, across NHS Scotland the landscape is complex and health boards are using many different methods and toolkits. Furthermore, the language of assessment is still very unclear with multiple interpretations of each term.

This section will explore some of the impact assessment terms and processes and how they are used in different situations.

Below is a list of some impact assessment processes being used by health boards at present:

<table>
<thead>
<tr>
<th>Equality screening/initial screening</th>
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<tbody>
<tr>
<td>Rapid impact assessment</td>
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<tr>
<td>Equality impact assessment</td>
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<td>Equality proofing</td>
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<td>Integrated impact assessment</td>
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<tr>
<td>Health impact assessment</td>
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<tr>
<td>Risk assessment</td>
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</tbody>
</table>

Regardless of which method of impact assessment you employ, there are some basic principles which should be adhered to. For example, if your organisation decides not to progress to full equality impact assessment, the decision should be fully justified, evidenced and made publicly available. By not justifying the decision you are running a compliance risk with scrutiny bodies questioning the decision further down the line.
**What is equality screening/initial screening?**

Equality or initial screening is not required legislatively but is used by many boards as a means of assessing policies, strategies and functions for relevance and or prioritisation. Equality screening, like rapid impact assessment, needs to take place for all new and revised policies. This stage, which must be completed at the earliest opportunity, will determine whether it is necessary to carry out an equality impact assessment on a policy. Equality screening can often be confused with rapid impact assessment in practice.

Equality screening may have some of the following elements:

- It can be undertaken as a desk-based exercise.
- It can be a short exercise, depending on how equality relevant the policy is.
- It can often be undertaken by an individual instead of a group.
- It can often be undertaken independently, outwith centrally managed EQIA processes.
- It should indicate if further impact assessment is required.

The decision not to carry out a fuller EQIA along with the reasons and evidence used should be documented and published to ensure openness and transparency.

**Note:**

For clarity, equality or initial screening will be referred to as ‘equality screening’ throughout this document.

Further details on the steps involved are set out in Part 4.

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5 For the purposes of continuity, the term ‘equality screening’ will be used throughout this document to represent both initial and equality screening.
What is equality proofing?

Equality proofing is a process that is carried out after a policy/strategy/function has been equality impact assessed; it is often carried out on a sub-product that arises from an overarching policy. An example of this is a Communications Policy that results in various publications. Equality proofing of those subsequent publications would ensure that they meet the requirements of the target audience. This can also apply when research is being commissioned for example.

The equality proofing process can indicate a need for a full impact assessment on that particular publication. All final decisions should be justified, evidenced and made public. Equality proofing is similar to screening and to some elements of rapid impact assessment and is used variably across the public sector.

Note:

Often a public sector body will conduct the first phase of an impact assessment using either an equality screening process or a rapid impact assessment to determine whether an EQIA is necessary. All three processes are rarely used together. Both equality screening and rapid impact assessment can be used interchangeably for work planning purposes.

What is rapid impact assessment (RIA)?

Rapid impact assessment is different from EQIA in that it does not always involve a formal consultation exercise (the only consistent difference), although consultation should be factored into policy/service design from the outset. It can be, and often is, the first step in assessing impact before embarking on a full impact assessment. It can be used as a way to reduce resources spent on carrying out a full EQIA unnecessarily (i.e. if no positive or negative impacts are identified).

RIA is the format that is currently most often used in the NHS as a method of full equality impact assessment. Many boards consider equality impact assessment to be complete once a rapid impact assessment has been undertaken, but this would constitute bad practice.

Generally speaking, a robust RIA may lead to a full EQIA. Where a full EQIA is deemed unnecessary, the document should set out clearly the justification for this and should then be made publicly available. For example, the justification might include mitigating measures, information/evidence gathered and consultation findings to support the decision and a plan for review.

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Some organisations find rapid impact assessment useful early on in service development as a planning tool, but it is mostly used for screening.

There is a need for consistency and standardised approaches to using RIA (and EQIA) in that a key issue in equality impact assessment is the varied understanding of what a rapid impact assessment constitutes. It may take the form of a checklist, a less detailed EQIA, an actual EQIA or something more in line with the equality screening methodology: RIA can be used by some organisations instead of equality screening and vice versa.

Providing a clear definition of RIA in an NHS Scotland context is complex given its various uses and the different ways it is employed across the NHS. This has important implications for the quality and robustness of this impact assessment method and, therefore, it can be difficult to endorse if the use of these methods in boards are not standardised.

This guidance suggests that a robust RIA should share some of the features of a full EQIA, particularly:

Step 1 Identify the aims and outcomes of the policy
Step 2 Gather information and evidence
Step 3 Assess the impact
Step 4 Make a decision based on information

The outcome of an RIA should be made publicly available in line with the board’s usual publishing procedure for EQIA. If the outcome of the RIA is to continue to full EQIA, it may not be necessary to publish both.
**What is an equality impact assessment (EQIA)?**

An equality impact assessment is a step-by-step process for identifying the potential positive or negative impact of a public body’s policies and functions.

The role of EQIA is to promote equality of opportunity and to identify any discrimination that may exist in policies as well as implementing steps to eliminate that discrimination. As part of effective policy development processes, it is important for boards, via the EQIA process, to consider any potential risks or discrimination which is inherent in policies or functions and to identify actions to be taken to eliminate discrimination.

EQIA can help staff provide and deliver excellent services by making sure that policies and services reflect the needs of all people, and that communities can benefit from those policies within a health board region.

By conducting EQIAs, a board can ensure that its policies and services fulfil the requirements of anti-discrimination and equalities legislation. As a matter of good practice, health boards are also required to consider age, religion or belief, sexual orientation and the aspect of human rights when undertaking equality impact assessment.

**What is integrated impact assessment (IIA)?**

Integrated impact assessment is an approach that assesses the possible impact of proposals (strategies, policies, programmes, projects, plans or other developments) on a range of issues that previously may have been assessed separately – such as economic, environmental, sustainability, equal opportunities, health, wellbeing and quality of life. As with health impact assessment, its primary output is a set of evidence-based recommendations geared to informing the decision-making process associated with the proposal. These recommendations aim to highlight practical ways to enhance the positive aspects of a proposal, and to remove or minimise any negative impacts on health and inequalities. The approach is most effective when applied to proposals that are being developed (prospective IIA), but can also be used to scrutinise proposals that are already completed (retrospective IIA), or strategies that are under way (concurrent IIA).

Current IIA tools have two different origins:

- **IIA focused on assessing sustainability** – the balanced integration of economic social and environmental outcomes.
- **IIA focused on the integration of a wide range of sector-specific objectives** designed to assure joined-up planning.

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With a little more thought in the planning process, it may be possible to enhance or increase positive outcomes and, importantly, it may be possible to prevent or dilute any harmful impacts.

An example of IIA is as follows:

A new leisure complex may create jobs and improve fitness and health along with other benefits, but it may result in additional car journeys, adding to air pollution and possibly road traffic accidents, etc.

What is health impact assessment (HIA)?

Health impact assessment (Welsh Health Impact Assessment Support Unit, 2004) has been defined as ‘a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population’.

HIA is a relatively new tool with no single agreed national approach or methodology. However, it is more likely to identify issues beyond the control of the NHS – like poverty, unemployment, poor housing, social exclusion, transport policies, and environmental issues, such as air pollution.

The above definition reflects the fact that there is no single way of conducting HIA. The combination of procedures, methods and tools used depends on both the decision-making structures of the organisation undertaking the assessments and the proposal in question. HIA can contribute to decision-making and the development of a more integrated approach to policies and programmes and is designed to be sufficiently flexible to match both the resources and the responsibilities of decision-makers.

By equipping people inside and outside the health service with the means of assessing the health dimensions of their decisions, HIA offers a way of helping all sectors contribute to health improvement.

What is risk assessment?

Risk assessment is the process of assessing the likelihood of positive or negative future corporate issues. The phrase implies an unexpected variability in outcomes and a strong focus on finance as well as reputation.

In theory, by assessing the potential risks of a policy for example, these risks can be avoided or mitigated. It could be argued that the concept of risk assessment is a basis for impact assessment in that positive or negative outcomes are identified from the outset. However, impact assessment not only places an emphasis on identifying potential risks but, following on from that, making tangible and measurable improvements.

Relationships between assessments

There is evidence of organisations using assessments in conjunction or often merging them – for example, equality impact assessment and human rights impact assessment or equality impact assessment and health impact assessment. This can provide useful insights that might not otherwise be picked up.

In relation to EQIA, however, merging EQIA with other assessments should not dilute the focus on equality issues and the legal requirements that may not be reflected across other assessments.

Note:

It is important to remember that a variety of assessment models are used throughout the public sector in Scotland. This document describes some models only and is not necessarily recommending them.
Leadership and governance

Strong leadership and governance is key to the successful delivery of robust and effective EQIAs. Some of the steps to securing leadership and governance could be to:

- build EQIA and equality and diversity into staff work plans and routine business process, rather than treating it as an additional activity
- ensure senior staff members are responsible for signing off EQIA
- ensure there is a high level of support for EQIA and a robust structure in place, should legal action arise
- support staff to have the confidence to develop and sustain high quality assessments by demonstrating leadership on EQIA
- develop a culture of support for staff so they are able to identify compliance risks with equality legislation through the EQIA process
- demonstrate a shared responsibility for EQIA
- support a clearly defined process for mainstreaming EQIA into the board – share and communicate this process through the board at all levels
- ensure that senior staff understand their role in promoting and developing EQIA and that they understand that accountability for EQIA is to be undertaken in the same way as for other corporate groups, e.g. Corporate Management Team
- link EQIA into reporting to the board on equality and diversity, for example on equality scheme action plans, so that the message of EQIA is reinforced at senior level.

Accountability

Boards are accountable to the public for EQIA just as much as they are to stakeholders and staff. This accountability is on a number of levels, including equality and diversity and actions on EQIA. From a legal perspective, ownership and accountability for EQIA lies at both chief executive and board level. Responsibility, however, for conducting EQIA and implementing subsequent actions from an impact assessment is at service level.

As noted above, boards should encourage and empower people to challenge the decisions and actions taken and when boards take measures, the local community needs to be informed of any changes that could ultimately affect their access to and experience of services.
There may be issues around capacity within the community to challenge public sector organisations so boards should ensure that their complaint process, along with equality and diversity information (including EQIAs), is widely accessible and enables the collection of equality data from complainants.

Some of the best places to distribute this information are: board websites, local libraries or GP practices, newsletters, public notices, newspaper advertisements, etc.

If staff are not directly involved in the EQIA process, they may feel they are not accountable for the outcomes. Senior board representatives need to send a clear message to staff that EQIA is everyone’s responsibility and business.

At present, across NHS Scotland, there are variable levels of accountability for EQIA. Some reasons for this are identified as:

- Staff at different levels sign off EQIA, these include chief executives, heads of department, strategic leads or equality and diversity leads.
- The accountable person and the responsible person for EQIA can be two different people.
- It is unclear how and when EQIA fits into the overall accountability structure.

Some solutions:

- Build in accountability from the start of an EQIA process.
- Build in accountability for EQIA progress at line management, corporate management team (or equivalent) and board level.
- Ensure there is clarity in the board about who is accountable for EQIA. Provide a list of potential accountable persons for EQIA in a board – i.e. Chief Executive, Equality and Diversity Leads, Governance Directors, etc.
- Make it clear when two different people in a board are responsible for EQIA and accountable for EQIA and what they are liable for.
- Set up an accountability structure to ensure that actions identified are taken forward by the appropriate person.
How to embed equality impact assessments into the culture of the organisation

EQIAs that are included as a component part of performance management, change management programmes and improvement cycles will contribute to organisational development. EQIAs enable organisations to assess the effectiveness, appropriateness and consequences of policy implementation and, therefore, help to steer future direction.

The following should be considered:

- Develop an overarching equality strategy that is regularly reviewed, to guide policy development and the ensuing EQIAs.
- Ensure senior staff lead by example and take action to integrate equality and diversity into all policies and practices, including equality/EQIA training.
- Develop a comprehensive and inclusive HR strategy that is equality and diversity focused. Include recruitment, retention and development of a diverse workforce and collect relevant data.
- Review consultation and involvement processes and build capacity to engage the public and staff on equality issues.
- Compile and publicise an annual report on the progress of equality strategies, schemes, action plans and outcomes of consultations, including impact assessments.

When do you need to do an equality impact assessment?

An impact assessment can be started at any time but should be completed before the formal implementation of a new policy, strategy, procedure or function can take place.

In line with statutory requirements dictated by the Race, Disability and Gender Equality Duties, a board must conduct impact assessments as soon as a relevant new policy, function or service is considered and it should be an integral part of policy development. EQIA can also be integrated with business planning. It is crucial because, at this point, the project aims and objectives are being decided, which enables the potential for impact on people to be considered from the outset. This means that plenty of time should be factored into the development of any policy or service, to allow for equality impact assessment to be undertaken thoroughly.
As soon as an individual or team knows it has to develop a policy or strategy for an area of service delivery or for workforce purposes, it should be established whether it is relevant to equality. This is the first stage of an assessment and if it is relevant, a complete EQIA is required.

In other words, the first question should be: ‘What will the policy actually mean for people and who will be affected by it?’

Other equally valid circumstances when EQIA should be undertaken are:

- when planning policies at all levels
- when reviewing existing policies or strategies
- when prioritising existing policies or strategies
- when there is a change in a policy or strategy
- when service redesign occurs
- when responding to change – e.g. government/organisational cutbacks, financial changes or changes in demographics
- when evaluating or reviewing a policy.

EQIAs could be undertaken at both the development and implementation stage of policies and reviewed at regular stages throughout, to ensure that equality is continuously being embedded. It is integral to the mainstreaming of equality that EQIA is built into existing systems and processes, for example governance.

For more information on monitoring and review please refer to Part 5, Step 8.
Who carries out an EQIA?

As noted previously, from a legal perspective, ownership and accountability for EQIA lies at both chief executive and board level. Responsibility, however, for conducting EQIA and implementing subsequent actions from an impact assessment is at service level. Therefore, both service managers and frontline staff are vital to the assessment process. This is because both groups should be involved in implementing actions and changes that the assessment identifies as necessary. Staff should feel that they are appropriately supported by the EQIA lead and their managers to confidently make change happen.

It is worth acknowledging that the level at which responsibility is held for implementation does vary across NHS Boards at present.

In many cases, it will not be the NHS Board equality and diversity lead or team who conducts the EQIA, it may be the policy writer, department head or another manager. When considering the equalities implications, it is necessary to involve other staff who may offer a challenge to views or some evidence of impact. It is also necessary to communicate progress throughout the board, in particular to equality leads and teams, during the process of undertaking an EQIA.

**Top Tip**

Identify one person to lead on an equality impact assessment. This person will be responsible for managing the process, for sign-off and publication. This person does not necessarily sign off the EQIA themselves, but is responsible for having it signed off and knowing the procedure for this.

NHS equality and diversity leads and teams should be available to support staff at any stage throughout the EQIA process. This does not mean that they should do EQIA on behalf of staff. They should, however, provide support around staff understanding and completion of EQIA and be on hand to guide and resolve queries. It is worth bearing in mind that in some boards this may lead to a significant time demand for equality and diversity leads.

