Equality Impact Assessments

Guidance for Services
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Version 1.1
Introduction

This pack has been developed to support managers and teams in undertaking the work required by Equality Impact Assessments (EIA or sometimes referred to as EQIA), and in completing the required documentation. The pack contains several separate elements, which accompany different stages of the process. Equality Impact Assessments are legal duties. They were introduced with the Race Relations Act in 2000, but have gathered pace with the forthcoming Equality Bill and are now integral to the requirement of a Single Equality Scheme (SES) in all public sector organisations.

The Equality Impact Assessment is structured around the 6 equality target groups, or strands (gender, sexual orientation, faith and belief, age, ‘race’ or ethnicity and disability). Whilst this approach allows each group to be considered individually, it also restricts thinking about the complex ways in which individuals occupy and cut across multiple equality target groups. This is discussed further in the Department of Health’s guidance on trans people:

“Although the idea of distinct ‘strands’ (gender, race, disability, sexual orientation, religion or belief, age and transgender status, etc.) has been a helpful aide-memoire for thinking about different grounds leading to discrimination, the Equalities Review, published in February 2007, highlighted the dangers of thinking about people and their individual experiences in the same narrow single-dimensional terms.

Most people experience factors in their lives related to more than one strand. Everyone has a gender – man or woman. There are specific health experiences associated with both. Everyone also has an ethnicity – not always indicated by their skin colour – but their experiences are coloured positively or negatively by skin tone and their ethnic and religious background in complex ways. Some of those same people may be born with a disability or acquire one as the result of illness, accident or their age. Ageing affects everyone too; each life stage brings fresh potential for health and employment advantage or disadvantage. The sexual orientation of the individual further embellishes their experience, whether straight, gay/lesbian or bisexual. Finally, on top of all those factors, a colleague or service user may also have a trans background – with implications that intersect with all of those other six dimensions.”

(Trans- A practical Guide for the NHS 2008)

In discussions and action planning, completing equality impact assessments requires consideration of each strand, both in its own right, and in relation to the others.

Equality Impact Assessments are designed so that teams, policy writers and commissioners consider the impact of a policy, service, strategy or function on each of the identified groups. Teams must not only consider the impact, but are also required to take action to minimise any identified impact. This involves putting actions plans in place, with leads and timescales.
Equality impact assessments are not documents that need to be completed once a policy has been written or a new service has been planned, designed and is ready to start. EIAs should be discussed at the start point, and are meant to form an integral and implicit part of planning, discussion and design of a policy or service.

**The Guidance**
This pack has been divided into sections as follows:

**The Flowchart** is designed to take teams through the process of equality impact assessing their service, ensuring that all the aspects required by the assessment (consultation, research, action planning) are completed.

**The EIA Research, Consultation and Discussion Guidance** gives suggestions for research and consultation, as well as providing teams with a series of questions in each equality area. The questions are intended to offer a way of thinking through the service in relation to each equality group, of facilitating discussion and pointing towards possible action points. They are not meant to provide a conclusive list of questions to ask, or to provide comprehensive cover of all aspects of a service. It is hoped that the questions will initiate a wider discussion of the service and its constituent elements in considering the equality strands.

**The Training Slides** constitute the presentation to teams and services within the Trust, focusing on how teams and services can approach the assessment.

**The Sample Completed Form** gives an indication of the end result and the kind of answers that would form the final EIA document. The document has to be made available to the public.

Finally, the **Blank EIA Form** has been added for reference purposes; it needs to be filled in electronically. The form is available electronically on the intranet, or contact Christine Rivers or Alison Burnal for a copy.
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. Build consultation into the 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 EIA toolkit and form
- Discuss and agree who will complete the form
- Draw up a plan and a provisional timetable for completing the Equality Impact Assessment

**Step 3**
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 Research, Consultation and Discussion Guidance, 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?
- Research and consult, if not already done so
- 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.
Equality Impact Assessment Research, Consultation and Discussion Guidance

This guidance has been divided into three primary sections, which provide the key structural elements of the EIA: Research, Consultation and Questions.

