Equality Impact Assessments

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Today

• Health Inequalities
• Outline the aims, process and rationale for Equality Impact Assessments
• Completing the EIA – 5 steps
• Group Exercise
Gypsy/Roma Communities

- The average life expectancy of Gypsies and Travellers is 10 years less than the settled population

- Gypsy and Traveller mothers are almost 20 times more likely to experience the death of one of their children

Source: Common Ground: Equality, good race relations and sites for Gypsies and Irish Travellers - CRE
Learning Disability

Four times as many people with learning disabilities die of preventable causes as people in the general population.

People with learning disabilities are 58 times more likely to die before the age of 50 than the general population.

Over the last 25 years, the male suicide pattern has almost totally inverted. In 1976 men over 65 were the most likely to commit suicide. Now it is men aged 25-44.

Fear of Crime

Proportion of adults who felt very worried about violent crime: by ethnic group, 2002/03, England & Wales

Adults from Mixed race backgrounds still had the highest risk of both types of crime. Seventeen per cent of Mixed race people had been the victim of a personal crime (common assault, robbery, theft from the person and other personal theft) compared with between 7 and 9 per cent of people from other ethnic groups.

Lesbians, Gay men and Bisexuals

Gay and bisexual men are five and a half times more likely to have deliberately self-harmed. Lesbian and bisexual women are two times more likely to have deliberately self-harmed.

Although the risk for suicide attempts is highest during adolescence and young adulthood, research indicates that there is a substantially increased risk of suicidal behaviours among adult gay men.

Source: Reducing health inequalities for lesbian, gay, bisexual and trans people - J Fish DoH publication
Refugees/Asylum Seekers

- A study of refugee and asylum seeking women in 2002 reported that of those interviewed fifty-six per cent suffered from depression, barely half had access to interpreters when visiting their doctor and only seventeen per cent described their English as good or fluent.

Source: Health Select Committee Inquiry
Health Inequalities Royal College of Nursing Submission
Age

In 2007, 30% of people aged 65 and over who were admitted to hospital were found to be malnourished at the time of admission.

Among all people aged 50 and over, those who have never been married have the highest risk of being multiply excluded (even compared to their widowed counterparts).

Source - Age Concern: Key Facts
Equality Impact Assessments
Why ‘impact assess’?

- **We need to**, if we are to offer equitable services to all groups of people.

- **We have to.** We are required to complete EIAs by law. In addition, the Healthcare Commission will be inspecting us on the quality and quantity of the EIAs we complete.

- **Staff, service users and the organisation will benefit.** EIAs support good practice and good community relations; they also help improve the health and wellbeing of people using and working in mental health services.
Equality Impact Assessments

• There is a focus on assessing the impact on certain groups of people known as equality target groups.

• This involves anticipating the consequences of services, policies and projects on these groups and making sure that, as far as possible, any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.
What groups are identified?

• Gender (including men, women and trans people)
• ‘Race’ or Ethnicity (including BME communities, Romany Gypsy and other Traveller communities)
• Disability (including learning disabilities, mental health, literacy, visual or hearing disabilities and physical disabilities)
• Faith and Belief (including religious faith and customs)
• Sexual Orientation (including lesbian gay and bisexual people)
• Age (including children, older people and younger people)
What do we mean by an impact?

A negative or adverse impact
Where a service disadvantages one or some of our equality target groups.
Negative Impact: An Example

An assessment tool lists the following options under ‘Marital Status’:

- Single
- Married
- Widowed
- Divorced

This would have a negative impact on lesbians, gay men and bisexual people, as the options do not recognise same sex partnerships.
A positive impact

Where a service has a positive influence on an equality target group or some equality target groups, or improves equal opportunities and/or relationships between groups.
Positive Impact : An Example

A targeted training programme for black and minority ethnic women would have a positive differential impact on black and minority ethnic women, compared with its impact on white women and all men. It would not, however, necessarily have an adverse impact on white women or men.
Neutral impact

Applies when a policy, service or project has a similar impact upon groups, whether they belong to an equality target group or not.
Neutral Impact : An Example

A team that offers home and office appointments has a neutral impact on all equality groups, because anyone who may not be able to travel to the office can be visited at home. The team may, however, need to think about any occasions when people are required to visit the office, and also when the team organises events, either at the office or at other venues.
What to look out for when assessing ‘impact’

• Accessible information and communication
• Inclusive information and communication
• Cultural sensitivity
• Physical access
• Use of language and humour
Consultation

The law requires EIAs to include consultation.