The owner or author of the policy has the responsibility of outlining the purpose of the policy and what it aims to achieve, before they or the group they are working with attempts to undertake the EQIA. This may or may not be the person with the lead responsibility for conducting that particular EQIA.
What do staff need to know?

For effective outcomes, all staff need a basic understanding of institutional discrimination, of some legislation and of equalities issues. Good practice would require that the individual leading on the EQIA should have a more in-depth understanding of the impact on decision-making and outcomes.

It is also very important that the staff skill mix is balanced when carrying out an EQIA. To ensure effective and robust EQIAs, staff need to know how and where it fits into their health board processes and that the focus of EQIA is very much on the resulting outcomes and improvements and not only on the process of completing one. To do this well, some key areas staff should understand are: who to liaise with internally and externally on EQIA and how to access appropriate data/information.

You may find it useful to refer to Part 5 on consultation and gathering evidence and information.

Please also refer to Part 2 on accountability.

Good internal board communication is also vital so that staff are aware which policies are appropriate to EQIA, this may be predetermined in part by the legal duties for race, disability and gender. Communication about EQIA is sometimes difficult to get right in larger health boards, where EQIA is undertaken across a number of levels and sites.

For information on the prioritisation process please refer to Part 5.

EQIA toolkits and templates

Toolkits and templates are guides to ensure that all EQIA questions have been covered and critical steps are taken throughout the process. Most boards will have their own EQIA templates that are designed to match their needs, although many NHS Scotland ones are based on and adapted from the Scottish Executive EQIA Toolkit (Scottish Executive, 2005). There is no one fixed universal template being used by all boards, and therefore methodologies/processes vary across health boards at present. What is important is that the toolkit or template is appropriate for the equality impact assessment being undertaken and covers the relevant areas.

It is not necessary to develop your own toolkit; what is important is the dialogue that comes from the toolkit questions. The toolkit you choose to use should cover the essential points detailed in Part 5 and be publicly available.
Health boards with no direct patient focus

When conducting EQIAs, health boards with no direct patient focus are still required to consult with staff, individuals, equality groups and stakeholders internally and externally. In national health boards, there is much confusion about how and when to do this, particularly if a national board considers that they do not provide services directly to patients.

Where this is the case, health boards need to consider how best to consult within their own boards and with other health boards that they provide services to. In some cases, this can be with diverse staff groups within their own boards or externally with stakeholders, some of which are other boards for example.

There is a need to recognise the challenge in doing this where workforce equalities data is poor, or where there are limited networks. There is also the challenge for non-clinical boards around consultation. However, boards need to think creatively about how to overcome these challenges and look toward a way forward.
Part 3 – Preparation for an EQIA

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Preparing for equality impact assessment

It is important to not get bogged down and overwhelmed by the EQIA process. It may be helpful to break down the process into bite size chunks by preparing well before beginning. Remember to keep the EQIA process focused and straightforward as this will provide clear outcomes to work with.

Below is a snapshot of what to review before starting an EQIA:

- Ensure that there is a robust prioritisation process in place to identify high, medium and low priority policies to be EQIA’d – this can be a corporate responsibility and not necessarily the responsibility of the person leading on an EQIA.
- Ensure that the purpose, aims and outcomes of the policy to be EQIA’d are clear.
- Arrange a first meeting with appropriate staff and stakeholders.
- Gather good quality and current information/evidence appropriate to the policy being EQIA’d. This could include disaggregated baseline data for all strands, research findings or the results from surveys and questionnaires.
- Compile the results of previous EQIA consultation exercises for similar policies, programmes or functions.

Part 5 of this guidance provides more detail on the following topics related to this:

- How to identify all the aims of a policy and who it is aimed at
- How to prioritise policies for EQIA
- National policies
- Existing versus new policies/strategies
Form a working group
Identify the skills and values of potential participants who need to be involved in an EQIA and decide the composition of the group. You might want to consider how many people should be involved, their designation and what they represent. Identify whether staff have worked on EQIA before and, more importantly, whether they have had some level of equality and diversity training.

It is vital that staff understand the relevance of the policy being EQIA’d and that the subject matter relates to their involvement. There can be some merit in bringing in external partners and communities at an early stage, if not at an initial meeting.

Investigate whether your board has links with internal or external equality reference groups or forums to consult, engage and involve when undertaking the EQIA process.

Involvement
There are many people within boards who could be involved in the development of an EQIA. Once an EQIA working group has been formed, one of the first vital tasks is to establish who the policy is aimed at. This will inform which groups of people might be affected by the policy and then determine which community groups it may be necessary to consult with. It is important to build capacity in your organisation in order to help build relationships with community equality groups and this can take a considerable amount of time.

It may be difficult to know at what stage of the EQIA process it is appropriate to involve people or bring in external groups. This will vary depending on the nature of the policy or function to be EQIA’d. Good practice indicates that people should be involved from the start. It is also a legislative requirement of the Disability Equality Duty to involve disabled people (see legislation in Part 1). A good reference point might be that the more strategic the work being assessed, the more necessary it is to have someone outside of the organisation involved, for example another public sector body or voluntary group.

It is essential that health boards recognise the capacity of each external group or organisation to support the EQIA process and understanding of external groups on equality issues. Remember that not just the NHS consults with community or voluntary organisations, but the police, fire services, and local authorities too.
For more information on involvement, please refer to **Part 5**.

You may want to include some of the following people or groups in the process:

- The policy writer
- The policy manager and or team member(s) developing the policy
- Senior management or a board member (depending on the policy or function)
- Staff who will be implementing the EQIA and any actions resulting from it
- Equality and diversity leads and representatives (not always the people in a board who do EQIA⁹)
- A board representative who has experience of doing EQIA and who has led and implemented EQIA already
- Stakeholders
- Patients and their carers
- The EQIA team
- Equality networks, groups or forums
- The person who signs off on accountability
- Operational Staff – nurses, doctors, radiologists, etc.
- Workforce representatives – in particular if it is a human resources related issue

**Which external bodies are appropriate to involve?**

Once again, this depends on the nature of the policy being EQIA’d, but could include:

- voluntary organisations and charities
- equality groups and organisations
- local authorities and partners
- local police force, fire department or educational bodies.

For information on partnership working please refer to **Part 5**.

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⁹ We recognise that in some health boards there is only one equality and diversity staff member
Building training and capacity

It is important that everyone involved in carrying out EQIAs can be seen as key players in delivering quality services to patients and staff and that their views are highly regarded. To ensure staff buy in to EQIA as a method of assessing the impact of policies, develop staff capacity in EQIA and equality and diversity generally, as well as developing an overall understanding of the purpose and benefits of EQIA processes/outcomes.

Some of the ways to develop and support robust learning and development support for EQIA can be:

• Continue to build capacity of all staff who undertake or who are likely to undertake EQIA.
• Tailor the training to suit the different levels of staff involved in EQIA within your board.
• Develop staff skills through shadowing or coaching.
• Ensure staff are aware of their individual responsibilities, once they have undertaken training on equality and diversity and EQIA.
• Offer peer support.
• Link to KSF development (in particular core competency 3b).
• Increase staff understanding of equality and diversity so that EQIA progress can be challenged from an informed point of view.
• Offer equality and diversity training before EQIA training. Do not use EQIA training as a replacement for equality and diversity training.

Proportionality

The principle of proportionality is very important to the EQIA process. The concept originates from the European Convention on Human Rights which states that any interference with limited rights should be proportionate to the legitimate aim pursued and must be prescribed by law/in accordance with law and necessary in a democratic society. The equality duties require that ‘due regard’ is paid to achieving the goals set out. In EQIA, this is done through considering proportionality and relevance.

Proportionality is key at the very start of a policy development process, particularly the prioritising of a board’s policies for EQIA. The weight that public bodies give to equality should be proportionate to its relevance to a particular policy, i.e. the greater the relevance, the greater regard that should be paid (EHRC, November 2009).
For more information on the prioritisation process, please refer to Part 5.

In practice proportionality is about using the least intrusive or restrictive means of achieving an aim (i.e. a minimum restriction is put on people’s rights); the aim is legitimate (not arbitrary) and the means of achieving it are legal.

The proportionality question can crop up often when conducting an EQIA, particularly around the consultation process, evidence gathering and capacity/resource challenges. Although it is hard to define, you should consider the scale of the policy as a starting point and develop your impact assessment plans to reflect this. Some other considerations might be:

- Consult/involve overarching organisations rather than ones with a very specific remit where appropriate, e.g. on disability rather than a narrower view on, for example, depression. Justify your judgment on who you involve in the consultation/involvement process, and when, in the final EQIA document.

- It is not possible or necessary to gather every single piece of evidence and information to inform an EQIA. Seek evidence that is proportionate to the overall aims and scale of the project, keeping in mind that a legitimate action from an EQIA can be to seek more evidence.

- There can be real challenges around timing and resources for boards in terms of developing and delivering a policy or service within a specific time frame. Ultimately, this may involve altering timescales for actions to remain lawful. If this is impossible, you may need to revisit the project aims and outcomes.

- Any subsequent actions from an EQIA should not exceed that which is necessary to achieve the overall objective of the policy.
Staff with sign-off responsibilities
It is crucial that the staff member signing off an EQIA knows exactly what it is they are accountable for. They should have some knowledge of the purpose and process of EQIA and be aware of some of the inequalities and discrimination that equality groups can experience. This person should also be aware of the corporate risk associated with signing off incomplete or badly executed EQIAs. It is therefore important to clarify if the responsible sign-off staff member also has accountability for EQIA as part of their remit, since boards are accountable to the public for their actions.

No staff member should be asked to sign off an EQIA if they have no responsibility for implementing any recommendations. Sign-off should involve responsibility for reporting progress on the implementation of EQIA findings.

Summary of what the staff member with sign-off responsibility should know:

1. What they are being accountable for
2. The purpose and process of EQIA
3. Equalities and discrimination policies
4. The risks relating to sign-off
5. That they are responsible for making change happen and reporting progress

Financial decisions
Considering the economic climate public bodies are facing, it is more important than ever that they meet their statutory equality duties when making decisions, particularly those regarding finance or service provision.

All such decisions should be subject to robust impact assessment, which should include consideration of relevant data to identify if the decision may have a negative impact on particular groups, and look to avoid this.

Informed decisions should be made through consultation and involvement to ensure they do not negatively affect anyone, including different ethnic groups, disabled people, or men and women.
**Efficiency savings**
EQIAs can be a useful tool to ensure services are efficient and more effective. Assessments can be used to balance savings or the redistribution of resources, with the actual or potential impact on staff and or patients and carers. This may avoid organisational risk around compliance with the equality duties, as well as costly lawsuits.

**Financial constraints**
Many boards often face challenges in terms of limited resources, in particular for EQIA and the required actions to gather evidence/information and undertake consultation or involvement. This can cost time and money and it is likely that during periods of restricted finance these resources can be reduced.

Subsequently, this may have an impact on the resources available to ensure the production of good quality EQIAs. If you do not consider finance or budget as part of EQIA, your actions can affect groups of people in different ways which may result in negative impact, discrimination or exclusion, which in many cases is unlawful. Being proportionate might mean prioritising the order in which policies are EQIA'd (in terms of relevance to equality – see prioritisation process in [Part 5](#)) to overcome this as well as considering equality and diversity when planning, budgeting resources.

**Timing and momentum**
Momentum should not be lost because of the length of time taken to complete an EQIA or to publish it. By reviewing progress regularly, communicating and consulting with people internally and externally, the EQIA topic remains fresh and engaging. Ensure that there is a mechanism in place either with the accountable or responsible person to take action when an EQIA runs on for a long period of time.

Very often, a policy or service is developed with the goal of delivering within a specific time frame. This can cause challenges around timing for boards and has implications in taking proportionate action to achieve the project aim. In these circumstances, you should act proportionately within the confines of your board context as well as the legislative context. Ultimately, this may involve adjusting timescales for actions to remain lawful. If this is impossible, you may need to revisit the project aims and outcomes.
Central register
Some health boards have no EQIA central register or system in place to record the number and status of EQIA and therefore no record of completed EQIAs.

This may lead to minimal follow-up on actions and no reviews of progress in place. The lack of a central register system can lead to confusion and raises the question of who in boards decides what EQIAs should be undertaken in each financial year, who is completing them, and which ones should be prioritised.

It is crucially important to have this planning and tracking mechanism in place – as well as a designated person to manage it – to ensure robust and useful EQIAs are being produced.

Equality impact assessment and continuous improvement
EQIA is a virtuous cycle of intervention and, once completed, the EQIA document can be amended, added to as new information arises or when consultation yields new information. When barriers occur, for example around evidence gathering, the EQIA should continue and new evidence should be added during the process. EQIA is one of the ways to support equality and diversity incremental progress.

EQIA and parallel processes
Some EQIA action plan recommendations may cross over or duplicate with equality scheme actions. Synthesise major goals from race, disability and gender equality schemes, plus other legal obligations and plan how to address the relevant ones through what was achieved through EQIA. Link the equality duty objectives and action plans with the EQIA process and cross reference with the outcomes.

Embed EQIA into the planning and development of work programmes so it is viewed as a live process and linked to and informing work plans.

Contracting people to undertake EQIA for your board
Generally speaking, it is not good practice to contract out EQIA work. Instead build the capacity and confidence of staff within the board to conduct EQIA work. Develop a network of stakeholders who can assist with the process of EQIA and build it into work programmes to ensure sustainability.
Part 4 – How to carry out an EQIA: a step-by-step process

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**Introduction**

This part of the document is designed to serve as a practical tool for staff that are carrying out or may be required to carry out equality impact assessments.

Each stage of the EQIA process is described and key ‘must do’ elements are included. More detailed descriptions of each step of the EQIA process are contained in Part 5.

Please note that this step-by-step process should not be considered fixed. For example, the consultation step may be undertaken earlier in the process if there is little knowledge about a new policy being developed.

**Remember:** EQIA is about investigating any potential negative or differential impact on people because of their age, disability, gender (including transgender), race, religion or belief, or sexual orientation in workforce and service delivery policies and functions of public bodies. For more information, please refer to Part 1.

The EQIA process involves two integral steps, namely:

1. Equality screening process (sometimes known as rapid impact assessment)
2. Equality impact assessment

**Note:** An assumption is made in this section that the policy to be EQIA’d has already been identified through the policy prioritisation process.
Conducting EQIA step-by-step diagram

Equality screening: Steps 1 to 4
Full EQIA: all steps

Step 1: Identify the aims and outcomes of the policy.

Step 2: Gather information and evidence.

Step 3: Assess the impact. Consider alternatives and mitigate adverse impact.

Step 4: If no discrimination exists, stop here. If discrimination still exists, conduct a full EQIA.

Step 5: Consult on EQIA – internally and externally.

Step 6: Make a decision.

Step 7: Publish the final EQIA.

Step 8: Monitor and review the EQIA.
**Equality screening**

The purpose of equality screening is to determine whether it is necessary to carry out a full EQIA on a policy. Screening should be completed as early as possible in the policy development process as it will inform the decisions on whether to complete a full EQIA or not.