Research
The Research section is intended to offer a range of primary and secondary data sources. These can be used to consider the evidence basis for discussion and action plans within the final EIA. The list contains data sources that can be used for all groups (for example, census data can be used to understand the demographics of gender, age, sexuality, the breakdown of different ethnic communities and faith). Research or data sources relevant to specific groups have been added into the questions section. The list is not meant to be exhaustive, and is not meant to be considered as a list of all sources to be consulted. The EIA requires that at least some of these – or other relevant – sources are considered as a critical element of completing an EIA. The research element is intended to inform, evidence and therefore underpin the work of the final action plan.

Consultation
The consultation section is designed to list existing sources for possible consultation. As with the section on research, it is meant to offer a range of possible options rather than a list of groups to be consulted. Services can also consider local networks, specialist services or can set up a workshop, focus group or specific event for the purpose of consultation.

Questions
Whilst the equality legislation is structured around 6 separate groups, it is important to recognise that people hold multiple identities and that individuals may cut across several of the six key groups identified below.

The questions in this section are designed to support teams in thinking about the different groups and the ways that services could have a positive or negative impact on their use or experience of the service. The questions are not intended to offer an exhaustive list of all the possible impacts on any given group, nor are they designed to provide a comprehensive list for the different services offered within Oxleas NHS Foundation Trust. The questions has been designed as a tool to underpin discussion, and to act as a facilitator to team and focus group discussions when considering positive, negative and neutral impact and any possible actions within the framework of conducting an Equality Impact Assessment.
For any comments, queries or suggestions about this tool; or about completing an EIA, contact Christine Rivers (Christine.rivers@oxleas.nhs.uk).

Acknowledgements: Department of Health; London Borough of Lewisham; Metropolitan Police Authority; NHS Employers; NICE (Health Development Agency), St Mary’s NHS Trust

<table>
<thead>
<tr>
<th>Research (all groups)</th>
<th>Census data for the UK, London and the local area</th>
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<tbody>
<tr>
<td></td>
<td>Office for National Statistics – Collated data available relating to the local area, including demographic information from census data, crime data, poverty and housing data – search facility.</td>
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<td><a href="http://www.neighbourhood.statistics.gov.uk/dissemination/">http://www.neighbourhood.statistics.gov.uk/dissemination/</a></td>
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<tr>
<td></td>
<td>National Statistics</td>
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<tr>
<td></td>
<td>Trust workforce data, including grievance and disciplinary data, Trust turnover and recruitment data, training and progression, workforce profiles</td>
</tr>
<tr>
<td></td>
<td>For some of the above information:</td>
</tr>
<tr>
<td></td>
<td>Oxleas Workforce data (2007 report)</td>
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<tr>
<td></td>
<td>National Patient Survey and Trust Patient Survey</td>
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<td></td>
<td>Oxleas Patient Survey Report 2008</td>
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<tr>
<td></td>
<td>For other trusts, previous years and further information see</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.healthcarecommission.org.uk/yourviews/patientsurveys/mentalhealthservices.cfm">http://www.healthcarecommission.org.uk/yourviews/patientsurveys/mentalhealthservices.cfm</a></td>
</tr>
</tbody>
</table>
‘Count me in’ – survey of inpatients
http://www.healthcarecommission.org.uk/_db/_documents/Count_me_in_census_2008_Results_of_the_national_census_of_inpatients_in_mental_health_and_learning_disability_services.pdf

Mental health surveys (Dept of health)
Numerous studies of mental health, including morbidity, attitudes to mental illness
http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/ListOfSurveySince1990/Surveylistmentalhealth/index.htm

Equality and Human Rights Commission
Numerous studies and publications on different equality topics and covering each of the groups

NIMHE

Health Inequalities
http://www.publications.parliament.uk/pa/cm200809/cmselect/cmhealth/286/286.pdf

