

Equality Impact Assessment Framework (EqIAs)

Contents:

1. What are EqIAs?
2. Why do we do EqIAs?
3. When should we do EqIAs?
4. Who should be involved with an EqIA?
5. Partnership working
6. Guidance and notes for completing the Screening Form
7. Guidance and notes for completing the Full Assessment Form
8. Prompts to consider as you're developing your proposal
9. Governance and monitoring of EqIAs

Appendix 1: Flowchart of EqIA process

Appendix 2: Sample Questions

Appendix 3: The Trust's Vision and Values

Appendix 4: Example of completed EqIA Screening Form

Appendix 5: Example of completed EqIA Full Assessment Form

1. What are EqIAs?

EqIAs are a way of thinking about the impact that a policy, strategy, project or service may have on different groups within the community including staff, service users and carers. These may be people from different ethnic groups, different age groups, different religions, different genders, disabled people and people with different sexual orientations. Ultimately, EqIAs are about how we treat other people and reflecting on whether we are being fair in all we do. An EqIA consists of two stages: an initial screening process and, when necessary, a full impact assessment if the initial screening has identified a possible high negative impact.

We will use the word to 'proposal' to mean all policies, strategies, projects and services.

2. Why do we do EqIAs?

Because we want to:

The aim of an EqIA is to ensure that all our activities as a Trust help to promote equality, challenge discrimination and are genuinely accessible to all. EqIAs offer a proactive approach to achieving fair and appropriate outcomes for staff, the local community and service users.

Because we have to:

They also help us to fulfil our legal obligations under equality legislation. Previous legislation, such as: the Race Relations Act 2000, the Disability Discrimination Act 2005 and the Gender Equality Act 2006, stated that public sector organisations need to undertake race, disability and gender impact assessments on new and existing policies. These have now been superseded by the Equality Act 2010, which places a Specific Duty on public sector organisation to carry out Equality Impact Assessments on Personal Protected Characteristics which also include age, marriage and civil partnership, pregnancy and maternity, religion or belief and sexual orientation.

When should we do EqIAs?

An EqIA should be carried out when developing a new proposal, reviewing or amending an existing proposal or when the Trust has identified an initiative specifically requiring an EqIA. An EqIA will be most effective when it is carried out as the proposal is being created or developed, as part of the whole process rather than an add on at the end. It will also require open and honest assessment of potential effects.

3. Who should be involved with an EqIA?

The manager responsible for the proposal under consideration is the person responsible for ensuring that an EqIA is carried out. It is also *very important* to involve any other relevant staff in the process to provide different perspectives and challenge the established way of doing things. If a full EqIA is necessary, then there will need to be involvement from a wide range of stakeholders through appropriate consultation.

Ultimate accountability for ensuring that EqIAs are completed and published lies with the Trust board. The Chief Executive and Board should be looking for assurance that

governance arrangements are in place for the delivery and review of all proposals. This means that people at all levels of the organisation are involved in this process.

4. Partnership Working

The statutory duties to assess the impact of policies and functions on equality apply to partnerships and contractual relationships. These EqIA procedures apply to all proposals where the Trust is the lead agency in a multi-agency partnership.

On joint projects and initiatives where the Trust is not the lead organisation, the Trust should raise the issue of the need to carry out an EqIA in order to comply with the requirements of the Equality Act 2010.

5. Guidance and notes for completing the Screening Form

The screening form is used to highlight any changes that could be made as a result of the assessment. It is also used to determine whether a full equality impact assessment is required. The form also gives opportunity to record and celebrate positive impacts that the proposal might have.

The initial section asks for basic details on who is completing the form, purpose and aims of the proposal, and who will benefit from it. The second section takes the form of a table listing the different groups or issues which may be impacted on as a result of the proposal. There is a column to add comments on how you think a particular group may be impacted upon either positively or negatively. The final section of the form is for recording the overall level of impact and details of the decision of whether to proceed to a full impact assessment as well as a record of any changes that need to be made to minimise negative impact.

A *negative* impact is when one particular group does not receive the same level or quality of services as other groups, or are left at a disadvantage compared to other groups.

Example: An event that was held in a building with no induction loop facilities would have a negative impact on some attendees with a hearing impairment.

A *positive* impact is when a proposal could have a positive effect on one or more groups or communities, or improve equal opportunities and/or relationships between communities.