**Note:**

Do not confuse this stage with the prioritisation process, which will already have been carried out. There is an assumption in this section that the policy to be EQIA’d has already been identified and prioritised before being equality screened (see **Part 5**).

Equality screening at a glance:

- Identify the main aims and purpose of the policy.
- Determine who the policy will or will not affect.
- Gather and briefly analyse relevant evidence and information on the groups who may be affected by the policy.
- Identify gaps in evidence/information and how you will go about filling the gaps.
- Decide whether the policy has the potential to cause negative impact or discriminate against individuals or groups of people (providing you have sufficient evidence/information to determine this).
- Make a decision on how to proceed – if any potential for negative impact has been identified, conduct a full EQIA.
- Record your findings and decision.
- Set and record a review date for screening the policy if a full equality impact assessment isn’t being pursued.
- If you are not proceeding to a full EQIA, make the screening document publicly available.

**Remember:** If not proceeding to a full EQIA then justification for the decision and evidence to support that decision should be presented and signed off by a head of service, corporate director or other accountable person.
If following equality screening you exit the process because it is clear that the policy does not require a full EQIA, it is important to ask ‘are you sure?’. Consider whether all people have access to a service, good health outcomes and effective interventions, or whether the potential for some people to be denied access to a service arises as a result of this decision?

You may find it useful at this stage to visit the Gathering Evidence Database for access to equality data and information. A link will be featured here shortly.

**Remember:** Be clear about who owns the policy being EQIA’d.

**Equality impact assessment**

If a decision is taken to continue with a full equality impact assessment because negative impact or discrimination has been identified, then the following Steps 1 to 8 must be completed.

As a result of carrying out equality screening you will have identified some key pieces of information integral to the overall process, namely, the aims and purpose of the policy, who the policy will affect, etc. The reason for conducting a full EQIA is because negative impact has been identified at this stage and therefore you do not necessarily need to duplicate this information again. You may, however, need to gather further information and evidence to support the full EQIA conclusions.

If you have already established that there are potential negative impacts without completing the equality screening process, then the following Steps 1 to 8 should be undertaken. If you have already addressed the questions in Step 1 previously, review your answers to ensure nothing has been overlooked, then continue to Step 2.

For more detail on each of these steps, please refer to **Part 5**.
Step 1 Identify the aims and outcomes of the policy

Before undertaking an EQIA you should take some time to establish the key aspects of the policy, as indicated previously for the equality screening part of the exercise. It is important to be clear about the policy proposal and why the policy is needed. In order to identify the aims and outcomes of the policy, you might consider:

1. What is the purpose of the proposed policy?
2. How will the proposed policy be put into effect?
3. Who will be responsible?
4. What context will it operate in?
5. What specific outcomes do you hope to achieve?

Make sure you record:

- the purpose, aims and intended outcomes of the policy
- who it will affect
- who it will benefit.
Step 2  Gathering information and evidence

For data collection and evidence, establish what information has been collected already on the impact on equality groups and what further information is still required to ensure that the perspectives of all groups are taken into account. The equality screening process might have already allowed you to do some of this already. Ensure that the information you are using is of good quality and is up to date. Consider how the missing information will be collected and decide on the most appropriate methods for this, for example liaise with voluntary groups and partners for help.

Remember: If all the information you need to move forward is not available, you can still proceed to the next step. It is better to progress with the data you have than do nothing at all. Information and evidence can be updated throughout the process as and when it becomes available.

You may find it useful at this stage to visit the Gathering Evidence Database for access to equality data and information. A link will be featured here shortly.

Make sure you record:

- what you know already about different needs/experiences/outcomes for people and their access to services, information or opportunities
- what other relevant evidence/information you have used to inform this view
- what evidence and information gaps you have identified from this process
- how you intend to fill these gaps, e.g. commissioning research, data gathering exercise, discussing with stakeholders and community engagement.
Step 3 Assess the impact

Review the information and data gathered and consider whether the policy affects groups differently. Assess its potential to cause unlawful, direct or indirect discrimination, or whether there are any opportunities to promote equality. If applicable, are there other factors that might help to explain the negative impact identified?

It is important here to consider the duty to promote equality of opportunity and good relations. For example, consider if the policy might damage good relations.

Make sure you record:

- whether the impact(s) identified is neutral, positive or negative
- whether the impact(s) identified is the same or different for other equality strands
- whether the impact is negative, and if this constitutes unlawful discrimination
- what information or evidence this is based on (refer to your Step 2 findings).
Step 4 Consider alternatives and mitigate negative impact

You will have now considered the potential for the policy to cause unlawful, direct or indirect discrimination or whether opportunities to promote equality have been taken advantage of. There are now four possible ways forward:

1. The evidence shows that the policy is robust, in that there is no potential for discrimination and opportunities to promote equality have been taken. The policy can be adopted once the accountable person has been fully briefed on why there are no changes required.

2. If the potential for negative impact (or any negative impact) is identified, consider alternative methods or practical actions to reduce, mitigate or remove the negative impact and promote equality more positively before proceeding with the policy.

3. If you choose to continue with the policy despite the potential for negative impacts, you must clearly set out your justifications for this in the EQIA document.

4. If the potential for unlawful discrimination cannot be mitigated or eliminated the policy should be removed and reviewed.

Remember: There can be no justification for direct discrimination but indirect discrimination should be justified with direct reference to the relevant equality duty.

Make sure you record:

- how the alternative methods or actions are addressing any unlawful discrimination or negative impact(s) identified
- your justification for proceeding with a policy if negative impact(s) cannot be mitigated
- whether your alternative methodology creates any new impacts on any group.
Step 5 Consult on EQIA

Consultation is where the public, staff and stakeholders have the opportunity to comment on EQIA. EQIA legally requires formal consultation on an ongoing basis. It is, therefore, important to plan well to ensure there is enough time and funding allocated to a mechanism to consult with appropriate stakeholders. Key stakeholders may include patients, carers, staff, trade unions, and other groups who tend to be overlooked – for example, people living in rural areas, new migrants, gypsy/travellers, etc.

It is crucial to notify the local population that the consultation is taking place. Good practice highlights in particular the usage of local media as a means of doing this, e.g. local newspapers, radio, etc. Consultation methods should vary to meet the different needs of people, in other words, be accessible. It should also encourage participation from different individuals and groups.

Consultation should always be conducted on an EQIA regardless of whether it has already been undertaken at the policy development stage.

Make sure you record:

• who you have consulted with
• who you may have involved already, referring to these findings if recorded elsewhere
• findings of the consultation
• feedback arrangements to people who have responded to your consultation.
Step 6 Make a decision

You should now be in a position to make an informed decision on how to proceed with the policy.

In order to determine whether there is potential for the policy to result in a less favourable outcome on any group or unlawful discrimination of any kind, your overall decision should be based on these elements:

1. The aims of the policy
2. The evidence and information gathered on potential impacts
3. Consultation feedback
4. The merits of alternative approaches

An action plan should then be put together to include steps that will remove the potential for the policy to discriminate or impact less favourably on one or more equality groups.

Make sure you record:

• how you are proceeding, i.e.
  – removing the policy
  – piloting the policy
  – changing the policy
  – proceeding with the policy with no changes
• actions to take forward
• signature of the person signing off the EQIA.
Step 7 Publish the final EQIA

Once a decision has been made to progress with the EQIA of the policy, it is time to publish the EQIA and its findings. The EQIA should be available in accessible formats to meet the needs of the community it serves. In the document, it is useful to include the following:

- Background
- Information and data collection
- Consultation information
- Key findings
- Conclusion
- Action plan
- Monitoring and review arrangements
- Sign-off
- Appendices
- Separate summary

**Remember:** Feed back separately to your consultation groups on how their comments were used, i.e. whether they were considered and included or considered and not taken on.

**Make sure you record:**
- where and when the EQIA was made publicly available.
Step 8 Monitor and review the EQIA

Establish arrangements to monitor and review the EQIA. EQIAs can be reviewed on a six monthly, annual or two yearly basis, depending on the priority and importance of the policy. However, it is vital that it is carried out systematically. The purpose of monitoring is to establish the effect on equality groups of a policy and it is important that the outcomes of monitoring are reported on in order to illustrate that EQIA actions/outcomes are being delivered.

Actions arising from the EQIA should be built into existing, relevant systems for performance management and governance, and cross-referenced with existing equality action plans. This will enable monitoring to take place as part of an established timetable.

Make sure you record:

- monitoring arrangements and review dates.
Part 5 – How to carry out an EQIA: step-by-step process in detail

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Preparation for carrying out an EQIA is fundamental to the success of an EQIA. Factor time into work plans to allow for sufficient preparation in advance of beginning.

Please refer to [Part 3](#) for some tips on how to prepare well for an EQIA.

Before moving onto the detail of each of the steps, it is important to understand some key differences in the terminology that is used widely in the public sector.

**What is a policy/project/service/function?**

When equality impact assessing a policy in partnership with external stakeholders, it is important that there is a shared understanding of what the word ‘policy’ means between boards and their partners. A board could debate the meaning of the above names and decide which one they are going to use for a particular EQIA or for all EQIAs they conduct.

A policy can be written or unwritten, formal or informal and includes strategies, guides, manuals and common practice. It outlines an approved decision, principle, plan or set of procedures that influence, direct and determine the way business is carried out both internally and externally.

A project is a temporary structure or scheme created to achieve a specified business benefit or goal. This includes functions and events that are carried out either annually or on a regular basis.

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10 Explanations taken from www.idea.gov.uk
What is a service?
A service is a term usually used to mean facilities, resources or provisions made available by a public sector body, in this case the NHS, either directly or indirectly through partnership with the public, or through financing private provision of services with third sector organisations and agencies. For example, clinics, hospices or research.

What is a function?
A function is the term that is usually referred to as actions and activities assigned to, required by or expected of a public sector body.
Step 1 Identify the aims and outcomes of the policy

Begin the equality impact assessment process with a clear understanding of the policy being EQIA’d. The purpose and main aims of the policy can in many cases be set out in advance by the policy owner, author or originator. If this is not the case, then some of the questions noted below may help you to reflect on the policy within a wider context.

Identify the purpose of the policy:

- Why is it needed? (the rationale)
- What context will it operate in?
- Who it is intended to benefit?

Consider the aims and outcomes of the policy:

- What do you hope to achieve through it?
- What are the board’s specific responsibilities in relation to the proposed policy?
- Where does responsibility for the proposed policy finally lie?
- How will the proposed policy be put into effect and who will be responsible?
- How will you ensure that it works as intended?
- To what extent will the proposed policy achieve equal opportunities?
- What are the specific outcomes you hope to achieve from the proposed policy?
- What criteria will be used to measure progress towards these outcomes?
- Are there any risks associated with the proposals, particularly for meeting the equality duties?
- Which individuals and organisations are likely to have an interest in the proposals?
- Do stakeholders include representatives from all equality groups likely to be affected by the proposed policy?

Who is the policy aimed at?

If the policy affects any people – patients, carers, staff or members of the public – then a full impact assessment must be undertaken. This is generally the case within the NHS, where there are very few policies that do not impact on people. As a rule of thumb, consideration should be given to all policies as the vast majority will require some form of impact assessment.
Prioritisation of policies for EQIA

The process of prioritising policies to be EQIA’d can be a massive task for boards to undertake and agree. The process needs to be clearly linked to the legal requirement to assess all policies and functions for relevance as required by each of the current equality duties and as detailed in equality schemes.

Appropriate weight must be given to the key elements to promote equality of opportunity and to eliminate discrimination and harassment. This pays ‘due regard’ to the goals set out in the general duties.

Policies that have the potential to impact positively and or negatively on people are deemed to be a ‘high level’ priority and should be impact assessed first.

Proportionality is important in determining relevance to equality in that the weight that public bodies give to equality should be proportionate to its relevance to a particular policy, i.e. the greater the relevance, the greater regard that should be paid (EHRC, November 2009).

For more information on proportionality please refer to Part 3.

Boards need to be very clear about how priorities are set, for example what processes were used or if any evidence was collected to inform decisions. These decisions should be evidenced and documented in order to show that ‘due regard’ has been paid.

For more information on legislative requirements please refer to Part 1.

Remember: The amount of time and resources dedicated to an EQIA will be different depending on the relevance of the proposed policy to equality.

In determining priorities, boards must review harassment, discrimination and the promotion of equality of opportunity across employment, service provision and any other functions. In addition, the board must take into account services and functions that are contracted out through a procurement process.
Determining priority

Below is a suggested example of how priority might be determined. You may not agree with all statements but what you are looking for is a ‘best fit’. If you can’t decide between two categories, it is advisable to opt for the higher relevance category to ensure that you don’t give a policy a low priority and find out later that it was more highly relevant and no action has been taken. Moving the relevance category down later if it is found to be incorrect is a less risky option.

It is important to remember that a policy may be highly relevant to one aspect of equality and not relevant to another, e.g. a translation and interpretation policy.

High relevance

(The policy or process is very equality relevant)

- There is significant potential for or evidence of negative impact.
- The policy is board-wide or public facing.
- The policy has consequences for or affects significant numbers of people.
- The policy has the potential to make a significant contribution to promoting equality.

Medium relevance

(The policy or process is somewhat equality relevant)

- There is some evidence to suggest potential for or evidence of negative impact.
- The policy is board-wide.
- The policy has consequences for or affects some people.
- The policy has the potential to make a contribution to promoting equality.

Low Relevance

(The policy or process might be equality relevant)

- There is little evidence to suggest that the policy could result in negative impact.
- The policy has consequences for or affects few people.
- The policy may have the potential to contribute to promoting equality.

Please note that if after this process has been completed you are left with a large number of policies in the ‘high relevance’ category, you may have to refine this list further in order for it to remain achievable.

Identify whether the policy to be EQIA’d belongs to a group of policies. For example, an Alcohol Brief Interventions policy in a dental setting could be EQIA’d alongside an Alcohol Brief Interventions policy in another setting, which could be bundled together under a main policy theme, for example alcohol.

Furthermore, some policies may have overlapping aims or areas of interest which may also be a factor in how you group them. This may save time in the long-term, particularly on consultation, and lead to a more efficient use of staff time and resources, helping to reduce ‘consultation fatigue’.

If a low-level protocol needs to be EQIA’d, as opposed to a bigger overarching policy under which the protocols sit, you may find more value in equality impact assessing the overarching policy. An example of this would be a complaints policy: boards offer many options for service users to comment, complain or compliment the board. They should all be EQIA’d under the overarching policy, which could then be used to influence and inform how more local policy or practice is reviewed. This may save resources and capacity in the long-term.

**National policies**

If a national policy or strategy is in place, check whether it has been EQIA’d at national level. If this is not the case, EQIA the policy for local use in line with local demographics and other factors. If the national policy or strategy is of significant strategic importance, you may want to prioritise it over others, although the expectation is that it should be EQIA’d at national level.

You may have to move some policies higher up the impact assessment priority list if impact on a particularly vulnerable group in your board region is clear. However, it is worth emphasising the legal duties to list and assess policies for relevance to the duty.