Other Research Sources:
Internal Audit Reports and recommendations
Trust Staff Survey
Team knowledge or local service based research
Local Service monitoring data
RIO data
Critical Incident Report data
Reports from consultation activities
CPA data
Carer assessment statistics
Previous ASW, current AMPH statistics
Risk management data
Recent Published research (journals, knowledge forums – see Anthony Davies)
| Complaints data/ PALS data  
Local Equality monitoring data  
Quantitative/Qualitative information from stakeholders  
Inspection reports and recommendations  
Benchmarking data |
|-----------------------------|
| Consultation  
(all groups)  
Local service user consultation groups  
Service users and carers using/engaging with the service  
Existing user networks, workshops, organised one-off consultations or events  
Faith and spiritual advice service/ chaplaincy service  
Service user feedback groups  
Learning sets  
Staff networks  
National Voluntary Services and organisations – for example, Mencap, MIND, Rethink, Mental Health Foundation; also London-specific; for example Diversity Works for London.  
National Voluntary Services and organisations specific to the equality strands, such as Age Concern, Disability Alliance, Women’s Aid, Stonewall  
Local Voluntary Services – for example, Domestic Violence services, BME services, Women only services, LGBT services, Transgender groups and advice/support networks, Refugee and asylum seeker forums and services, Faith based groups and services, Sensory impairment services, Local authority and voluntary Learning disability services |

| Gender  
(including women, men, trans people)  
Do predominantly men or women use your service or part of your service? If there is a significant gender imbalance, are there actions that could be put in place to make your service more accessible?  
What happens if a service user requests a worker of a particular gender? How is this managed in the team? What about the |
|-----------------------------|
| Questions  
(Research)  
Women’s Aid – organization offering advice and support to people who have experienced/are experiencing domestic violence with information http://www.womensaid.org.uk/  
Informed Gender Practice – study with practice |
<table>
<thead>
<tr>
<th>Question</th>
<th>Resource</th>
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<tbody>
<tr>
<td>Does your service reflect the gender balance of your local community?</td>
<td>World health Organisation – gender</td>
</tr>
<tr>
<td>Do you consider that you provide gender sensitive and accessible services to men and women?</td>
<td><a href="http://www.who.int/topics/gender/en/">http://www.who.int/topics/gender/en/</a></td>
</tr>
<tr>
<td>How accessible is your service to transgender people?</td>
<td>The Gender and Access to health study</td>
</tr>
<tr>
<td>Have you thought about targeting advertising, leaflets or specific services to men or women?</td>
<td>A study into the different ways women and men access health services</td>
</tr>
<tr>
<td>Do you know who to contact to talk about transgender issues, or places that offer support or advice to trans people or anyone considering gender reassignment surgery?</td>
<td><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092042">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092042</a></td>
</tr>
<tr>
<td>How is your service geared to preventing and challenging sexual harassment?</td>
<td>Transgender Zone – information/support with links to research</td>
</tr>
<tr>
<td>Do service users feel that they can raise any difficulties or issues if they arise?</td>
<td><a href="http://www.transgenderzone.com/library/index.htm">http://www.transgenderzone.com/library/index.htm</a></td>
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<tr>
<td>How are sexist comments or suggestions dealt with by the team?</td>
<td>Trans – a practical guide for the NHS</td>
</tr>
<tr>
<td>Do female staff and service users feel comfortable/safe at all times when working for or using the service?</td>
<td><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089941">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089941</a></td>
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<tr>
<td>Do male staff and service users feel comfortable/safe when working for or using the service?</td>
<td>Core Standards for Sexual Orientation Making National Health services Inclusive for lesbian, gay and bisexual people</td>
</tr>
<tr>
<td>Do trans people feel comfortable/safe when working for or using the service?</td>
<td><a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139082">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139082</a></td>
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<tr>
<td>Are your assessment and other forms (referral etc) inclusive of trans people?</td>
<td>Equality Mainstreaming Policy and Practice for Transgender People – Northern Ireland study</td>
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<tr>
<td>Has anyone in your team had training or does anyone hold expertise on sexual abuse/domestic violence</td>
<td><a href="http://www.conflictresearch.org.uk/documents/OFM%20-%20Transgender%20Equality.pdf">http://www.conflictresearch.org.uk/documents/OFM%20-%20Transgender%20Equality.pdf</a></td>
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</tbody>
</table>
| **Sexual Orientation** (including lesbian, gay and bisexual people (LGB)) | Does your service give positive messages to lesbian, gay and bisexual people using and working in your services?  
How does the team deal with homophobic incidents?  
Comments? Jokes?  
Does your service display posters or visual images that reflect same sex partnerships?  
Does your service monitor sexual orientation?  
Do your forms reflect the existence of civil partnerships?  
Are all your forms inclusive of same sex relationships?  
Does the team have internal guidelines or local practice expectations in relation to respecting the confidentiality of service users who come out?  
Do staff feel comfortable asking a service user about their sexual identity?  
Has the team had any training in lesbian, gay and bisexual identities?  
Do staff and service users feel comfortable enough to “come out” within your service/team?  
Does the team have contacts with lesbian, gay and bisexual organisations offering services to service users or people questioning their sexuality?  
Is your service welcoming to same sex partners?  
Are same sex partners involved in decision making and treated |
|---|---|
| | Database of research and information on sexuality/sexual orientation.  
www.stonewall.org.uk  