Example: A targeted training programme for black and minority ethnic women would have a positive impact on black and minority ethnic women compared with its impact on white women and men. It would not, however, necessarily have a negative impact on white women and men.

The EqIA process requires either a good awareness level of the discrimination faced by different groups, or support from a wider group of people to carry out of the screening. The process may be confusing to begin with and it is not the intention that one individual should complete the form first time without the support and advice of others. The Head of Diversity is able to provide support.

At the screening stage, the Trust is trying to assess obvious negative or positive impact or important gaps in our knowledge about likely impact. It is worth noting that what is being considered is the practise surrounding or resulting from the proposal as well as the proposal itself. The best way to find out if a strategy, policy or project is likely to impact negatively or positively on sections of the community likely to experience discrimination or social exclusion is to find out if data or research already exists or to directly consult representatives of those groups or relevant organisations. If there is no data available it is important to state how data will be collected in the future.

A completed example of the EqlA Screening Form can be found at Appendix 4.

6. Guidance and notes for completing the Full Assessment Form

If the screening form has highlighted a possible high negative impact it will be necessary to carry out the full Equality Impact Assessment process.

The first section asks for details of the particular areas of concern and a summary of the high negative impact areas highlighted in the screening form.

The next section asks for details of any planned consultation, or any consultation that has already taken place, around the issues of concern. This might be with relevant community groups, reference groups or with staff groups. There is also opportunity to look at any national data or research about the potentially disadvantaged groups.

For example, if you were considering the impact of a new assessment process which didn't take account of people's religious needs, this would be regarded as a high negative impact for people of different religious groups. In carrying out a Full impact Assessment you may want to look at research around culturally sensitive assessment tools, the benefits of meeting people's spiritual needs, human rights issues around this area of care etc. You may want to talk with local religious groups about what needs to be included in the tool and you may want to look at local demographics around religion and belief.

There is then chance to identify any gaps which you are aware still remain in terms of information to support necessary changes.

The final section on the form is the creation of a simple action plan for changes that need to be made, with details of how this will be monitored and reviewed.

The whole EqlA process requires either a good awareness level of the discrimination faced by different groups, or support from a wider group of people to carry out of the screening. The process may be confusing to begin with and it is not the intention that one individual should complete the form first time without the support and advice of others. The Head of Diversity is also able to provide support.

A completed example of the EqlA Full Assessment Form can be found at Appendix 5.

7. Prompts to consider as you're developing your proposal:

Does the proposal affect our general duties to:

Promote equality of opportunity?

Eliminate discrimination?
Eliminate harassment and victimisation?
Promote good community relations?
Promote positive attitudes towards disabled people?
Consider more favourable treatment of disabled people?
Consultation and Involvement
Protect and promote human rights?

Are there any aspects of the proposal, including how it is delivered or accessed, that could contribute to inequality?

Appendix 2 contains more detailed prompts around each Personal Protected Characteristic to help you consider both positive and negative impacts that your proposal may have.

Appendix 3 provides a summary of the Trust's Visions and Values Statement to enable you to see how your proposal contributes to the wider work of the Trust.