The expenditure and strategic importance of a policy or service may greatly influence decisions on how to prioritise a policy or service. Again, the legal duties will dictate the prioritisation.
Existing versus new policies

Both new and existing policies can be prioritised using the points previously described. They can also be tackled in tandem, for example you may want to impact assess a new cancer service and, at the same time, review an existing policy related to it.

If an existing policy has not been impact assessed previously, an option may be to carry out an impact assessment when the policy is due for review. Otherwise, use the prioritisation criteria to slot existing policies and strategies into an EQIA ‘to do’ list. It is worth noting that not all existing policies will have a review date in place.

For policies and strategies that have been impact assessed previously, it is important to have a robust review process built into the planning structure to enable the EQIA and any actions to be revisited. This reviewer process will also determine if any differential impacts have been identified following implementation and if the outcomes have been achieved.
Step 2 Gathering information and evidence

Evidence and information gathering

Although there are vast quantities of information sources to inform the data and information components of EQIA, there are also some significant gaps in the service use and quality of service experienced by people who belong to major equality groups.

Gathering evidence and information allows staff conducting EQIA to challenge assumptions made about equality strand groups and individuals and helps to justify impact assessment judgments further down the line.

The kind and level of information needed will vary, depending on the nature of the service or function to be EQIA’d. It is vital that the information being used to support the EQIA process is of good quality and is up-to-date.

It is worth identifying firstly what evidence already exists internally in the board and using this as a baseline to build upon. Once the internal evidence is gathered, it will become evident what gaps exist and what information needs to be sought elsewhere.

When gathering evidence, data or information to support the development of equality impact assessment, be aspirational about what you want to collect. Ask yourself: in an ideal world, what evidence, data or information would I like to have to inform my EQIA? List what you would like to know and use it as a reference point or checklist for the evidence gathering process.

If looking for evidence within the board, it is useful to ask relevant colleagues to gather the information on a particular topic (for example on cancer) or to develop an exercise that allows new information to be gathered (for example a trial collection of some small pieces of equality and cancer data). Cancer nurses, cancer specialists or medical records staff could be involved in this exercise.

It is helpful to develop links with library services, data and information providers, and public health colleagues in order to strengthen access to information. As a matter of good practice, it is beneficial to develop a wider and more comprehensive evidence base with disaggregated baseline data for all equality strands. This evidence base can cover workforce and demographic populations and should be reviewed at least annually.
Note:

Equality information can cover all strands including age, gender (including transgender), disability, ethnicity, sexual orientation and religion or belief.

It is important that staff involved in gathering equality information are aware of the sensitivities that each equality group might experience, this will help ensure that the necessary information is gathered.

If there are big gaps in your ‘ideal world’ reference list, it may be an opportunity to take forward these gaps as potential research topics, or to advise/fund external organisations (e.g. voluntary sector) to take it forward. Since EQIA is a continuous process, evidence gathering should continue during the process and new evidence gathered should be dovetailed into the existing EQIA.

It is vital that the EQIA process does not come to a standstill because the EQIA working group feels there is not enough evidence relevant to the topic being assessed.

Note:

Just because there is a lack of evidence does not mean there is no impact – the impact cannot be decided until evidence is available to justify the impact, whether positive, negative or differential.

The evidence that is available should be included as part of the EQIA process, i.e. written into the EQIA toolkit/template with a note to reflect that gaps have been identified and further evidence is being gathered, and the EQIA process should continue as normal. It is reasonable to use EQIA to recommend that data gathering be undertaken as part of the policy or service being assessed and this becomes a main feature of reviewing the EQIA.

Since all boards are of different sizes and their geographical locations and demographics vary, there is no ‘one size fits all’ approach. As a result, the key data/evidence should be appropriate and relevant to local board circumstances.
Collecting information will help you to:

- identify any discrimination in your policies, services, functions or employment
- identify any harassment or areas of multiple discrimination
- identify any discrimination or harassment against existing or potential staff
- assess the extent to which you promote equality in the workplace
- assess the extent to which your policies, services and functions promote equality in services.

Some examples of where to find evidence are listed on the following page. However, it is up to boards to be creative in how and where they develop or gather evidence. It is important that staff ask questions and provide new opportunities for gathering evidence and data.

**NHS Health Scotland’s Gathering Evidence Database**

NHS Health Scotland is currently developing a resource that will be available on [www.healthscotland.com](http://www.healthscotland.com) with a purpose of sharing evidence and information relevant and useful for NHS staff, in particular when undertaking EQIA. The database will capture equality-focused literature and data and NHS staff will be able to conduct searches as well as submit information which they consider beneficial to others. Further details of the database’s launch will be made available shortly and this document will be updated to include a link to the database.

A particularly useful guidance is *Gathering and Using Information on Gender Equality: Guidance for GB Public Authorities* (Equal Opportunities Commission, 2007). Although it is focused on gender, it can be used effectively across all the strands.
A selection of data, evidence and information sources

- Academic, qualitative and quantitative research
- NHS Evidence
- Focus group responses
- Patient feedback reports
- Complaints and comments
- Informal consultations (phone calls, emails, etc.)
- Local voluntary and charitable organisations
- Guidelines from professional organisations
- Equality and Human Rights Commission (EHRC)
- Scottish Human Rights Commission (SHRC)
- Evidence from other EQIA reports on similar policies
- Findings of research that informed priorities
- Scottish Household Survey
- CENSUS data
- NHS e-Library – Equality and Diversity section
- Guidance documents
- Local authority reports
- Web search engines – e.g. Google
- Press coverage
- Publications and journals
- Other public bodies – e.g. police, fire services, education departments, local authorities
- The knowledge, technical advice, expertise and experience of the people assisting in the completion of the EQIA
- Feedback from individuals or organisations representing the interests of key target groups
- Equality forums (internal NHS groups)
- Equality organisations
- Service data, e.g. attendees, defaults.
- Service audit reports
- Management team reports
- Scottish Health Service Centre
- Health Management Library

These sources can be further broken down depending on the focus of the policy/strategy, i.e. workforce or service delivery.
Some sources of workforce data and information

- Information Services Division (ISD) – National workforce information by strand
- Training needs analysis
- Equality codes of practice
- Focus groups
- Results of staff surveys
- Meetings with staff – outcomes
- Meetings with stakeholders – outcomes
- Board’s own monitoring and tracking of staff information
- Workforce monitoring
- Opinions and information from trade unions

Some sources of service delivery data and information

- National bodies for equality guidance documents, e.g. Equality and Human Rights Commission
- Public sector equality forums and groups – e.g. Equality Forward
- Local voluntary and charitable organisations
- Scottish Accessible Information Forum
- Board internal equality and diversity reports
- Scottish Intercollegiate Guidelines Network (SIGN) Guidelines
- Customer satisfaction surveys
- Equality codes of practice, e.g. Gender Equality Duty, Scottish Code of Practice

Below are more detailed examples of some of the different types of information that may already be available internally, which could be used for a workforce-focused EQIA:

- Different employment patterns, e.g. part time, full time, compressed hours
- Different pay rates between women and men
- Different pay rates between full-time and part-time staff
- The results of a pay audit or review
- Policies for grievance and discipline
- Employee terms and conditions
- Eligibility criteria for promotion
- The results of staff consultation or surveys
- Details of systems for monitoring or reviewing staff issues
Step 3 Assess the impact

Review the information and data gathered to ensure that it is current and appropriate and check if the policy affects groups of people differently. Assess whether it has the potential to cause unlawful, direct or indirect discrimination, or whether there are any opportunities to promote equality. If applicable, are there other factors that might help to explain the negative impact identified?

You may want to address any negative impact or barriers that have been identified and look at other ways of achieving the objectives of the policy.

It is also useful to determine whether further research is required before continuing the EQIA process. It is important here to consider the duty to promote equality of opportunity and good relations. For example, query whether the policy might damage good relations.

What do we mean by impact?
Impact can be potential or actual, intentional or unintentional, differential, adverse, positive or negative. It also includes disadvantage and missed opportunities to promote equality.

What is positive or beneficial impact?
A positive or beneficial impact is where an equality target group or groups benefit, or where equal opportunities and or relationships between groups are improved as a result of a decision. This positive impact may be differential, where the positive impact, or improved outcomes on one particular group of individuals or one equality target group, is likely to be greater than on another.

What is negative or adverse impact?
A negative or adverse impact is where the impact could disadvantage one or more equality target groups. This disadvantage may be differential, where the negative impact on one particular group is likely to be greater than on another. Some negative impacts may be intended in order to achieve a differential impact on groups and EQIA provides an opportunity to assess this.

If you do not act upon negative impact, your board could potentially be acting unlawfully if it is not meeting the general and specific elements of equality legislation when carrying out the full range of its functions. If staff undertaking EQIA are unclear, it might be helpful to seek legal advice or guidance.

What is differential impact?
The term differential impact can be used in various ways with reference to EQIA. Firstly, it can refer to either negative or positive impact: it is used to imply a policy has been experienced differently by individuals or groups. Secondly, it can refer to the extent to which an impact may affect one group or individual more than another.
Step 4 Consider alternatives and mitigate negative impact

You will now have considered the potential for the policy to cause unlawful, direct or indirect discrimination, or whether opportunities to promote equality have been taken advantage of. There are now four possible ways forward.

1. If the EQIA indicates that the policy is robust, in that the evidence shows no potential for discrimination and opportunities to promote equality have been taken, the policy can be adopted once the accountable person has been fully briefed on why there are no changes required before signing it off.

2. If the potential for (or actual) negative impact is identified, consider alternative methods or practical actions to reduce, mitigate or remove the negative impact and promote equality more positively. Not all discrimination is unlawful – a policy could favour a particular group to address an existing under-representation (e.g. to increase service uptake by a particular group).

Ask yourself:

- Can the policy be revised or additional measures taken so that it achieves its aims without risking any negative impact and or better promoting equality?
- Will any of the suggested alternatives for mitigating negative impacts inadvertently create a negative impact for another group?
- Is it likely to make it difficult to promote equal opportunities or good relations between different groups?

Where your analysis highlights negative impact or when developing a new policy, consultation will help to determine how you might address or avoid any negative impact.

Ways of mitigating impact can be creative and radical. However, simple solutions such as opening a service at different times or making sure materials in a waiting room are aimed at young people as well as older people, are equally as effective. Another way forward is checking if the policy aims can be revised so that it achieves its aims but without risking any negative impact.
3. If you choose to continue with the policy despite the potential for negative impact, you must clearly set out your justifications for this in the EQIA document. In relation to policies that have been deemed high priority in terms of relevance to equality, the justifications should be comprehensive and thorough.

Note:
There can be no justification for direct discrimination but indirect discrimination should be justified with direct reference to the relevant equality duty.

State clearly that you can provide a convincing argument that there were no non-discriminatory alternatives that would have achieved the same policy aims and objectives.

4. Finally, if the potential for unlawful discrimination cannot be mitigated or eliminated, the policy should be removed. If you decide to proceed with the policy having identified negative impact, you must be able to justify this decision.
Step 5 Consult on EQIA

When conducting an EQIA, we can’t assume an instinctive understanding of patients’ and carers’ experiences of the health service or even what they want from services. Equally, we can’t assume an understanding of staff’s experiences of their workplace. By listening to the people we serve, we can try to understand different circumstances and needs, and by applying this knowledge to our services and products, we can reach more people, more effectively.

The information gathered by a forward thinking programme of engagement will allow boards to adapt to changing circumstances and to remain relevant in the future.

EQIAs can be used to focus on the needs of specific equality groups or individuals. For example, certain community groups or individuals may be known to experience more disadvantage than others in a particular area; therefore, they may be negatively affected by a policy or service.

Consultation is an effective means of gathering the views and experiences of these people (and others), especially if there is limited access to formal evidence/information. This can also be a very effective way of promoting equality of opportunity for patients, carers and staff as well as mitigating any negative affects a policy or service may have and shaping the development of these policies/services.

The 10 national standards for community engagement

In Scotland, the best and mostly widely accepted best practice guidance for engagement between communities and public bodies is The National Standards for Community Engagement (Scottish Community Development Centre, 2005). These standards were commissioned by the Minister for Communities and developed with extensive participation of community and agency representatives. They are endorsed by the Scottish Government and other significant public bodies. For more detail on each of the standards, please refer to the Scottish Community Development Centre (see references, page 133).

Consultation, involvement, engagement and participation are explored here to highlight the ways in which they are similar and different in order to clarify which method(s) might be most appropriate to your circumstances. All of these terms are associated with the importance of involving wider groups of people in decisions, services and design.
You may infer from the terms themselves the different levels with which you consult with groups. Further, the term ‘consultation’ may often be used to describe the overarching process but, in practice, there is a lot of overlap in which the terms detailed in this section are employed.

It is clear that there is some confusion with the terminology, not only in how each consultation mechanism is employed but also with the various requirements to consult, engage and involve in the three current equality duties.

**Top tip:**

EQIA legislation requires formal consultation on an ongoing basis. A specific requirement of the Race Equality Duty is that BME groups and individuals are consulted in the impact assessment process (see Part 1, page 16 for more information).

NICE guidance on community engagement\(^{14}\) details a scale of community participation which may be helpful to visualise how the methodologies can improve not only health but community empowerment.

For all of these consultation methods, your board should consider how involvement of stakeholders in policy/service development can be harnessed as part of the process to contribute to EQIA. An example of this in practice might be developing a report on which comments following consultation have been adopted, which have not and why. This could then be shared with the consultation group by making it publicly available with the final EQIA document.

\[^{14}\text{http://guidance.nice.org.uk/PH9}\]
Pathways from community participation, empowerment and control to health improvement

Source: Popay, 2006

The 5 levels of involvement with communities (Informing, Consultation, Co-production, Delegated power, Community control) will increase community participation leading to empowerment and control. This will lead to improved service, social and health outcomes.

**Top tip:**

Consultation is normally for a three month period, but may be shorter or longer depending on the nature of the policy being consulted on.
What is ‘consultation’?
Consultation is a means (via invitation) to gather comment from stakeholders, service users and the wider public on potential changes happening in the board. Input from consultations is used to help make decisions about what action should be taken. Consultation does not, however, automatically give participants the opportunity to be involved in developing the options.

Quite often, consultation can take a considerable amount of time depending on the size and nature of the policy; from three weeks to three months and longer in some cases. It is, therefore, important to plan well to ensure there is enough time and funds allocated to consult with appropriate stakeholders and to build it in from the beginning of the EQIA process.

An example of consultation might be:

The NHS is closing down a hospital. The local NHS Board provided the community with three options:

- Closure of Glasgow Western Infirmary in May 2008
- New hospital built by June 2009 – patients to use the Royal Infirmary Hospital until June 2009 instead
- Transfer of Western Infirmary facilities to Gartnavel Hospital with extension built at Gartnavel to accommodate extra activity

In this case, the consultation lasted for 21 days.

It is crucial to notify the local population that the consultation is taking place. Good practice highlights in particular the usage of local media as a means of doing this, e.g. local newspapers, radio, etc. Consultation methods should vary to meet the different needs of people, in other words, be accessible. Consultation should also encourage participation across different individuals and groups.