For employees, see Peak Performance  

Also, “Being the Gay One”  

Organisation offering support to LGBT people with experience of domestic violence – policy section with research basis:  
http://www.broken-rainbow.org.uk/policy.html  

Count me in – a survey of LGBT people in Brighton and Hove with action plan with mental health statistics  

How to be LGBT friendly (need to register with the Equalities and Human Rights Commission before |
as the next of kin?
Do carers groups welcome same sex partners?
Does your literature include references to lesbian, gay and bisexual identities?
Does your team and literature use inclusive language such as ‘partner’?
Does any training you organise include same sex partnerships as part of any case studies?
Do you offer any services that specifically target lesbian, gay and bisexual people?
Have you had any complaints from lesbian, gay or bisexual people about their experiences of your service?
Has the team looked at using direct payments as a way of providing sensitive support for lesbian, gay or bisexual people?
Has your service considered using advanced directives as a way of finding out how the service can respond sensitively to individual needs?
How can your team/service become more “lesbian, gay and bisexual friendly”?

downloading)

Monitoring: how to monitor sexual orientation in the workplace

Time to think – Greenwich and Bexley Gay Men’s Survey

Metro 50+ project
http://www.metrocentreonline.org/documents/Metro_50plus_PROJECT_REPORT.doc

Sexual Orientation: A Practical Guide for the NHS (DOH publication)