8. Governance and monitoring of EqIAs

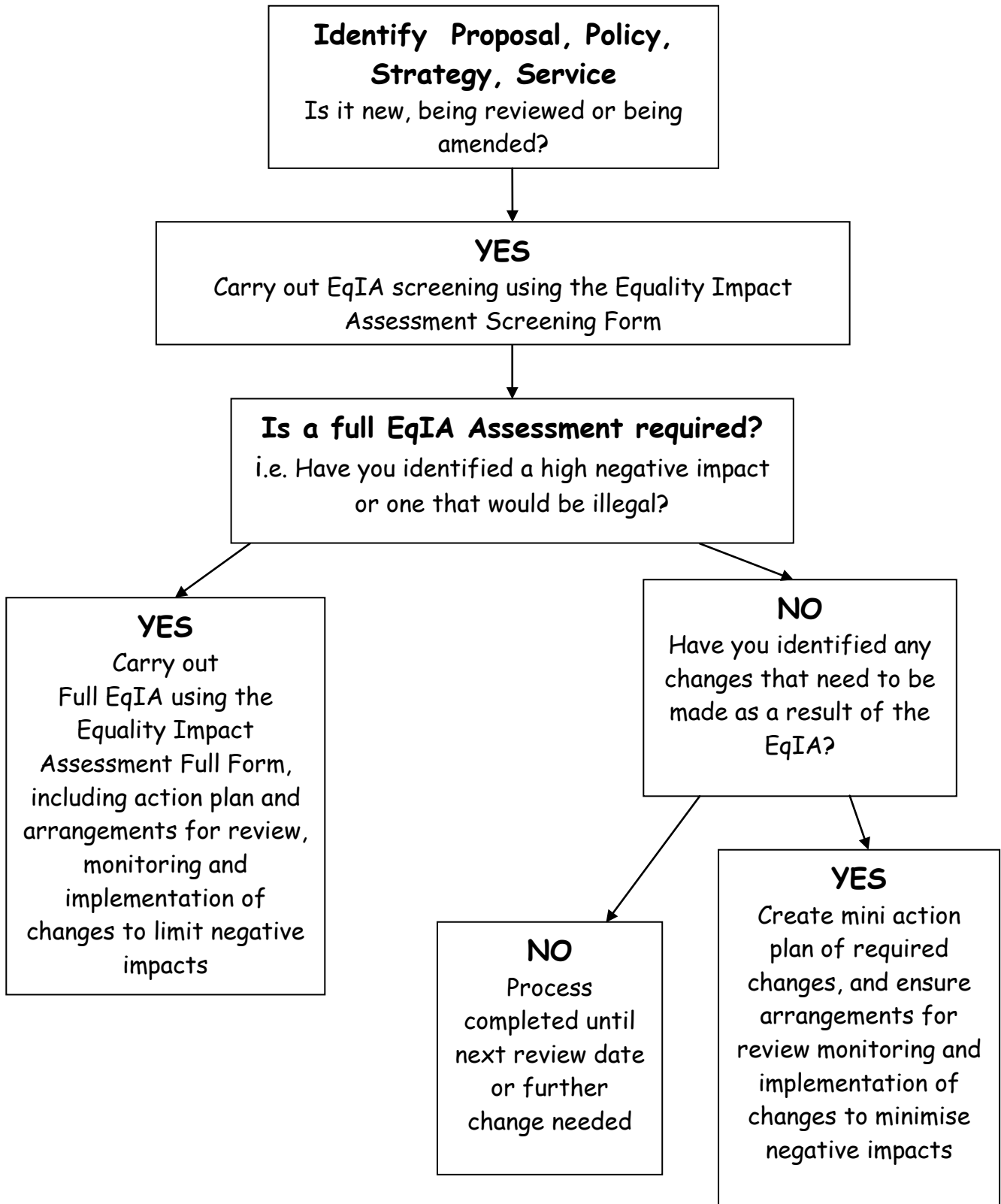
Each EqIA is sent to the Head of Diversity who has a quality assurance role. This includes ensuring that the EqIA has been undertaken appropriately and that any resulting actions are SMART. Each EqIA will be added to an EqIA Register with any accompanying actions which will be reviewed on a six monthly basis. The Head of Diversity will also ensure that any themes which arise that should be addressed more widely than at Divisional level, are discussed at the Equality & Diversity Strategic Group or taken to Executive Committee.

It is the responsibility of the Division in which the EqIA has been undertaken, to ensure that any resulting actions are incorporated into the planning, review and reporting processes of that area. (see Appendix 1)

When you've completed the EqIA Screening Form, or the Full Assessment Form, please send a copy to the Head of Diversity at EqualityImpact.Assessment@bcpft.nhs.uk along with a copy of the proposal.

Appendix 1

Flowchart of EqIA Process



Appendix 2

Sample questions to consider as wide a range of issues as possible when screening proposals for their possible impact on the different equality groups.

Age

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 - 30 year olds).

- Do you have age appropriate services to meet the needs of all age groups?
- Do you or will you monitor the ages of people who access your service
- Is it easy for someone of any age to find out about your service or access your proposal?
- Does your service make assumptions about people simply because of their age?
- Does your service give out positive messages about all ages in its publicity?
- When recruiting staff have you thought about age and how you can recruit from a wide range of backgrounds?
- Do younger people and older people in your team feel equally valued?
- Do any eligibility criteria for your service discriminate against older or younger people without just cause?

Disability

A person has a disability if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities. It could include people with physical or sensory difficulties, people with learning disabilities, people who use British Sign Language and people with mental illness health issues.