Top tip:
Consultation should not take place after a principle has been decided, for example ‘to close a clinic’. It needs to look at how else the needs of people currently using the clinic can be met.
What is ‘involvement’?

Involvement is different from consultation in that people (patients, carers, members of the public) are invited to actively take part in the planning, design and evaluation of policies, strategies and services for an organisation. Involvement of stakeholders helps to identify not only barriers but some of the solutions also.

An example of involvement might be:

The NHS is looking at changing a hospital from a general hospital into an Acute Services facility only.

The board sets up a reference group made up of people from the community and also health professionals. They develop and deliver a policy for an Acute Service hospital with significant community and staff input. They put forward that agreed policy to the board for approval.

What is ‘engagement’?

Engagement can be seen as an ongoing working relationship on a shared purpose or agenda between boards and community/patient groups and other external bodies who have an interest in the board’s services. However, unlike ‘involvement’, ‘engagement’ implies a reciprocal relationship based on increasing trust and good communication. This relationship can aid both parties to understand and act on the needs or issues that the community experiences. The relationship can also take a number of different forms.

Relationships may already be developed within your board, with various community/patient groups. It is usually not possible to engage with everyone who is going to be affected by a decision nor, in some cases, will everyone want to be involved. In such cases, work with proportionate samples of relevant groups, reflecting the diversity of individuals within it, to make sure you get the best possible indication of their experiences and views.

For more information on proportionality, please refer to Part 3.

There are varying degrees as to how much control community groups/individuals have over decisions within ‘engagement’ (and depending on your definition, this may also be true for ‘involvement’). As reflected in the NICE guideline chart displayed previously, this may range from notifying groups of a decision to actually delegating the responsibility for making the decision to them. See following discussion on ‘capacity building’.
What is ‘participation’?

Broadly, the term ‘participation’ intimates ‘taking part’. It is often used interchangeably with ‘engagement’ which can lend itself to confusion. In an attempt to draw a definitional contrast, people or groups can ‘participate’ without necessarily being ‘engaged’. ‘Engagement’ could therefore be described as being a step beyond ‘participation’.

In the consultation context then, participants may attend a meeting and so the mechanism, in line with the definition, would be described as participation. The participants may not, however, contribute any views or experience, i.e. they are not engaged in the topic or discussion.

When should you consult?

Best practice dictates that involvement of communities and individuals should begin at the service/policy design stage. Therefore, consultation at the EQIA stage would be a corrective measure if it was impossible to involve people from the outset. In practice it is acknowledged that this is often unrealistic; we can however be aspirational.

Keep in mind the legislative requirement under the Race Equality Duty to involve BME groups and individuals in the impact assessment process (see Part 1 for more details).

Boards should endeavour to consult at the earliest stage possible. If consulting at a later stage is necessary, this is better than no consultation at all.

Voluntary sector – partnership working

Consider what relationships you have, or need to build, with various stakeholders and partners, particularly if the policy is to be credible and have their support. Also consider involving partners with similar policies in the assessment process to benefit from their experience and, where relevant, to avoid duplicating work they may have already completed.

Some further considerations that might be helpful are:

- Communicate with voluntary and third sector organisations in advance of an EQIA and explain the relevance of working with you.
- A practicality of working with voluntary sector organisations is that they may not be able to attend consultation sessions if they are already overstretched in other areas. Keep in mind that they cannot always be immediately reactive to your needs.
• Establish whether the partner organisations share your understanding of EQIA.

• When working in partnership, it is essential to agree which EQIA toolkit to use in advance of work commencing, if applicable. This will ensure a consistent approach to the EQIA process. If you are using an external toolkit, make sure the questions cover all legislative requirements.

• The capacity and understanding of all strands of equality within the third sector can vary. Ensure that between you and your partners there is a good understanding of equality issues.

• Not everyone needs to be involved; be proportionate.

Capacity building
Consultation is not only important for boards but also for the participants. Equality groups/representatives may not necessarily have the skills to carry out an EQIA, but they can share insightful information on needs and experiences. For example, groups and individuals may not be confident to challenge decisions, such as why a particular policy is being EQIA’d or why there has been no change in terms of impact, etc. Boards need to listen to consultation partners, stakeholders and people they consult, and take issues or queries seriously. At the same time, they need to endeavour to build the capacity of those groups so they can better participate in the EQIA process.

For some participants, taking part in board decision-making or discussing future policy can have a transformative effect on how they think about themselves and their role in society. It also has the potential to change how individuals and communities live and interact.15

Boards could consider setting aside budget at the business planning stage to develop communities and individuals’ equality and diversity skills and confidence.

The reality of consultation
The consultation element of an EQIA (or policy/service design) can be daunting to undertake and complete for staff involved. There are many considerations to take account of, for example, who to consult with and when, how often to consult them and how many people or groups should be involved.

When consulting (internally or externally) it may be useful to consider the following points. These cover both operational and strategic elements to making consultation more straight-forward and manageable:

15 http://www.peopleandparticipation.net/pages/viewpage.action?pageId=22413376
Strategic
• Make consultation a board priority.
• Consider the resources and capacity within your organisation to consult. Is there adequate budget? Are there skilled staff available who understand not only equality but how to carry out consultation well?
• Build capacity and confidence with staff so that consultation doesn’t become routine and repetitive.
• Ensure that consultation is not used as a tick-box exercise.

Operational
• Target consultation at the gaps in knowledge identified in the EQIA; this will keep any consultation activity focused on the EQIA topic.
• Be creative – Consider using innovative methods of consultation (as appropriate), for example, formal and informal methods like open dialogue, focus groups, semi-structured interviews, participant observation, online forums and community-led workshops. This will ensure the process is engaging and meaningful for participants.
• Be proportionate – not everyone needs to be involved (see previous discussion in Part 3).
• Timely consultation is invaluable; getting input earlier rather than later is crucial.
• Plan consultation events well – ensure that there is a structured itinerary for events that involve community groups/individuals. This will ensure that you get the most out of an event and may enhance the board’s reputation.
• Set clear timescales – state when you will consult and provide feedback.
• Develop a system for feeding back – participants may be interested to know if their comments have been noted and if not, why not?
• When consulting on a large piece of work, extensive policy or group of similar policies, you could consider organising a one day reference group/workshop – this could conserve board resources and use participants’ time well.
• Ensure all consultation arrangements meet the statutory requirements of the equality duties.
Step 6 Make a decision

You should now be in a position to make an informed decision on how to proceed with the policy.

If you are EQIA-ing a new policy, you are likely to be determining whether to proceed with a policy in its current form, whereas if it is an existing policy you are more likely to be considering changes.

In order to determine whether there is potential for the policy to result in a less favourable outcome on any group or unlawful discrimination of any kind, your overall decision should be based on these elements:

1. The aims of the policy
2. The evidence and information gathered on potential impacts
3. Consultation feedback
4. The merits of alternative approaches

In a lot of instances, you may find yourself trying to find a balance of interests in order to move forward with the policy. Given the step-by-step approach of this EQIA model, you should be able to easily justify any decision based on the findings of each step.

An action plan should then be put together to include steps that will remove the potential for the policy to discriminate or impact less favourably on one or more equality groups.

Top tip:

Whether or not there are any negative impacts identified, there may be resulting actions from an EQIA analysis to address.
Action plans – What should be included?

The EQIA action plan should include steps or actions that will remove potential for the activity to unlawfully discriminate or impact less favourably on one or more equality groups.

Timetable the action plan and list the names of people responsible for achieving key actions and outcomes, which should be prioritised and coordinated. It is important to ensure that action plans focus on tangible outcomes and improvements for patients and staff and are reviewed and monitored.

The plan should include references to any additional monitoring or research that was identified in the information gathering part of the process. It should also include references to any information that is still required or was not retrievable at the point of assessment. This will be needed for future reviews or in order to complete actions.

The actions should be dovetailed into board business plans and schemes’ action plans. This is to facilitate EQIA action plans that have been produced mid-year when staff already have work plans in place and do not necessarily have the capacity to take on further work.

It is important that there is a system for reporting to the board on progress with implementing EQIA recommended changes. Presence of this system varies across the boards, and structures will need to be put in place to accommodate the system where currently it does not exist.

If a board undertakes several EQIAs, there is the possibility that many recommendations from action plans need to be achieved. If the board has limited capacity but produces many action plans with numerous actions, it might be valuable to consider fewer, more meaningful actions in order to ensure EQIAs can be progressed.
To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action should be attributed to a named accountable person who is responsible for its implementation
- An achievable timescale, that is also reasonable
- Relevant and appropriate activities and progress milestones
- A review date

Make sure that the steps you are taking to ensure that impact assessments are being robustly and consistently conducted throughout your organisation are set out clearly within your EQIA.

**When to sign off an EQIA**

EQIA sign-off usually takes place after any consultation has taken place and when the action plan has been agreed. This ensures that an action plan is being signed off as opposed to the EQIA process, emphasising that EQIA is a fluid process. Furthermore, as EQIAs are public documents, sign-off indicates to the public that the board are going to make changes and are accountable for making improvement happen. This will, in turn, build public confidence and health board credibility.
Step 7 Publish the final EQIA

Once a decision has been made to progress with the EQIA of the policy, it is time to publish the EQIA and its findings. This is also a legal requirement of the current equality duties.

Publishing EQIAs is important, as it demonstrates that boards are actively engaged and committed to identifying discrimination and removing it, as well as improving its service delivery and employment practices in relation to equality and diversity.

What is meant by publishing?

Publishing EQIA is about making final EQIA documents readily and easily available in the public domain, in ways that meet the different needs and preferences of all groups of people who may wish to access information on what boards are planning to do.

In most cases, EQIAs are published on board websites; however, hard copies and copies in alternative formats can be made available too.

Who is the audience for EQIA?

- Members of the public
- Patients (current and potential)
- Carers (current and potential)
- Staff (current and potential)
- People who were involved in consultation
- Voluntary organisations
- Charities
- Medical companies
- Scottish Government
- Other health boards
- Board executive directors
- Board business planning team
- Equality and Human Rights Commission
- Scottish Human Rights Commission
- The media
What should you include in the final EQIA document?

Broadly speaking, the published version of the final EQIA document should cover the following topics:

- Background (including statement – see next page)
- Aims and purpose of the policy and EQIA
- Information and data collection
- Consultation feedback
- Key findings
- Conclusion
- Action plan
- Monitoring and review arrangements
- Sign-off and review
- Appendices (if appropriate)
- A separate summary

In more detail, the key elements to include in an EQIA final report are:

**Statement**
Include a statement about your board’s work to ‘promote equality of opportunity and eliminate discrimination’. Indicate that the board is actively promoting equality, which ties into actions and outcomes. You may want to refer to or quote from your board’s equality and diversity policy and or commitment.

**Explicit aims**
Set out clear aims and outcomes of the policy being EQIA’d, why the EQIA is being undertaken and what it will lead to. This will enable a consistent approach in addressing the outcomes. Also, state explicitly that the key aim is to promote equality of opportunity and to eliminate discrimination and harassment.

**Conclusion**
Provide a clear overarching conclusion to tie the findings together: the impacts identified, a consultation response outline and what the next steps are. This could be positioned before the action plan.
**Action plan**
Create an action plan to address each issue identified that includes timescales and a named accountable person to take responsibility for each point. This could be a means of promoting accountability structures.

**Feedback**
Feedback from consultation, involvement and or engagement should be referenced in the document. Good practice indicates providing at least an appendix containing the information that was gathered during the process and how decisions were made and fed back to participants.

**Sign-off and review**
The EQIA document should include a space for signature(s) in relation to ‘signing off’ the EQIA findings and action plan. Signing of EQIAs should be by senior level staff in order to demonstrate ownership and buy-in. A date for review and monitoring improvement should also be included. The final EQIA document should have this information detailed as near to the front of the document as possible, and it should be as obvious as possible.

When finalising an EQIA document, identify who the audiences for the finished EQIA will be and tailor the findings and format to suit the different audiences. When considering the final EQIA publication, it is also useful to take into account the following:

- **Readability** – is the document too long and therefore off-putting to some readers? Consider compiling a short summary report that is a few pages long, containing the key details on impacts identified and subsequent actions.
- **Language** – do not assume everyone is familiar with NHS terminology – be aware of using a lot of jargon or acronyms; the EQIA document should be easy to understand. Offer translations/interpretations on request.
- **Accessible formats** – a short summary report could also be tailored as an easy-read version. Offer Word, audio, Braille and other versions specific to your local demographic on request.
• **Public domain** – consider different ways of making the EQIA document available in the public domain, for instance in public libraries, in GP practices or hospital waiting rooms. As well as this, ensure that on your board’s website, equality and diversity information is located in a logical area that is less than two clicks with a computer mouse or pad from the website homepage. As good practice, you may want to consider requesting a designated equality and diversity page or website if you do not already have one.

• **Accountability** – ensure the EQIA is signed off by an accountable person before publication.

Be creative, communicate key EQIA findings and what you plan to do in response to them in other documents that are relevant to the policy or service.

Equality impact assessments are sometimes tagged onto internal/external policies and strategies, which can make them complex to find. Good practice indicates that EQIAs should be published separately from their associated policies, although the EQIA should still be included in the policy as an appendix for example. This can be used as evidence of embedding the process and mainstreaming equality.

If you decide that a rapid impact assessment is a final assessment of a policy, then you need to be confident that those reading it are familiar with the concept of EQIA and it is clearly explained why the assessment is a rapid one.

**Accessible EQIA**

It is important that boards make not only their EQIA, but all equality and diversity information available and accessible online. EQIAs, for example, are often hard to locate on board websites and for some people may be in inaccessible formats. This may be down to a wider issue with the design of board websites themselves, but in some cases could be quite easily corrected by simple measures. These issues aren’t particular to EQIA information only, but also equality and diversity information generally, for example equality schemes and annual reports.

To improve accessibility, boards could develop criteria for all publicly published information to ensure that certain standards for accessibility are maintained throughout the board. You may want to consider the following points in developing these criteria:
• Where EQIAs are easily located online, they are on a designated equality and diversity or EQIA webpage. Request that your board provides a specific area on the website dedicated to EQIA and equality and diversity information that is in an obvious location, for example on the homepage. Placing equality and diversity information under ‘About’, ‘News’ or even ‘Publications’ can be misleading.

• Highlight alternative ways to make information available to the public, for example providing ‘screen reader’ options for people with visual impairments, publishing all documents in Word format as well as PDF, and providing tools for text enlarging and background/text colour alternatives.

• Ensure that all translation/interpretation of equality and diversity information is appropriate to the local demographic.

• To minimise the number of times users seek assistance in utilising information and resources on board websites, ensure that the website is completely accessible. For example, avoid linking to alternative language documents by informing the user in English only and avoid requesting users to contact the board for more information in English only. A solution could be to provide access to alternative language documents in a number of relevant languages, for example.

Many boards already have excellent access to equality and diversity information. For example, NHS Greater Glasgow and Clyde have a standalone website for equality and diversity. Others, for example, have equality and diversity tabs/sections on websites.

