

**EQUALITY IMPACT ASSESSMENT  
PROCEDURE  
INCLUDING EQUALITY IMPACT ASSESSMENT  
FORM**

**PART OF THE EQUALITY AND DIVERSITY  
POLICY 13**

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### Document Information

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## 1 Introduction

1.1 This procedure explains what an Equality Impact Assessment is and describes how the assessment should be conducted. An Equality Impact Assessment should be performed for all new and existing:

- Strategies
- Policies
- Procedures
- Projects
- Services and redesigning of services
- Functions

These will be termed collectively in this policy as services/policies.

1.2 An Equality Impact Assessment is a systematic tool to test the impact of new and existing services/policies on particular groups of people to find out if there is a positive or negative impact, if there are any opportunities to promote equality and diversity, or if there is any unmet need.

2.2 The key purpose of an Equality Impact Assessment is to help identify direct and indirect discrimination and any gaps in service provision. The assessment process, if properly conducted, should reveal aspects of services/policies that may unwittingly exclude or negatively impact upon particular groups of people which can remain invisible and could be unchallenged for years.

## 2 Definitions

2.1 **Particular groups of people, or equality groups** are defined as:

- People of different ages
- Disabled people
- People from different racial groups, people who are part of the travelling community, and people who use different languages
- People of different religions, beliefs or non belief
- People of different sexual orientation
- Transgender individuals
- Women and men

2.2. **Positive Impact** is where the service/policy improves equal opportunities, diversity and relationships between groups or for a particular group of people.

2.3 **Negative Impact** is where the service/policy is disadvantageous to one or more groups of people. There are no statistical tests available for identifying a negative impact and therefore the question of negative impact is a matter of professional judgement. The following questions will help to reach a decision on the potential impact:

- Is there a lower participation rate for particular groups of people?
- Do eligibility criteria disadvantage certain groups of people, either overtly or unintentionally?
- Do particular groups of people face increased difficulty or indignity as a result of the service/policy or the way it is delivered?
- Does the service/policy reduce benefits disproportionately for one or more groups of people?
- Are or could different groups of people be disproportionately disadvantaged by the service/policy?
- Does discriminatory practice exist or could it arise?
- How does the service/policy eliminate unlawful discrimination and promote equality and diversity?

2.4 **Direct discrimination** is treating a person from a particular group less favourably than others are, or would be, treated in the same or similar circumstances.

2.5 **Indirect discrimination** is the application of a requirement or condition (intentional or unintentional) which has a discriminatory effect on people from a particular group which cannot be justified.

### 3. **Legal Statutory Duty**

3.1 The Race Relations (Amendment) Act 2000, The Disability Discrimination Act 2005, and the Equality Act 2006, which amends the Sex Discrimination Act 1975, impose a duty on the Trust to assess the impact of its services/policies on race, disability and gender.

3.2 The Trust has adopted 7 equality groups (particular groups of people) within its Single Equality Scheme. Therefore the scope of this policy will go beyond the legislation and include all equality groups as detailed in point 2.1 of this policy.

### 4 **Improving Performance**

4.1 By carrying out timely and effective Equality Impact Assessments, the Trust can ensure that it obtains the business benefits of diversity which include:

- Improved patient experience
- Improved service delivery for all users or potential users, including carers, relatives, staff and members of the public
- Identifying what is working well, as well as what needs improving
- Focusing on positive outcomes and solutions
- Minimising the risk of legal action from discrimination complaints
- Offering choice and more informed decision making

- Encouraging greater openness by meaningful engagement and public involvement in policy-making
- Assisting with the formulation of equality objectives

4.2 It is the outcome of the impact assessment that makes it a valuable tool, not the process itself.

## 5. Carrying out an Equality Impact Assessment

5.1 Completing an Equality Impact Assessment is similar to a health and safety risk assessment in that it involves predicting and assessing the implications of a service/policy on a wide range of people from different groups with different needs. It consists of 2 stages:

### 6 Stage One

6.1 The first stage of the process is to complete the first page of the Equality Impact Assessment Form. You may decide to complete the form with your team, or you may include your patients/service users. It is difficult to complete the assessment on your own. The approach to be taken will vary according to the policy/service being considered. **(Please complete the form electronically).**

6.2 If you would like assistance from the Human Resources Department please contact Cleo Allen, Human Resources Manager - Equality and Diversity at [cleo.allen@nhs.net](mailto:cleo.allen@nhs.net)

### 7 Stage Two

7.1 The second stage on the second page of the Equality Impact Assessment Form looks at the 7 equality groups and analyses whether there is any negative or positive impact against each of these. Prompts to assist with the impact assessment are shown later in this policy.