- What do you need to do to make sure disabled people are benefiting from your service?
- Is your service physically accessible to people with mobility problems or those who are wheelchair users?
- Can you access facilities to help people with hearing disabilities e.g. hearing loop, BSL, interpreters, text phones?
- Do you have facilities for people with visual impairment e.g. large print, Braille, appropriate signage?
- Do you have access to other communication aids for people e.g. with learning disabilities e.g. Makaton, pictorial?
- Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability?
- Have you considered incorporating disability equality objectives into staff appraisal?
- What actions can you undertake to ensure that staff is treating people with disabilities with dignity and respect?
- Are you making reasonable adjustment to meet the needs of the staff and service users?
- Have you considered the guaranteed interview scheme for disabled applicants who meet the minimum requirements? – How is this being monitored?

Marriage and Civil Partnerships

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

Does your service consider the needs and possible confidentiality of same sex marriages?
Is there a field in the system that collects data to gather information on marriage and civil partnerships?

Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?

Has your staff received training on same sex marriages?

Pregnancy and Maternity

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Does your service accommodate the needs of expectant mother both as staff and service users?

Are your facilities appropriate for expectant mothers?

Do you provide information and support for pregnancy and maternity in a sensitive format?

Does the service you provide pay due regard to the age and socio economic status of the expectant mother?

Does you monitor the use of your service across the personal characteristics or wherever relevant?

Race

This refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins. This could include Asian or Asian British people, Black or Black British people, Chinese people, Gypsy, Roma or Traveller people, Irish people, People of mixed heritage, White people, people of other ethnic backgrounds and Asylum seekers and refugees.

How are people from different ethnic groups referred to your service?

How do people find out about your proposal?

Can you offer an equal/fair service to people who speak English and those who do not?

What arrangements are in place to communicate with people who do not speak English?

What are the main languages spoken by people likely to access your services?

What training do staff have to respond to the cultural needs of different ethnic groups?

Do you currently record the ethnicity of service users so that you know if different groups are using the service?

What actions would you take to ensure staff members are treating people from a minority ethnic background with respect and dignity?

Have you identified any specific dietary needs that you need to be sensitive to?

Have you considered incorporating race equality objectives into staff appraisal?

Have you considered Positive Action Training positions to increase the representation of staff in your department?

Religion or belief

This could include people of different faith groups or spiritual traditions or those with no particular faith e.g. Atheism. Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

How can you welcome people of all faiths and none into your service?

Do you know how to access advice and support regarding providing a service to people with a variety of religious beliefs?

Do staff have an understanding of different faith issues?

Do staff understand the difference between religious, faith and spiritual care?

Is information about your service religiously appropriate or sensitive?

Do you currently record people's religion in order to assist you in identifying users from different religious backgrounds?

What could you do to make your service or proposal more sensitive to different religious groups?

Are there religious sensitivities to bear in mind when considering treatment or intervention?

Are there facilities for prayer and quiet in the context of an inpatient unit?

Do you make use of a list of festivals so that staff can be sensitive to special days in the year?

Are the meals provided by your service religiously sensitive to individual needs?

Sex / Gender Reassignment

This will include male and female. We also need to consider those who may identify themselves as gender dysphoric (transgender) or someone in the process of transitioning from one gender to another.

Do you gather data on gender?

How do you use any gender data that you gather?

Do you have flexible working arrangements for either sex?

Is it easier for either men or women to find out about your service?

Is it easier for either men or women to access your proposal?

Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?

Have staff members received gender equality training with plans to implement this in their work setting?

Have you considered cross cutting issues e.g. whether women from different cultural backgrounds feel comfortable accessing your services or reading your proposal?

Are there certain aspects of your service that men are not accessing?

Sexual Orientation

This is about whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This could include gay men, lesbians, heterosexual and bisexual people.

Do you know how to access advice regarding providing a service to individuals with differing sexual orientation?

Do staff have an understanding of the needs of people with differing sexual orientation?

Does your service use visual images that could be people from any background or are the images mainly heterosexual couples?

Does the language in your literature include reference to gay, lesbian and bisexual people?

Do staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?

When carrying out assessments is it made easy for someone to talk about their sexuality if it is relevant, or is it assumed they are heterosexual?

How will you ensure that staff treat lesbian, gay and bisexual people with dignity and respect?

Do staff feel comfortable or act professionally when collecting data on sexual orientation?