Keep in mind that while publishing public information online is often the easiest route, it doesn’t have to be the only methodology you employ. To reach a wide-ranging audience you might consider making information available in local libraries or alerting the local population to relevant publications via public notices.

**Summaries and other reports**

If an EQIA is very long or complex, then a summary version will help make it more accessible to a wider group of people. A summary is a good innovation and will aid dissemination and prompt more people to read and respond to EQIA. To benefit a variety of possible readers, publish an EQIA summary alongside the main EQIA documents.

Good practice would be to ask staff and patient groups, who may be likely to read reports, what they would find suitable in terms of size and format of documents.
Generally when providing summary or EQIA reports, there is a need to improve readability, structure and language. It is important to avoid jargon and not to assume that the reader is familiar with NHS terminology.

There are benefits to providing summaries in addition to full EQIA reports, for example summaries specifically for press/media use or to save money if a translation of a full and detailed EQIA report was requested.

A summary could include the following:

- Introduction
- Policy aim
- Policy priorities
- Consideration of data and research
- Recommendations to mitigate
- Formal consultation
- Written submissions
- EQIA decision, for example full EQIA instead of equality screening decision
- Arrangements for monitoring of progress

**How to feed back on EQIA progress?**

Quite often members of the public, patients, staff and stakeholders will participate in consultation exercises. However, the results and changes carried out are rarely fed back to participants. It is important to keep people informed of progress or lack of progress resulting from their input. Although there are a variety of ways to provide feedback, it is good practice to ask those involved about the format they would prefer.

Transparency around what happens with EQIAs after reports are written up and published is just as important as the process itself and helps provide a meaningful link in the chain of accountability.
You may also want to:

- give timescales for progress
- detail how comments and suggestions have been used
- feed back on the next steps and subsequent tangible outcomes
- include some of the feedback in the EQIA document or action plan.

**Internally**, there are a range of methods currently used across boards when feeding back on progress, for example:

- Meetings – team meetings or EQIA progress meetings
- Training (formal and informal)
- Website updates
- Intranet updates
- Newsletters
- Board reports (EQIA progress)

**Externally**, there are a range of methods for feeding back to consultation groups and individuals:

- Annual events – facilitated sessions on key aspects of an EQIA
- Feedback referenced in the main EQIA document or appendix, as a means of capturing what was reflected
- Internet
- Equality and diversity newsletters
- Audio transcriptions
- EQIA progress reports
- Meetings (face-to-face)

A suggestion could be that, given the quantity of EQIAs being undertaken, boards could either simply publish a quarterly EQIA board report or adapt the Scotland Performs\(^{16}\) model and offer a visual indicator of progress against implementing the findings of EQIA.

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\(^{16}\) Scotland Performs – a website that allows the Scottish Government’s progress to be tracked against a range of indicators [http://www.scotland.gov.uk/About/scotPerforms](http://www.scotland.gov.uk/About/scotPerforms)
Step 8 Monitoring and reviewing EQIAs

The purpose of monitoring is to establish the effects of a policy on equality groups. It is important that the outcomes of monitoring are reported on in order to illustrate that EQIA actions/outcomes are being delivered.

All relevant policies, once adopted and implemented, should be monitored continuously to ensure they work as intended for everyone, regardless of equality group. It is also an opportunity to monitor actions arising from the EQIA process, following up if necessary. Since tracking change happens on a very ad hoc basis, it is vital that monitoring and review dates are clearly set out in the original EQIA document. To ensure consistency across EQIAs, you may also want to factor in:

- What will be monitored?
- Who will monitor?
- How often will monitoring take place?
- What is the role of the equality and diversity lead?
- What is the role of the performance management team or individual?
- Are boards/executive teams trained to question and hold an organisation to account?
- How do communities receive feedback on progress?

One way to monitor is to set up an EQIA review group. This may be wholly or partly composed of the same people who carried out the original EQIA. Effective monitoring and review is likely to include consultations with the communities affected by the policies in question and with staff responsible for implementing them. Therefore, keep in mind that depending on the size and nature of the policy the EQIA might need to be reviewed in more than two sittings and by more than one group.

Some useful exercises to undertake when monitoring EQIA would be:

- Collect and analyse evidence around the policy that was EQIA’d to identify if any inequalities still exist, given the impacts identified in the original EQIA. You might consider some of the following actions:
- Refer back to the aims of the policy throughout the review process to note where they have been met.
- Refer to equality legislation and cross reference the legal obligations with the aims of the policy to ensure they are continuing to be met.
- Gather statistics (e.g. employment, service, etc.), staff and patient
feedback (e.g. complaints, patient or staff stories), good practice from other boards/sectors.

- Consult with relevant groups/stakeholders.
- If inequality still exists, investigate the underlying causes in order to remove any unfairness or disadvantage in the way services are developed and provided.
- Ensure the boards are meeting the actions set out in the EQIA and, if not, investigate why not.
- Develop a revised EQIA action plan to incorporate any actions identified in the review.
- Set further monitoring and review dates to ensure all goals are being met.

If there is any evidence from the review of unintended negative consequences for a particular equality group (or groups), this should be taken seriously. The policy and the way it was implemented should be reviewed as a priority, and consideration given to how to reconcile the issues identified.

**Timescales for monitoring and review**

Establish clear arrangements to monitor and review the policy and EQIA. EQIAs can be reviewed on a six monthly, annual or two yearly basis, depending on the priority and importance of the policy. It is vital, however, that it is carried out systematically.

It might be useful to include a section in the EQIA document that indicates that the board will revisit the EQIA within a specified timescale and review any changes. Once this has taken place, and the changes reviewed, a paragraph or two about the changes can be added to the original EQIA document.
Part 6 - Barriers and potential solutions to EQIA in health boards

There are innumerable potential barriers for boards when conducting, reporting and implementing EQIA. This section contains a number of barriers highlighted at various EQIA quality assurance sessions, workshops and through verbal feedback from NHS staff and stakeholders during 2009. Some of these barriers are internal issues in boards and require to be solved within the board. However, some have the potential to be addressed nationally so that all boards can benefit.

It is recognised that there are challenges to conducting and implementing EQIA for all boards. Some of these include gathering evidence, limited time and resources for research, a limited number of staff with equality expertise, and the fact that data and information is not organised or easy to access.

The purple text displayed within a white box at the bottom of each ‘Possible barriers’ column indicates barriers that have been addressed in detail in previous sections of this document.
### Possible barriers that exist before undertaking EQIA:

<table>
<thead>
<tr>
<th>Barriers</th>
<th>Some potential solutions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not enough time to conduct EQIA</td>
<td>• Make a corporate commitment by building time into team work and financial plans well in advance of when you plan to do an EQIA. Plan to complete the EQIA before the policy design as the findings could inform how the policy/function/service develops.</td>
</tr>
<tr>
<td>Pull of other corporate activities and the day job</td>
<td>• Complaints are not the only means of identifying if discrimination exists in board activities. For example, use the staff survey, access panels and staff groups to illustrate, anecdotally, areas that need to be addressed. Board complaint mechanisms can also hold barriers for people.</td>
</tr>
<tr>
<td>No clear pathways – disjointed process</td>
<td>• Build confidence and capacity within the board on equality and diversity as well as EQIA. Use knowledge as a tool for people to be confident in carrying out EQIA, highlighting where discrimination exists, where there are potential corporate risks, or where there is a legal implication. The development of a high-level, supportive equality and diversity structure in the board is also key to building confidence. Staff should have the confidence and feel comfortable with raising issues. This goes hand in hand with staff feeling energised to influence change on equality and diversity within the board.</td>
</tr>
<tr>
<td>No complaints, therefore no problem</td>
<td>• Making EQIA involvement and training part of staff PDPs may highlight the corporate commitment to equality and diversity, in that dedicated time has been set aside by the board.</td>
</tr>
<tr>
<td>‘Unconscious incompetence’, e.g. ‘we don’t know what we don’t know’</td>
<td>• Make staff aware of their own EQIA responsibilities through training, awareness sessions or even staff publications/news boards. Boards may consider an equality and diversity champion programme for staff to encourage responsibility and confidence.</td>
</tr>
<tr>
<td>Not knowing where EQIA is undertaken in boards or by whom, especially in larger boards</td>
<td>• As a starting point, map a clear EQIA corporate structure of where responsibility lies at each level, directorate or team. Having this signed off by the corporate or senior management team will give this credibility and highlight responsibility and ownership. Share this map widely with all levels of staff on board intranets/websites or at EQIA/equality and diversity sessions for example.</td>
</tr>
<tr>
<td>Lack of responsibility – not my job</td>
<td></td>
</tr>
<tr>
<td>Lack of commitment</td>
<td></td>
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<tr>
<td>Lack of ownership</td>
<td></td>
</tr>
<tr>
<td>Fear</td>
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</table>
Possible barriers in the process of undertaking EQIA:

| Staff not understanding the purpose and outcomes of policies being EQIA’d in the first place |
| Colleagues are reluctant to release policy or papers for EQIA purposes |
| Lack of commitment from others to participate in the EQIA process |
| Mixed involvement of staff to work as a team and carry out EQIA |
| Lack of skills |

Some potential solutions:

- The EQIA project group composition is integral to the success of an EQIA. Ensure that you have the best possible team (both internal and external) working on an EQIA (see previous sections).

- Having a high-level equality and diversity structure with strong, visible leadership is key to instilling commitment and buy-in to EQIA throughout the board. Using other mechanisms such as peer support, training, setting up strand-specific staff groups, sharing patient stories and other supportive means, may further colleagues support for EQIA.

The following barriers have been addressed throughout this document and are linked here to the relevant sections.

- Difficulty in prioritising what to EQIA
- Unsure about what role staff play in EQIA – bystanders, rather than leads
- Complicated toolkits – getting bogged down in the process
- Lack of preparation
| Possible barriers to evidence gathering and consultation: | Some potential solutions: |
|--------------------------------------------------------|-------------------------------------------------
<p>| Community not diverse enough                           | • Comments about and decisions made based on a board’s local demographic should be informed by various sources, not just assumed or based on out-of-date information. After consideration is given to the informed breakdown of a board’s local community, boards may consider consulting/involving national groups if local representation is difficult. This means that policies/services will have paid due regard to a wide range of equality issues. This should still be proportionate however. |
| Capacity/resource challenges for both boards and community groups | • Capacity and resource challenges for boards and those involved/consulted within the EQIA process could be lessened by working in closer partnership. If similar EQIAs are planned across boards/organisations, resources could be pooled in order to get the best value from equality and diversity budgets. Expertise across organisations can also be shared. This is a means of taking pressure off third sector organisations in terms of capacity for involvement/consultation. |
| The following barriers have been addressed throughout this document and are linked here to the relevant sections. | • In relation to having the capacity and resources to gather and analyse evidence and information on potentially impacted groups, there are many online resources and services that can aid the process. Please refer to the gathering evidence and information discussion in <strong>Part 5</strong> for more information. |
| • Difficulty and blockages around the ‘evidence gathering’ stages of EQIA | <strong>NHS Health Scotland is currently developing a Gathering Evidence database, which will be available soon at</strong> <a href="http://www.healthscotland.com">www.healthscotland.com</a> <strong>The purpose of the database is to share evidence and information that is relevant and useful for NHS staff, in particular when undertaking EQIA.</strong> |
| • Unsure of who to consult and involve | <strong>This document will be updated with a link to the database.</strong> |
| • The narrow extent of consultation | <strong>NHS Health Scotland is currently developing a Gathering Evidence database, which will be available soon at</strong> <a href="http://www.healthscotland.com">www.healthscotland.com</a> <strong>The purpose of the database is to share evidence and information that is relevant and useful for NHS staff, in particular when undertaking EQIA.</strong> |
| | <strong>This document will be updated with a link to the database.</strong> |</p>
<table>
<thead>
<tr>
<th>Possible barriers once EQIA has been completed:</th>
<th>Some potential solutions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff feeling that EQIA will never be right</td>
<td>• Build confidence and capacity within the board on equality and diversity as well as EQIA (see ‘Building Training and Capacity’ Part 3).</td>
</tr>
<tr>
<td>Publishing the EQIA = public access</td>
<td>• Make it your business to ensure that EQIAs, once an action plan is signed off, are made publicly available. Not only is it the board’s legal obligation but the action plan is a public notice to show users and others that the board is going to make changes. In mapping a clear EQIA corporate structure of where responsibility lies at each level/directorate/team, nominate a person who is ultimately responsible for getting the EQIA online or publicly available in some other way.</td>
</tr>
<tr>
<td>Don’t know how to get EQIA online (especially in larger boards)</td>
<td>• If there are corporate barriers in making EQIAs publicly available, perhaps highlighting the board’s obligations in relation to EQIA would spur on action.</td>
</tr>
<tr>
<td>Equality and diversity leads having responsibility to put EQIA on the web but don’t know if it has been signed off</td>
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<tr>
<td>Risk adverse management</td>
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</tbody>
</table>

The following barriers have been addressed throughout this document and are linked here to the relevant sections.

• EQIA not prioritised, no accountability for delivery
**Other recognised barriers are:**

<table>
<thead>
<tr>
<th><strong>Boards not acknowledging institutional discrimination</strong></th>
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<tbody>
<tr>
<td><strong>Staff are unaware that EQIA is legally binding</strong></td>
</tr>
<tr>
<td><strong>Limited enforcement in boards</strong></td>
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</table>

**Does EQIA lead to change?**

- **Lack of information**
- **Duplication of some EQIAs** – the same EQIA being undertaken more than once in the same organisation

**The following barriers have been addressed throughout this document and are linked here to the relevant sections.**

- Lack of confidence around equality and diversity issues – feeling insecure about guesswork as part of EQIA.
- Believing that rapid impact assessment is adequate
- EQIA not perceived as a continuous process – seen as a one-off static target to be achieved

**Some potential solutions:**

- EQIAs may not always be enforced within boards but they are legally enforceable by the Equality and Human Rights Commission. Furthermore, lawsuits can be taken against boards by staff and service users if they have experienced discrimination (see test cases in References, Guidance and Information).

- EQIA action plans and the related monitoring arrangements should enable measurement of progress and change over time.

- Have one central point where EQIA is coordinated within the board. This may be a colleague in the board or team, to contact in relation to EQIA work or even a folder on a shared drive where concise information on what EQIAs are being worked on or planned across the board are located. Monitoring arrangements, including timetables, can also be held here. Crossover in work programmes and themes should be explored at the EQIA development stage when planning who to involve in the EQIA project team.
Part 7 – Good practice, case studies and frequently asked questions

This section provides some EQIA case studies, examples of good EQIA practice in the UK and frequently asked questions. While some of the case studies and examples of good practice are not specifically Scotland or health focused, the learning is useful and transferable to various settings. A lot of work remains to be done in sharing good and best practice, especially within the NHS in Scotland.

It is important to remember that people are discriminated against on multiple levels and the examples do not necessarily reflect a single strand description or experience.
EQIA good practice

Good practice example – Tower Hamlets

How can EQIAs contribute to improve HR policies?

**Question** – Could you give us examples of how EQIAs have contributed to improved HR policies? Can you share how these have helped and what outcomes and outputs were achieved?