7.2 You will find the prompts useful to consider before you complete the Equality Impact Assessment Form. The prompt sheet does not form part of the assessment; however, it should be forwarded with your Equality Impact Assessment Form as evidence that a full impact assessment has been considered.

### 8 Outcomes

8.1 Where there is a negative impact on a particular group of people/equality group, the manager should record any changes to the service or policy. Any action points must be integrated into existing service planning and

performance management frameworks along with monitoring and review processes.

## **9 Recording Equality Impact Assessments**

- 9.1 Completed Equality Impact Assessment forms should be kept on the division/directorate files and electronic copies sent to the HR Manager – Equality and Diversity (cleo.allen@nhs.net) for publishing on the Trust’s Equality and Diversity Internet webpage.

## **10 Monitoring and Review**

- 10.1 The number of Equality Impact Assessments undertaken and any positive or negative impacts and subsequent action points will be reported to the Trust Board quarterly commencing in April 2010.
- 10.2 It is a legal requirement that all Equality Impact Assessments must be published on the Trust’s public website.

**Guidance Prompts to Assist with Equality Impact Assessments.  
(Some questions may not be applicable to all services)**

<b>Age</b>	Yes	No	N/A	To action
Is it easy for a person of any age to find out about and to use your service?				
Does your service make assumptions about people simply because of their age?				
Does your service give out positive messages about all ages in the leaflets and posters that it uses?				
When you are recruiting staff, have you thought about age and how you can recruit people of all ages?				
Could younger and older people in your staff team feel equally valued?				
Do you monitor age to make sure that you are serving a representative sample of the population?				
Do any eligibility criteria for your service discriminate against older or younger people without just cause?				
Do your staff treat people of all ages with dignity and respect?				
Have you considered including age equality into staff objectives and appraisal?				
<b>Disability</b>	Yes	No	N/A	To Action
Is it easy for people with disabilities to find out about your service?				
Does your printed information take account of the communication needs of people with various disabilities and is it easy to understand?				
Have you decided what core information you need available in large print, audiotape or Braille?				
Is your service physically accessible to people with mobility problems or who use a wheelchair?				
Do your staff members know how to access a sign language interpreter or an interpreting service for deaf and hearing impaired people, how to use an induction loop and where to get advice on material in different formats?				
Do you routinely record the communication needs of patients with a disability when sending out appointments etc?				
Have you put in place a procedure to record the uptake for sign language interpreters, appointment letters/leaflets in Braille etc?				
Do you currently monitor whether or not patients have a disability so that you know how well your service is being used by people with a disability?				
Do your staff members treat people with disabilities with respect and dignity?				
Is your service religiously and culturally sensitive to meet the needs of disabled people from minority ethnic groups?				
Have you thought about your assessment materials and methods and made sure that they are relevant to people with disabilities?				
Have you considered incorporating disability equality objectives into staff appraisals?				



<b>Faith and Belief/Non Belief</b>	Yes	No	N/A	To Action
Is it easy for people from different religious backgrounds to find out about your service? Is your printed information religiously appropriate/sensitive?				
Do you currently record patients' religion in order to assist you in identifying users and non-users of your service from various religious backgrounds?				
Are your staff members treating people from different religions/beliefs/non belief with respect and dignity?				
Do your staff know how to access the Trust's Religious and Cultural Handbook?				
Have your staff members received training on religion and belief?				
Is your service religiously and culturally sensitive to meet the needs of people from various religious backgrounds?				
Have you identified any specific dietary or other needs related to a person's religion which you need to be sensitive to?				
Some religious and cultural traditions require particular dress e.g. wearing head coverings such as hijabs or turbans or modes of clothing which covers the body. Have you demonstrated flexibility and sensitivity to accommodate the wearing of religious dress safely?				
If you are running inpatient or residential services have you thought about prayer needs or the need for a quiet space for your patients/residents?				
Have you considered obtaining a list of various festivals to use to avoid arranging appointment/visits etc on any particular religious festivals, days or times?				
Have you considered incorporating religion and belief equality objectives in staff appraisal?				
<b>Gender</b>	Yes	No	N/A	To Action
If your service is for men and women, do you routinely monitor the uptake of your service with gender breakdowns and take appropriate action?				
Does your service/policy affect men and women differently - is this equal?				
Do more women/men use your service? Do you need to consider positive action to get the gender balance even?				
Do you need to review your service and accommodation with regard to dignity and respect i.e. with regard to bed, toilet and bathroom space?				
Have your staff members received Gender Equality Training?				
Have you considered incorporating gender equality objectives in your staff appraisals?				
<b>Race</b>	Yes	No	N/A	To Action
Have you decided what core information you need available in other languages?				
Do your staff members know how to access an interpreter for booking appointments or how to access telephone interpreting (in situations where it may not be possible to arrange an appropriate interpreter)? Do your staff members know where to get advice on material in other languages and formats?				