Core Training Standards for Sexual Orientation (DoH Publication)
| **Disability (including learning disability, mental health, dyslexia and literacy, physical disability including visual and hearing disabilities)** | **Healthcare for all**
http://www.iahpld.org.uk/  
Centre for Disabilities-research and publications  
http://www.leeds.ac.uk/disability-studies/  
Sensory Impairment and Mental Health article  
http://apt.rcpsych.org/cgi/content/full/9/2/95  
Advice/guidance: Is your service accessible?  
http://www.rnid.org.uk/information_resources/information_for_health_professionals/is_your_service_accessible/  
Scottish statement on accessible services for deaf people with some suggestions:  
http://www.scod.org.uk/Access_to_health_services_-_i-60.html  
Tools for people with dyslexia:  
Online dyslexia test (takes 2 minutes)  
http://www.dyslexiacentre.co.uk/ (see also the Bristol Centre for additional information and support) |
|---|---|
| Is your service physically accessible to people who use a wheelchair or have other mobility needs?  
Has your service put into place a system for ensuring that people with learning disabilities have been assessed (separately, for their learning disability)?  
Does your service have facilities for ensuring that people with sensory impairment, visual or hearing impairment can fully access the service?  
Does your service ensure that events held outside the office are fully accessible and available to people with physical and sensory disabilities?  
Does your printed information take account of the various communication needs of some groups of disabled people?  
Have you designed clear and easy to understand literature for large print, audiotape or Braille?  
Does your team know how to access a sign language interpreter, or an interpreting service for Deaf people/people with a hearing impairment, how to use an induction loop and where to get advice on material in different formats?  
Do you currently monitor your service by disability (including learning disability) so that you know how well your service is being used by different groups?  
Does your team have information on local voluntary services – for example, services for people with a sensory impairment?  
What actions will you undertake to ensure that disabled people are treated with dignity and respect?  
Have any of your staff team accessed Disability Awareness Training?  
Has your service received any suggestions, comments or complaints – formally or informally - relating to someone’s disability? |
| How can the team/service become more “disability friendly”? | British Dyslexia Association – information about conferences, papers, research and networks. http://www.bdadyslexia.org.uk/  
mental health and literacy: article http://www.dcsf.gov.uk/curriculum_literacy/access/mentalhealth/  
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<td>Has your service considered publishing leaflets/information in alternative formats (for example, with a coloured background) to make it easier for people with dyslexia to read them? Has your service considered how to support people with dyslexia when they are first referred to your service, if their dyslexia is known? Does your team provide any resources for people with dyslexia – (staff or service users) for example, digital dictation machines, speech to text software such as dragon naturally speaking? Has your service considered ways of making it “safe” for people to disclose their dyslexia? How does your team ensure that staff members with a disability are supported? Has the team looked at using direct payments as a way of providing sensitive support for people with disabilities? Has your service considered using advanced directives as a way of finding out how the service can respond sensitively to individual people’s needs? Is your service aware of any culturally specific services in the local area which meet the local assessed needs of people with learning disabilities?</td>
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</table>
| Does your team/service become more “disability friendly”? | Is your service culturally sensitive and accessible for both staff and users of all BME groups? How does your service ensure that a range of people from different cultures and communities use and work in your service, and feel welcomed, safe? Does your service information take account of different languages and cultures? Does your literature visually reflect a range of different ethnicities and cultures? Is your service welcoming to people from minority ethnic | DoH publication – ethnic minority psychiatric illness rates http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/Survey/ListOfSurveySince1990/Surveylist/mentalhealth/DH_4001578  
David Bennett Inquiry http://image.guardian.co.uk/sys-files/Society/documents/2004/02/12/Bennett.pdf |
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<tr>
<td>Is your service becoming more “disability friendly”?</td>
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<tr>
<td>Ethnicty (including BME communities and Gypsy/Roma and Traveller communities)</td>
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David Bennett Inquiry http://image.guardian.co.uk/sys-files/Society/documents/2004/02/12/Bennett.pdf |  |
communities? Has your service decided what core information needs to be available in different languages? Do you routinely record data on ethnicity, religion, language, whether an interpreter is required? Does your team record whether a person needs interpreter contact to be able to read letters or information sent to them from the team? Is the information easily accessible to someone covering the case? Do you monitor the uptake of interpreters or translated materials? Does your team hold information on local resources and contacts for minority ethnic communities? Does your team have a policy that deals with racist abuse/incidents? Is it relevant and up to date? If your service provides food, does your service provide for specific cultural and dietary requirements? Has your service received any comments, suggestions or complaints (formally or informally) relating to cultural insensitivity, ethnicity or racism? Does your service provide any specialist services for people in minority ethnic communities, or have links to services that do? Does your service reflect the diversity within the local community? Does your service include monitoring for Gypsy/Roma and traveller communities? Does your team have links with services for Gypsy/Roma travellers or Irish, new age or other traveller communities? Has your team had any training in addressing the health inequalities faced by Gypsies, Irish travellers and other travelling communities? Has the team looked at using direct payments as a way of