**Answer** – EQIAs are a vital part of the development and improvement of HR policies and ensure statutory duties are met. However, it is the actual implementation of the policies that is crucial. There are plenty of examples of good policies, but thinking through how these translate into action is an important part of our work.

Over the last 10 years, a ‘Workforce to Reflect the Community’ has been a key policy in Tower Hamlets and one that members see as particularly important. We have been successful in ensuring that recruitment and retention of ethnic minority staff does almost reflect the local population. However, concerns have been raised about progression within the organisation, which appeared to be borne out by analysis. To address this, an ‘Aspiring Leaders’ scheme has been developed. This scheme is in partnership with the University of East London and gives ethnic minority and disabled staff a programme of study and practical opportunities to work outside of their service areas. This has highlighted the importance of working right across the organisation, by involving all services and not just corporate HR policy, to make it a success. We are also planning to undertake four strategic level EQIAs, with the progression aspect of the ‘Workforce to Reflect the Community’ as one of the topics. This will allow us a further opportunity to check whether what’s happening is the right way to do things.

When should EQIA reviews be timetabled?

**Question** – When looking at detailed EQIAs against services, should a review be set approximately every five years?

**Answer** – Using the original Race Equality Scheme model is useful. Tower Hamlets has a three-year programme of EQIAs, having just started the third batch. It is important, however, to build in flexibility, especially as new services come into place while others are re-structured or disappear. The key is to use your corporate equalities group to monitor what’s happening regularly.

17 The Improvement and Development Agency, www.idea.gov.uk
Good practice example – Richmond upon Thames

Richmond upon Thames’ peer mentoring approach to equality impact assessments

Summary
The London Borough of Richmond upon Thames uses a peer mentoring approach to equality impact assessments (EQIAs). This has helped the council to identify needs for service and policy areas. Service managers have gained knowledge and confidence in the understanding of EQIAs. They can now use a more robust approach to equality action planning.

Key learning for other councils
- Carrying out EQIAs
- Progressing through the Equality Framework for Local Government (EFLG)
- Using peer mentoring as a tool to improve EQIAs

Background to the council
The council attained level 3 of the Equality Standard for Local Government (see references) and has migrated to the achieving level of the EFLG. Richmond upon Thames aims to complete the high-impact equality impact assessments in order to progress through the Equality Framework. A timetable for EQIAs was devised for 2007 to 2010; progress is being made.

The understanding from the external assessor is that Richmond does not have to complete all high-impact assessments for level 3. However, it should have completed a cross-section of high-impact assessments across service areas. Importantly, action plan objectives need to be translated into service plans.

Who was involved?
- Strategic Equalities Executive Board (SEEB)
- Corporate Equalities Development and Scrutiny Group (CEDSG)
- Race Equality Partnership and Disability Equality and Access Partnership
- Equality Stakeholder’s Scrutiny Group (ESSG ), which provides external stakeholder scrutiny on Equality Impact Needs Assessments (EINAs) and self-assessment reports
- Human Resources (HR) Equalities Working Group
- Corporate Equalities and Diversity manager
- HR equalities manager (0.5 post)
- Directorate Equality leads for: Chief Executive, Adults and Communities, Education and Children’s Services, Environment, Finance and Corporate Services
- Staff Support Networks, for example: Lesbian, Gay, Bisexual and Transgender (LGBT); Black Workers Support Group (BWSG); Staff Disability Action Group (SDAG); and Women’s Network (WN)

The problems and how we tackled them
At Richmond, the approach to EQIA is not just about trying to identify negative or differential impact. It has been about making a baseline assessment of a service or policy area. This is to ensure that needs are identified and services are trying to meet these needs. The process is also used as a tool to help with equality action planning. This is why it is called the Equality Impact and Needs Assessment (EINA).

During the mentoring process, five workshops were run on ‘How to Conduct an Equality Impact Assessment”. One was held for each directorate, so there was a focus on similar approaches and case studies. Workshops were prioritised for those directorates with the greatest number of impact assessments still to complete, and were delivered to:

- education and children’s services
- adults and social services
- housing and environmental services
- procurement and planning
- chief executive and policy
- finance and corporate services.

A drop-in session for problem solving was included with the workshop.

Mentors also gave a presentation to equality leads, looking at the importance of EQIA action plans and integrating the process into service planning. Examples of EQIAs completed at London Borough of Tower Hamlets were used as examples of best practice.

Challenges
- Consultation and monitoring for EQIAs was particularly challenging for managers.
- Managers had varying levels of knowledge and experience of conducting EQIAs and equalities work in general.
• Terminology was an issue, for example the differences between high and low impact, and adverse and differential impact.
• In some cases, there was evidence of good data collection but analysis of trends and implications were not identified fully, for example in the recruitment and selection data obtained.
• There was concern about data collection for sexual orientation and religion and or belief.
• Encouraging managers to link action plans to service plans so that equality objectives were mainstreamed.

Outcomes and impact
• Management buy-in into the process of conducting EQIAs.
• Managers now have greater knowledge and confidence to carry out EQIAs.

The work has supported a number of draft EQIAs across the council, including:
• replacement of the council’s website with a new website to provide both information and transactional services
• revenue and benefits staff working away from council offices
• grievance procedures
• a borough conference to produce the community plan
• Adult Social Services community teams
• meals services
• direct payments
• parking enforcement
• youth employment strategy.

Managers have gained a clearer understanding about the need to collate evidence and use a wider evidence base. This includes customer complaints and gathering local and national statistics.

Richmond has revised guidance to managers to say that all high-impact areas should undertake a full assessment and will review documentation.

The initial EINA assessment template has been combined with the full EINA assessment template.

Mentors have gained a better understanding of service areas outside their own field of work. This was useful when trying to identify potential negative and differential impacts.
All corporate and generic data relevant to EQIAs is now on one webpage. It would help for this to be provided as a more widely shared site for councils.

There was a good transfer of knowledge and sharing of best practice regarding equalities in general throughout the council.

**What could we have done better?**

Very few draft EQIAs were presented to the mentors so feedback was given in general terms. Mentors were only able to run general workshops and not on a team or one-to-one basis, which would have been beneficial to provide more detailed feedback.

Some managers were uncertain whether to use screening or a full impact assessment. This was a consequence of the differing levels of engagement in the screening for relevance which took place in 2002 and again in 2005.

[Reference: The Improvement and Development Agency www.idea.gov.uk]

**Other examples of EQIA good practice are:**

Cancer Reform Strategy – Department of Health, Chapter 6, Page 88

Northern Ireland Blood Transfusion Service (NIBTS), Equality Impact Assessment – Access to blood services, April 2003
http://www.nibts.org/equalityreport/equalityscheme.doc

NHS Health Scotland, Equality, People and Performance, EQIA, 2008

Results of EQIA on Invest NI’s Accelerating Entrepreneurship Strategy, Invest Northern Ireland, May 2006

NHS 24 – Equality and Diversity Impact Assessment
Case study 1 – Equality impact assessment leads to improved gender balance of Mental Health Act commissioners

In 2005, the Mental Health Act Commission (MHAC) looked at the gender balance of its commissioners. While the overall balance was even, there was a higher proportion of men as area (better paid) commissioners and a higher number of women as local (lower paid) commissioners. The MHAC undertook an equality impact assessment of the recruitment process and, as a result, changes have been made to job descriptions. This has been to encourage more women to apply for area commissioner positions.

Human resources and equality staff reviewed the job description and person specification with an eye to gender bias both in terms of language and content. This included discussing with commissioners what had attracted them to, or put them off, applying for the different roles. As a result of feedback, job descriptions and person specifications were simplified, removing content that was not essential. This was to ensure that people with the ability to fulfil the role should not be discouraged from applying because of lack of experience, and this was likely to affect women more than men.

Commissioners to the MHAC are appointed by the national Appointments Commission. Previously, all appointments had been based on open competition. In order to rectify the imbalance the MHAC gained agreement for a process of internal recruitment.

This allowed transfers between the roles, which saw several women move from being local to area commissioners. This was followed by open recruitment in late 2007 for vacancies in both roles. Monitoring shows that progress is being made with regard to gender equality.
Case study 2 – Equality impact assessment results in an inclusive information and communication policy, and supports social cohesion

An equality impact assessment of Fenland District Council’s information and communication services has resulted in key changes. The review identified a range of needs for accessible information, not only with regard to community languages – as well as Braille or Moon (a symbol-assisted language used by some visually impaired people) – but also the need to meet the needs of people with low literacy among the local population as a whole.

Actions stemming from the review included the provision of service information on CD or audio tape. This made a big difference with increased take up of, and satisfaction with, services.

Comprehensive equality monitoring in relation to service take-up, introduced at the same time, has ensured that information is gathered by geographic area and equality group. This information is used to identify gaps in service and inform service development and change. For example, consultation with users of parks and open spaces has led to the provision of basketball and netball courts. This was a specific request by members of migrant communities from Eastern Europe. Seeing games being played in the parks led to an interest in, and take-up of, these sports by other local people. This has made a significant contribution to social cohesion in the area.

Case study 3 – EQIA of complaints improves services to Muslim residents as well as Travellers and their families

A review of Fenland District Council’s complaints service revealed that a significant number of Muslim residents from one area were concerned about the refuse service. A particular issue was the collection of refuse on Fridays, the Muslim holy day. By involving local residents and staff in discussions about the service, an agreement was reached to switch the collection day in that area to Wednesdays. There have been no further complaints and residents have indicated significant improvement to their quality of life.

The same review highlighted issues regarding refuse collection on Travellers sites. There was no recycling taking place: all refuse was mixed together, and different materials were not separated into the bins provided. To resolve this, equality staff worked with the recycling team to provide relevant information to all Travellers in the area. This included leaflets with pictures of everything that can be placed within each bin, general refuse and recycling. This action has resolved all concerns and, in addition, the children are using the pictures to share this learning in their schools.
Case study 4 – Impact assessment of council tax and housing benefit in Rotherham results in improved take-up of service by black and minority ethnic communities

After attending an equality and diversity training session, the service manager and his team analysed the take-up of council tax and housing benefit applications according to ethnic group. This identified low numbers of applications from black and minority ethnic (BME) residents, and the Pakistani community in particular.

Actions from the review were:

- Provision of council tax and housing benefit information in relevant community languages
- Targeted outreach through welfare rights service, community groups and local advice centres

A take-up campaign has closed the gap in applications from members of different communities. Regular monitoring and analysis is carried out to ensure new and emerging communities are also aware of the service.

Case study 5 – Equality impact assessment of regeneration services leads to targeted help for women entrepreneurs

As part of the review of Rotherham’s regeneration strategy, staff looked at the take-up of business start-up advice. This showed that women were underrepresented in using the service. As a result, staff worked with the Chamber of Commerce, the Council’s regeneration team and the local strategic partnership to encourage women to develop and carry through their ideas. Innovative ‘Dragon’s Den’ type programmes have proved successful in helping local women realise their ambitions.
Case study 6 – Equality impact assessment helps fire service encourage applications from across the local community

Hertfordshire Fire and Rescue Service (FRS) recruits firefighters once a year. The recruitment process has a number of stages and it can take up to six months. It involves a written application, psychometric tests, physical tests, a medical and an interview.

The service carried out equality monitoring across all six equality strands to identify patterns of progress through the recruitment process. Monitoring and review of these stages has enabled the service to identify barriers to progress at each stage and to explore what can be done to redress them. For example, women disproportionately fail on upper body strength, and BME recruits disproportionately fail on written tests.

As a result of this review, the service now holds ‘positive action days’ before recruitment starts. On these days, potential recruits can test their strength and use simulators to experience working at height and in confined spaces. They have a chance to see and try out some of the written work that is involved. The focus of the day is to inspire and encourage applications. Some candidates will go away determined to build up strength to apply at a later date; others will be less stressed by the required written work after having had a chance to see what is involved. Others will understand that the service is not for them. These actions are constantly under review to ensure improved diversity among fire fighters in the service.

Case study 7 – Equality impact assessment identifies good practice to support staff in major organisational change

When the London Probation Service underwent a major organisational review an expected outcome was a reduction in staff numbers through redundancy. Equality impact assessments were carried out at the proposal stage on two large groupings of staff that were likely to be affected. One of these was senior staff and one was administrative and corporate centre staff. Both assessments identified that there might be a negative impact on women and on black and older staff. Fewer jobs would be available, particularly at senior management level.

Many older staff had been in post for a number of years and had no recent experience of job applications and interviews. A programme of support was made available to all staff. This focused on briefings about the assessment centre process as well as job application and interview techniques. For those
who were not successful, further support was given on developing CVs and on careers advice. A review of the recruitment process for senior staff following the restructure revealed an increase in black senior managers. There was also no negative impact on women or disabled staff. A more equal balance had been achieved between women and men among administrative staff. The assessment process has given the service a deeper understanding of the workforce which will continue to be monitored regularly.

**Case study 8 – Metropolitan Police (Met) use equality impact assessments to improve community relations during sensitive operations**

While considering its response to growing knife crime, the Met carried out an impact assessment which identified a high probable impact on black and minority ethnic communities of any action they might take. It was also aware that members of these communities were keen to see action taken. The impact assessment led to the development of an improved strategy to manage relations between officers and the community. This included:

1. increased community engagement and involvement in operational activities
2. members of the local community being part of street operations, leafleting, listening to local people, explaining police procedures
3. specific training for operational staff to improve the experience of stop and search for all concerned.

It was particularly important to ensure those questioned felt they were being treated with respect and also that they understood the reasons for the police action.

**Case study 9 – Equality impact assessment leads to changes in taxi licensing services, promoting driver safety and improving relations with drivers**

A review of feedback and complaints to the taxi and private hire licensing service of Bristol City Council identified a number of complaints from drivers who felt that they were not being treated fairly by the Council. The majority of drivers were from black and minority ethnic (BME) communities. It became clear there was a need for better communication with BME drivers and awareness-raising among drivers about the regulatory framework governing the trade.
By carrying out a race equality impact assessment of the service, the manager was keen to identify actions that could be taken to improve service delivery, minimise the need for enforcement action and promote better relations between drivers and the council.

An analysis of the data revealed that there had been significant changes over the years in those applying for licences: from white working class men to BME drivers, many of whom speak English as a second language.

Officers realised they needed to be pro-active in explaining the rules and regulations regarding taxi/private hire licensing, recognising that BME drivers, in particular, were less likely to have access to this information through family/trade connections. Enforcement action against drivers brought before the Public Protection Committee negatively affected the drivers’ perception of the council, yet drivers needed to understand why the breaches had occurred and what their individual responsibilities were.

The policy was revised as a result of the impact assessment to emphasise promotion and prevention. This led to the following actions:

- Accessible information was produced on rules and regulations
- Equality and diversity training was delivered for the Public Protection Committee members and enforcement officers
- Ethnic monitoring of drivers was introduced
- Improved support for drivers who experienced racial harassment.

The service now reports fewer enforcement actions and there is increased trust from drivers. If they do come before the Committee, most drivers now accept that it is on the basis of sound evidence.