Human rights

Could your proposal or service potentially involve:

- Affecting someone's right to life?
- Caring for other people or protecting them from danger?
- Investigating deaths?
- The detention of an individual
- Inadvertently place someone in a humiliating situation or position?
- Make people work in an emergency?
- Dealing with decisions on access to services or appeals?
- Disciplinary action that leads to criminal offence?
- Accessing, handling or disclosing personal information?
- Dealing with families or children?
- Provision of medical treatment or social care?
- Being in conflict with the religious beliefs of others?
- Commissioning services from a religious organisation?
- Working with the media, writing speeches or speaking in public?
- Policy making?

If so, you will need to ensure that your policy or service respects the dignity and human rights of staff and service users.

Acknowledgements:

With thanks to Lewisham PCT, Wolverhampton PCT, Devon Partnership Trust, East Riding of Yorkshire Council and Equality & Human Rights Commission for inspiration and adapted material.

Appendix 3

The Trust's Vision, Values & Goals

Vision strap-line: Our community: you matter, we care

Vision statement: To work with local communities to improve health and well-being for everyone

Values

Honesty and Openness - we will act in a transparent way that supports honesty and openness

Empowerment - we will empower: people who use services; carers and staff

Dignity and Respect - people who use services, carers and staff will be treated fairly, with dignity and respect, appreciating their individuality

Goals

To reduce inequality by recognising diversity and celebrating difference

To improve and promote the health and well-being of local communities

To provide high quality care, in the right place, at the right time

To put people and their families at the heart of care

STRATEGIC OBJECTIVES

1. We will be a specialist, sub-regional provider of care for people with learning disabilities and mental health issues who have complex needs
2. We will provide accessible, timely, effective and convenient services to people with mental health issues and learning disabilities of all ages
3. We will work to banish the stigma associated with mental health issues by promoting good mental health and social inclusion through integrated services
4. We will share our clinical expertise with other providers through innovative models of partnership working
5. We will deliver a Trust estate that provides the best environment for high quality service provision
6. We will make excellent use of our resources and constantly explore opportunities for increasing resources and generating income
7. We make the best use of the freedoms and flexibilities that Foundation Trust offers to improve services for our users

Appendix 4

EXAMPLE of an Equality Impact Assessment Screening Form

Title of proposal:	Seclusion Policy and Procedure		
Person Completing Form:	N. Smithson	Role in Organisation:	Clinical nurse Specialist
Directorate:	Trust-wide	Service Area:	Gerry Simon Clinic, H ⁺
		Date Submitted (dd/mm/yy):	02/09/09

Main purpose and aims of the proposal and how it fits in with the wider aims of the organisation (see Equality Impact Assessment Framework, Appendix 3: The Trust's Vision and Values):

To ensure that the seclusion policy and procedure, though a last resort measure that is allowed under the mental health act and not classed as treatment, is, nevertheless, seen to be fairly and equally implemented if required.

Who will benefit from the proposal?

Service users and staff

Helpful Questions: Does this proposal promote equality of opportunity? Eliminate discrimination? Eliminate harassment? Promote good community relations? Promote positive attitudes towards disabled people? Consider more favourable treatment of disabled people? Protect and promote human rights?

Please click in the relevant impact box or leave blank if you feel there is no particular impact.

	Potential for positive Impact	Potential for negative Impact	Please list details or evidence of why there might be a positive and/or negative impact
Ethnicity <i>Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Statistics point to a higher than average detaining and seclusion of mental health patients from ethnic minorities and particularly Black/Caribbean background. If seclusion is implemented with service users from ethnic minorities concerns should be given to the potential sensitivities of such action. ⁺
Disability <i>Including those with physical or sensory difficulties, those with learning disabilities and those with mental health issues</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Service users with a learning disability or other associated diagnosis, with potential communication difficulties, could misinterpret and misunderstand the reasons for their being secluded. Consideration should be given to clearly communicating the reason to a service user with a learning disability, and or other associated diagnosis, why it is necessary to seclude them.
Gender <i>Including transgender people and any those with any other gender variance</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Issues of privacy and dignity around personal care ideally require same sex support. this is if potential concern within the Gerry Simon clinic where the male/female skill mix is substantially unequally balanced in favour of females. ⁺
Sexual Orientation <i>Including gay men, lesbians and bi-sexual people</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	It is important that all staff have attended or are updated in Diversity Awareness Training to ensure equality in terms of treatment during any seclusion episode.
Religion or Belief <i>Including humanists and non-believers</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Current seclusion facilities lack en suite washing or toileting facilities. This could be of particular concern and detriment to patients from particular faith backgrounds with regards to toileting ⁺
Age <i>Including children and those over 65</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Rights <i>This could include any other issues around how we treat each other as human beings e.g. privacy and dignity.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	The issue of confining someone in seclusion undoubtedly brings into question the issue of human rights. The process of seclusion is governed in its 'ethical' use by the Mental health Act, code of Practice. Additionally the Trust's own policy and monitoring requirements ensure all seclusions are justified. The current lack of en suite facilities however strongly compromises the human right ⁺