Do you currently record the ethnicity of patients so that you know how well your service is being used by people from minority ethnic backgrounds?				
Are your staff members treating patients from a minority ethnic background with respect and dignity?				
Have you identified any specific dietary or any religious needs of patients or any other specific requirements which you need to be sensitive to?				
Have your staff members received Equality Impact Assessment training as well Diversity Training?				
Have you considered incorporating race equality objectives in staff appraisal?				
<b>Sexual Orientation</b>	Yes	No	N/A	To Action
Do you and your team give positive messages and a positive reception to gay men, lesbians, or bisexual people?				
Does information about your service use visual images that depict mainly heterosexual couples?				
When carrying out assessments, do you make it easy for someone to talk about their sexuality if it is relevant or do you assume that they are heterosexual?				
Would staff in your workplace feel comfortable about being 'out' or would the office culture make them feel that this might not be a good idea?				
Have your staff had training on sexual orientation and equality?				
Do you make sure that staff treat lesbian, gay and bisexual people with dignity and respect?				
Have you considered incorporating sexual orientation equality objectives in staff appraisal?				
<b>Transgender</b>	Yes	No	N/A	To Action
Is your service sensitive to transgender individuals or those undergoing gender reassignment?				
Do your staff understand transgender terminology?				
Have your staff had transgender training?				
Do your staff treat transgender individuals with dignity and respect?				
Have you considered incorporating transgender equality objectives in staff appraisal?				

**EQUALITY IMPACT ASSESSMENT FORM**

Please refer to the guidance prompts on pages 7, 8 & 9 before completing this form

<b>Name of Service or Policy</b>	<b>Department</b>
<b>Managers Title</b> <b>Date</b>	<b>Contact Telephone Number</b>

<b>Part 1</b>	<b>GENERAL</b>
1	Provide a brief description of the main service or policy for assessment including its aims and objectives
2	List the main stakeholders/beneficiaries in terms of the recipients of the service or the target group at whom the service/policy is aimed
3	What data, evidence, studies, reports, audits, surveys or feedback have you researched, with particular regard to equality groups? Roughly how many/what proportion of staff or patients will be affected? (Census data available in appendix 1. Census Profiles for Devon and Cornwall)
4	Who have you consulted with: e.g. staff, patients, service users? What consultation methods did you use e.g. satisfaction surveys, focus groups or patient observations, meetings, exit interviews or networking, and any alternative arrangements you have made or are planning for consulting with particular groups of people. When did you carry out this consultation and how were the results publicised?

## EQUALITY AND DIVERSITY IMPACT ASSESSMENT FORM

Please refer to the guidance prompts on pages 7, 8 & 9 before completing this form

Part 2 Equality Group	Positive Impact	Negative Impact	Neutral Impact	Reasons for Impact
Age				
Disability				
Faith and Belief/Non Belief				
Gender				
Race				
Sexual Orientation				
Transgender				

### Outcomes

What changes will you make to remove to reduce any negative impact? Any action points should be included in Departmental action plans, with monitoring and review processes.

<b>Signature</b>	<b>Date</b>
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Please send this form electronically to [cleo.allen@nhs.net](mailto:cleo.allen@nhs.net)

## CENSUS PROFILES FOR DEVON AND CORNWALL

(Census 2001)

### DISTRIBUTION OF BME, GENDER, AND HOUSEHOLDS WITH LIMITING LONG-TERM ILLNESS, WITHIN DEVON LOCAL AUTHORITIES.

Local Authority	Total Number	Number BME	% BME	% Gender	% Households with limiting long-term illness
Exeter	111076	2,667	2.4	49 m 51 f	32
Plymouth	240720	3,849	1.6	49 m 51 f	37
Torbay	129706	1,555	1.2	48 m 52 f	39
Teignbridge	120958	1,209	1.0	48 m 52 f	35
South Hams	81849	736	0.9	48 m 52 f	34

### DISTRIBUTION OF RELIGION WITHIN DEVON LOCAL AUTHORITIES

Local Authority	% Christian	% Hindu	% Jewish	% Buddhist	% Muslim	% No Religion	% Religion Not Stated
Exeter	69	0	0	0.3	1	20	9
Plymouth	74	0	0	0.2	0	18	7
Torbay	76	0	0		0	15	8
Teignbridge	76	0	0	0.2	0	16	8
South Hams	75	0	0	0.4	0	17	8

### DISTRIBUTION OF AGE WITHIN DEVON LOCAL AUTHORITIES

Local Authority	% 0-15	% 16-24	% 25-64	% 65+
Exeter	17	16	50	16
Plymouth	20	13	52	16
Torbay	18	9	51	23
Teignbridge	19	8	51	22
South Hams	19	8	52	21