Case study 10 – Strengthening central government policy through equality impact assessment

The Department for Children, Schools and Families (DCSF) undertook an equality impact assessment of a proposal to invest in Play Pathfinders. The aim was to improve the play opportunities in disadvantaged areas across the country by developing inclusive, supervised play parks and by refurbishing existing sites. There will also be capital investment available for English local authorities. As the programme developed, officials carried out an extensive review of the research literature and sought the views of children, young people and their carers. This was critical in widening the understanding of policy makers.
Talking to disabled children, young people and their parents highlighted the importance of soft play areas and the provision of accessible toilets. Talking to girls confirmed that, as well as rough and tumble areas, girls also wanted quiet places. These and other findings were built into the project design and ensured the programme was inclusive and took account of different needs.

**Case study 11 – Equality impact assessment helps to shape Wales’ transport strategy**

An equality impact assessment had a major impact on the development of One Wales: Connecting the nation. This meant that for the first time the strategy ensures that the development of transport in Wales will take the needs of a diverse range of users into account. This will promote greater social inclusion through improved accessibility.

The strategy addresses how people can access physical sites, services and facilities. It also emphasises the importance of planning, especially when developing new sites, facilities and services where accessibility should be a core consideration.

A thorough review of data and research was undertaken, and local people were involved through the development of an advisory group representing all equality strands. This identified high-level issues which will be taken forward in national and local transport plans. These include:

- the importance of continued engagement with the wider community
- the comparative costs of different modes of travel
- the need for joined-up service provision reflecting the needs of users
- the need to improve actual and perceived safety and security of the transport system
- the importance of getting street design right.
Some EQIA test case examples


Bailii – British and Irish case law and legislation, European Union case law, Law Commission reports and other law-related British and Irish material. www.bailii.org
Frequently asked questions

Q1: How do organisations ensure board members and senior management buy-in for EQIA?
A: Support and commitment from members and senior management are crucial elements to the process. The EQIA procedure must be an important part of organisational culture, not just a tick-box exercise. It should be a real tool for service improvement. Building a network of EQIA ‘champions’ may be one solution to raise the profile of the equalities agenda across the board. The EQIA process can also be linked to the risk management agenda. In addition, clear references can be made to the fact that reducing inequality and discrimination throughout the board will be central to progress and will therefore be a critical element to the overall performance and improvement of a board.

Q2: How does an EQIA relate to a board’s race, disability or gender equality scheme(s)?
A: Boards need to include information in these schemes showing how they will positively promote policy, practice and delivery in these areas. The policies, practices and services to be reviewed will need to be prioritised in order of relevance. A timetable should be drawn up for relevant equality impact assessments to be completed within the lifetime of equality schemes. Given that EQIA is a legal requirement of the current equality duties, please refer to Part 1 for more information.

Q3: How will equality impact assessments help improve a service?
A: The equalities agenda is all about service improvement. EQIAs are an opportunity to promote inclusive and fair service delivery. They identify where users may be unfairly discriminated against, or where particular sections of a community are not benefiting from a particular service. It is impossible to deliver excellent services for all without due regard to this process to better target services to meet people’s different needs.

Q4: What are the other benefits of equality impact assessments?
A: The EQIA process will help to avoid claims of unlawful discrimination. It provides a framework that ensures an organisation meets its legislative duties with regard to policy development and implementation. The process helps organisations to anticipate problems and make informed decisions. The process also ensures that the principles and values of an organisation are inclusive, by demonstrating openness, partnership and participation.

EQIAs enable a change-management process that will guide a board from where it is now to where it wants to be.

19 The Improvement and Development Agency, www.idea.gov.uk
Q5: Is it possible to build equality impact assessments into existing systems and processes?
A: Yes. EQIAs must be undertaken through both the development and implementation stage of policies and practice. They should be reviewed at regular stages to ensure that they continue to promote equality. The EQIA process should link into all equality action plans and can be referenced in mainstream corporate documents where appropriate.

Q6: Is it necessary to impact assess existing functions as well as new functions and policies?
A: Yes. As well as the requirement to impact assess new functions and policies, boards will also have existing arrangements that need to be assessed. A timetable setting out priorities can be developed, in order to review all existing functions and policies.

Q7: How can equality impact assessments be embedded into the culture of a board?
A: EQIAs that are included as a component part of performance management, change management programmes and improvement strategies will contribute to organisational development. In many cases, EQIAs are carried out in isolation, and therefore fail to embed equalities into all areas of work or cascade good practice through an organisation.

It may be more effective to use a mentoring approach, or work in teams that include frontline, operational and senior staff, which can help build confidence and competence across boards.

EQIAs enable organisations to assess the effectiveness, appropriateness and consequences of its policy implementation and therefore help to steer future direction.
Appendix 1

What is the Mutuality, Equality and Human Rights Board?
The Mutuality, Equality and Human Rights Board (MEHRB) was established in October 2008 to oversee commitments made in ‘Better Health Better Care’ on mutuality and the work across NHS Scotland on equality and human rights.

The board has a strategic role in developing and influencing the NHS equality agenda, as well as having responsibility for overseeing the implementation of a range of priorities. MEHRB agrees how priorities will be delivered (including allocating responsibilities) as well as setting timelines and outcome measures.

What is NHS Health Scotland’s Equality, People and Performance Directorate?
Equality, People and Performance (EPP), has internal and externally facing roles.

Internally, EPP contributes to the improved effectiveness of Health Scotland through business planning, performance management, governance, and strategic and operational Human Resources management. It is has a crucial role in embedding and monitoring the effectiveness of a clear equalities approach into all of these corporate functions.

Externally, the directorate has a unique leadership role in supporting the NHS in Scotland to tackle health inequalities and promote equality by supporting all NHS boards to embed the equalities and related agenda. This is done through: supporting networks and facilitating bespoke opportunities to share knowledge; managing or supporting national programmes to achieve Scottish Government Health Directorate priorities, from programme design through to implementation, evaluation and embedding of learning across partner agencies; sponsoring the development and sharing of knowledge resources and methodologies that are useful to the health service in supporting service improvement from an equalities perspective; working with national partners and agencies to influence the overall promotion, delivery and mainstreaming of the equalities agenda and to support the effective governance of the equalities agenda.
In all of its work, internal and external, EPP actively contribute to the organisation’s overall corporate goals of:

- Being an national advocate for health improvement and health inequalities
- The national organisation people go to for advice, help and support on health improvement and health inequalities
- Experts on what is needed to improve and sustain health, including changes in society, organisations and individuals
- The partner of choice for any organisation, sharing our ambitions for improved health and equality in health

EPP encourages the use of this guidance to support continuous improvement of equality and diversity practice in health boards. It will support board equality and diversity leads and those with responsibility for EQIA to develop robust and meaningful outcomes focused EQIAs and to work together towards achieving equitable rights to health care across all of the services provided by NHS Scotland.

This guidance was developed by the Performance Improvement Manager with the assistance of the Performance Improvement Project Officer, the wider EPP team and in partnership with the Performance Improvement Working Group.

**What is the Performance Improvement Working Group?**

The Performance Improvement Working Group (PIWG) previously existed as a sub group of the NHS Equality and Diversity Lead Network\(^2\). The PIWG worked in partnership with EPP and membership included seven NHS Boards. The group focused on a number of themes, including the development of this guidance.

**Why is EPP providing this guidance?**

Part of the EPPs work plan for 2009/2010 was informed by visits to all 22 NHS Boards in Scotland. The visits involved the head of the Equalities Support Team and the board’s designated equality manager. Board representatives included the equality and diversity lead as well as other key health professionals, including nine chief executives. These meetings were beneficial in terms of speaking to individual representatives, learning about issues and challenges at local level, as well as successes.

\(^2\) A network of key Equality and Diversity Leads across all 22 NHS Scotland health boards, facilitated by NHS Health Scotland.
Prior to the visit, each board was asked to prepare three key priorities in relation to their work on equality. Overall, these priorities were varied; however, a crucial issue identified for further support and guidance at national level was EQIA.

**EQIA Online Analysis Report**

In November 2008, EPP undertook secondary desk-based reporting work in the form an EQIA Online Analysis Report. From information gathered, a diverse understanding of key equality and diversity requirements across NHS Scotland health boards became evident. The findings indicated that it is necessary to engage with staff that have responsibility for, or undertake equality impact assessment, in order to develop capacity on how to improve the quality of equality impact assessments.

The report revealed that in February 2009, out of 22 boards only 83 impact assessments had been placed in the public domain and published online across all Scottish health boards since 2005 and that the number per board was inconsistent, with only eight boards responsible for providing the 83 impact assessments. This figure has most likely increased since work on this project was completed, although it is not clear whether the quality of impact assessments has improved.

From the findings, it seems that across NHS Scotland EQIA is being undertaken in a non-systematic way, is seldom supported by senior management, is generally considered a tick-box exercise, and that EQIAs are rarely placed in the public domain. While there are many staff that do good work on equality impact assessment, there are many barriers to finalising and publishing good quality EQIAs in general.

EPP will be revisiting this project in 2010 in order to map NHS Board progress on EQIA since late 2008.
Appendix 2

Glossary

This glossary will facilitate a better understanding of some of the common terms used in relation to equality and diversity. Please note that some of the definitions have been paraphrased from their original source in order to highlight the wider equality and diversity issues within an NHS context. This glossary is intended to highlight the language that is currently most acceptable to members of the various equality groups. Please note that language is in a constant state of change.

C

Cross-strand relates to more that one minority or equality group.

D

Discrimination

- **Institutional discrimination** results from procedures, practices and behaviour within an organisation or institution, which support and encourage direct or indirect discrimination\(^\text{21}\).

- **Direct discrimination**\(^\text{22}\) is when you are treated less favourably than somebody else. For example, it could mean a female employee being paid less than a male colleague for doing the same job, or a BME employee being refused the training opportunities offered to white colleagues, or an employer dismissing you or treating you less favourably than other workers because you work part time or are on a fixed term contract.

- **Indirect discrimination**\(^\text{23}\) is where an organisation has policies, criteria or processes that put people at a disadvantage. It is unlawful, whether or not it is done on purpose. It is only allowed if it is necessary for the way the business works, and there is no other way of achieving it. For example, the condition that applicants must be clean shaven might be justified if the job involved handling food and it could be shown that having a beard or moustache was a genuine hygiene risk.

Diversity\(^\text{24}\) is about recognising and valuing difference. It is about creating a culture and practices that recognise, respect and value difference for the benefit of patients, carers, members of the public and staff.

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\(^\text{21}\) [http://www.racialjustice.org.uk/Definitionsof raceterms.htm](http://www.racialjustice.org.uk/Definitionsof raceterms.htm)


\(^\text{23}\) As above

Equality\textsuperscript{25} is about creating a fairer society where everyone can participate and have the same opportunity to fulfil their potential. It is mostly backed by legislation designed to address unfair discrimination based on the membership of a particular group.

Equality relevant refers to the notion that equality issues may be more relevant to some policies or functions than others.

Equality of opportunity is often called ‘a level playing-field’. In the NHS context, no one shall be disadvantaged because of his or her race, gender, disability, sexual orientation, religion or belief, age or social group, when accessing healthcare services or competing for jobs. However, it does not mean equality of outcome\textsuperscript{26}.

Equity (Payne 2009) is about fairness and justice in the distribution of benefits, power, resources and responsibilities between disadvantaged or marginalised groups. Equity is recognising that for example, women and men have different needs, power and access to resources, and that these differences should be identified and addressed in a manner that rectifies any imbalances.

How is equality different from equity?
Equality isn’t necessarily achieved through equity in that, for example, achieving equity in outcome for all ethnicities may not address the root causes of the inequality. Or indeed, equity in access to a service may not target individuals or groups that are disproportionately affected by a health issue. Equity’s focus is on addressing historic imbalances rather than eliminating discrimination.

Functions are the full range of a health board’s duties and powers, including its role as a service provider, policy maker and employer.

Harassment\textsuperscript{27} is an unwanted conduct towards an individual, which has the purpose or effect of violating dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment.

\textsuperscript{25} As above
\textsuperscript{26} http://83.137.212.42/sitearchive/cre/diversity/wordsandmeanings/essay5.html
\textsuperscript{27} The Race Relations Act 1976, S3A (1)
Human rights are the basic rights and freedoms that belong to every person in the world. Human rights are based on core principles like dignity, fairness, equality, respect and autonomy. These principles are relevant to your day-to-day life and protect your freedom to control your own life, effectively take part in decisions made by public authorities which impact upon your rights, and get fair and equal services from public authorities28.

Mitigate29 means to lessen or to make something less harmful/severe by making a change.

Multiple identities refers to a person who comes from more than one defined community, for example being black and gay or an older lesbian woman.

Positive action30 refers to legal measures that are designed to counteract the effects of past discrimination and to help abolish stereotyping. For example, positive action can be taken to encourage people of a particular religion or belief to take full and equal advantage of opportunities for training or work experience schemes, or encourage them to apply for particular employment. It can only be done when a particular group has been identified as under-represented or disadvantaged due to prejudice, stereotyping and discrimination. Please note that positive action should not be confused with positive impact.

Positive discrimination is about treating people more favourably on the grounds of sex, race, disability, sexual orientation, religion, gender, etc. With the exception of provision made within the Disability Discrimination Act to treat people with disabilities more favourably, positive discrimination is illegal in the UK. It must not be confused with positive action, which is legal31.

Prejudice is pre-judging people, knowing very little about them but jumping into conclusions because of the pre-conceived ideas including characteristics, such as appearance32.

Proportionality
See Part 4.

29 http://www.dictionary.net/mitigating
30 http://www.plymouthrec.org/Glossary.shtml
31 As above
32 As above
Protected characteristic refers to the different characteristics that people have that can lead to prejudice and discrimination – race, disability, gender, sexual orientation, age, religion or belief, pregnancy and maternity, and gender reassignment – and which have been identified in the Equality Bill as those for which there will be protection in law.

S

Service users are members of the general public who use services provided by the public sector, in this case the NHS in Scotland.

Stakeholder refers to a group or organisation that a board may work closely with. This group may participate in work being carried out and also may be affected by the decisions. Stakeholders therefore have a vested interest in the work.

Stereotyping is the process of assigning a person to a particular group (e.g. on the basis of physical appearance) then generalising based on a belief that all members of the group share certain characteristics (the stereotype), then finally inferring that the individual must share these characteristics. Stereotyping underestimates variation within groups and stereotypes can be used to justify hostility, discrimination and oppression 33.

V

Victimisation is treating someone less favourably than others because they have:

• asserted their legal rights
• taken a case or made a complaint about discrimination
• given evidence relating to a case
• alleged discrimination has occurred.

33 http://www.plymouthrec.org/Glossary.shtml
34 The Race Relations Act 1976, S3A (1)
Other references: Fair for All – Gender: Gender Equality Duty Glossary, 2007
References, guidance and information


Improvement and Development Agency www.idea.gov.uk


Mayor of London, the London Assembly and the Greater London Authority www.london.gov.uk

Mutuality, Equality and Human Rights Board (MEHRB) http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/MEHRB

NHS Employers www.nhsemployers.org


Scottish Government. Scotland Performs Model: www.scotland.gov.uk/About/scotPerforms