If a negative impact has been identified in any of the key areas would this difference be illegal? I.e. Would it be discriminatory under anti-discrimination legislation.

Yes No

What do you consider the level of negative impact to be?

High Medium Low

If the impact could be discriminatory in law, please contact the Head of Diversity immediately to determine course of action. If the negative impact is high a full impact assessment will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Head of Diversity before proceeding.

If the proposal is not relevant to any of the above equality issues, and any negative impact is considered low or legal, then please complete the rest of the form below with any actions and forward to the Head of Diversity.

How could you minimise or remove any negative impact identified even if this is of low significance? How will any impact be monitored and reviewed?

Ensure all staff attend Diversity Awareness Training

Ensure staff skill mix allows for male staff to available (if required) at all times.

Ensure the seclusion room has a symbol to indicate East facing wall.

Ensure the lack of en suite facilities in the seclusion room are part of a proactive estates agenda to work up in business planning.

Please save and keep one copy and then send a copy to the Head of Diversity at EqualityImpact.Assessment@smhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Directorate planning and monitored on a regular basis.

Appendix 4

Full Equality Impact Assessment

Title of proposal:	Review of Carers Mental health Team		
Person Completing Form:	Linda Price	Role in Organisation:	Manager Carers Team
Directorate:	Adult & Older Adult	Service Area:	Carers Team
		Date Submitted (dd/mm/yy):	

Looking back at the screening tool, in what areas are there concerns that the proposal treats groups differently?
 Disability - there is no disabled access to the building in which the Carers Team is based.

Summarise the likely negative impacts.
 Carers with certain physical disabilities are not able to access some services available from the Carers Mental health Team e.g. Drop in Service and West Bromwich Carer Support Group.

What previous or planned consultation or research on this proposal has taken place with groups from different sections of the community?

Group (community, service user, carer)	Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the negative impact?
Carers Forum	This issue will be raised at the next Carers Forum and a plan of action determined.

What previous or planned consultation or research on this proposal has taken place with different staff groups?

Staff group	Summary of consultation / research carried out or planned. If already carried out, what does it tell you about the negative impact?
Discussed in staff group. previous consultation with Local Authority (5 years ago)	No funds available at the time of original consultation. The issue needs to be raised at Manager's supervision and plans for contact with Local Authority.

What up-to-date information or data is available about the different groups the proposal may have a negative impact on?
 No data collected for analysis. Aware of carers with physical disabilities. Current practice is to arrange alternative venues for support.

Are there any gaps in your previous or planned consultation, research or information? If so, are there any other experts / groups that could be contacted to get further views or evidence?

Yes No

If yes, please list:

Need to contact Trust Estates Department to assess building as to whether or not it is fit for purpose.

As a result of this full impact assessment and consultation, what changes need to be made to the proposal? (You may wish to put this information into an action plan and attach)

Team Manager to speak with Line Manager and raise the issue.
Assess exact number of current carers with a physical disability for whom access is an issue.
Arrange for Estates to assess the building.
Set up a joint inspection of building with SMHFT and Local Authority.

Will the changes planned ensure that any negative impact is legal?

Yes No

Will any negative impact then be low impact?

Yes No

Have you set up a review process to monitor the successful implementation of the proposal?

Yes No

How will this monitoring further assess the impact on different sections of the community and ensure the proposal is non-discriminatory?

The issue of access will be a standing item on the agenda of the Team and Manager Supervision.
If issues around access can be addressed there will be access to services for all carers and therefore equality for everyone.

Please save and keep one copy and then send a copy to the Head of Diversity at EqualityImpact.Assessment@smhft.nhs.uk. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Directorate planning and monitored on a regular basis.