Consultation could take place with service users or carers, staff networks or groups, local voluntary groups or agencies. Teams can:

• Use existing networks such as learning sets, staff side meetings, recovery groups, service user feedback/consultation groups, specific service groups

• Create a focus group for the work of the EIA, which would include staff and service users
Research

Teams need to consider their services in relation to current research and local data. Places to consider might be:

- Staff survey
- PALS data
- Local population statistics
- Team knowledge or research
- RIO data
- Critical Incident Reports
- Patient Survey
- Service Monitoring data
- AMPH data
- Local Voluntary groups
Publishing Information

- Copies of all EIAs should be retained on file

- The public will be able to view completed EIA forms, if requested, and information about EIAs will be made available on the Trust’s website.
Questions to ask

• What is the purpose of the service/policy?
• What is the intended outcome?
• Who is affected by the service/policy?
• Which groups may experience a negative/positive impact and why?
• What are your sources of evidence/data/consultations? Are there any gaps?
• What action needs to be taken to reduce negative impacts?
Plan for completing EIAs

(5 steps)
Flowchart for Completing Service Equality Impact Assessment (EIAs)

Step 1
Discuss the completion of the EIA as a team.

As a team, think about:
- Any areas of concern in relation to equality, or any gaps in provision that could be thought through using an EIA?
- Research or data that can inform further discussion: for example, benchmarking against other trusts, published research, census information, complaints, RIO data, service demographics or existing service data.
- Consultation – are there any existing service user groups that could be consulted? Does the team want to create a focus group or sub-group for the EIA? Consider how to gain a mix of contributors (skills, experience, diversity) that will feed into the EIA process.
  Who does the team want to consult and how could this be organised? Consultation could take place with service users or carers, staff networks or groups, local voluntary groups or agencies. It could use existing networks such as learning sets, staff side meetings, recovery groups.

Step 2
Identify a lead.
Look through the form.
Discuss and agree who will complete the form.

Step 3
Draw up a plan and a provisional timetable for completing the Equality Impact Assessment.

As a team or sub-group
- Brainstorm ideas.
- Flag up areas for discussion.
- Discuss each equality strand: Age, Ethnicity, Faith and Belief, Sexual Orientation, Gender, Disability. Consider the impact – positive, neutral or negative. Use tools such as the questions to consider sheet, the toolkit, and example forms.
- Keep a record of the discussion and any ideas for action.
- Think about action points: what is practical and feasible? Are there cost implications? What could be implemented without additional cost?
- Develop an action plan.

If working in a sub-group, bring ideas, suggestions and conclusions back to the team.

Step 4
Complete the EIA form, attach the action plan and send to: Christine.rivers@oxleas.nhs.uk, Alison.burnal@oxleas.nhs.uk, and either Jon Cooley (Greenwich), Margaret Anderson (Bexley) or David Shaer (Bromley).

Step 5
Review and monitor the action plan. The Equality Impact Assessment needs to be reviewed and revised every 3 years.
When to complete an EIA

EIAs need to be completed for all policies and services. An EIA needs to be carried out

(1) Whenever there is a significant change in any service
(2) Whenever a new service is being developed
(3) Whenever a new policy is drafted
(4) Every 3 years
Tools

• Equality Impact Assessment Guide
• 5-step plan for completing EIAs
• Questions to consider when carrying out an EIA
• Advice/support – Christine Rivers
  Christine.rivers@oxleas.nhs.uk
  01322 625700 Ext 5817
Group Exercise