Policy and Research Institute on Ageing and Ethnicity (http://www.priae.org/)
| **Age** (including younger and older people) | **Providing sensitive support for people from minority ethnic communities?**  
Has your service considered using advanced directives as a way of finding out how the service can respond sensitively to individual needs?  
How can the team provide a more culturally sensitive and appropriate service? | **Breaking the Circles of Fear - A review of the relationship between mental health services and African and Caribbean communities**  
http://www.scmh.org.uk/pdfs/Breaking_the_Circles_of_Fear.pdf  
A Rainbow nation? Black women and mental health  
http://www.mentalhealth.org.uk/publications/?entryid5=43567  
Black Spaces  
http://www.mentalhealth.org.uk/publications/?entryid5=43567  
Engaging with BME communities about the Mental Capacity Act  
http://www.mentalhealth.org.uk/publications/?entryid5=65968&p=6  
The mental health of older people (DoH) publication  
Policy and Research Institute on Ageing and Ethnicity (http://www.priae.org/)  
Age Discrimination and Mental health Services - report  
http://www.pssru.ac.uk/pdf/dp2536.pdf  
Cost-effectiveness analysis and ageism: a review of the theoretical literature  
http://www.leeds.ac.uk/lihs/auhe/papers/cea_ageism.pdf |
|            | accessibility of the service for older or younger people?  
|------------|-------------------------------------------------------------|
|            | Do any of your eligibility criteria discriminate against younger people or older people without just cause?  
|            | Does your service have links to voluntary groups or services relating to younger people’s or older people’s needs?  
|            | Has your service received any suggestions, comments or complaints – formally or informally relating to age?  
|            | Has the team looked at using direct payments as a way of providing sensitive support for older or younger people?  
|            | Has your service considered using advanced directives as a way of finding out how the service can respond sensitively to individual needs?  
|            | How can the service (within the service criteria) become more “age inclusive”?  
|            | Has your service considered the possible different health needs of people in older age groups?  
|            | df  
|            | A literature review of the likely costs and benefits of legislation to prohibit age discrimination in health, social care and mental health services and definitions of age discrimination that might be operationalised for measurement  
|            | Supporting Young People’s Mental Health (11-25)  
|            | [http://www.mentalhealth.org.uk/publications/?entryid5=49930&p=15](http://www.mentalhealth.org.uk/publications/?entryid5=49930&p=15)  
|            | Older LGBT people facts and figures  
|            | [http://www.ageconcern.org.uk/AgeConcern/openingdoors_facts.asp](http://www.ageconcern.org.uk/AgeConcern/openingdoors_facts.asp)  
|            | Key facts – produced by Age Concern  
| Faith and Belief (including religious practice and customs) | Is information about your service sensitive to a range of different religions?  
|            | Does your service provide information on the Trust’s faith and spiritual advice service?  
|            | Is your service religiously and culturally sensitive and accessible for both staff and users of faith communities?  
|            | Do you monitor faith and religion?  
|            | Have you thought about how staff members can respect religious sensitivities when visiting people in their own homes?  
|            | Do you have information about religious festivals and do staff  
|            | Forward in faith - An experiment in building bridges between ethnic communities and mental health services in East London  
|            | Keeping faith – The provision of community mental health services within a multi-faith context  
|            | [http://www.scmh.org.uk/pdfs/keeping+faith.pdf](http://www.scmh.org.uk/pdfs/keeping+faith.pdf) |
| bear the dates in mind in order to avoid booking visits or appointments during these periods? | Promoting Mental Health: A Resource for Spiritual and Pastoral care – Produced by the Church of England
| Does your service hold any events celebrating (for example) Diwali or Eid? | The Impact of Spirituality on Mental health
http://www.mentalhealth.org.uk/publications/?entryid5=38708&p=8 |
| Is your service aware of local community resources – for example, the location of the local synagogue, mosque or temple? | Keeping the faith – good practice examples of how to meet the spiritual needs of service users.
http://www.mentalhealth.org.uk/publications/?entryid5=51514&p=9 |
| If your service provides food, have you thought about providing for specific religious dietary requirements? | Making Space for Spirituality – booklet giving advice and practical steps on meeting the spiritual needs of service users
http://www.mentalhealth.org.uk/publications/?entryid5=51514&p=9 |
| Are there rooms within your service that could be used for prayer by staff or service users? | |
| Has your service received any comments, complaints or suggestions –formally or informally - relating to someone’s faith or religious belief? | |
| Has the team looked at using direct payments as a way of providing sensitive support for people of different faiths or religious beliefs? | |
| Has your service considered using advanced directives as a way of finding out how the service can respond sensitively to individual needs? | |
| Has your team discussed professional boundaries when discussing religion in adult mental health service settings (for example, offering to or being asked to pray with service users) | |
Slide 1

Equality Impact Assessments

Dr Christine Rivers

Slide 2

Today

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

Slide 3

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


Male Suicide Rates (UK)

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’ (including BME communities, Gypsy/Roma and Traveller communities)
- Disability (including learning disabilities, mental health, literacy, visual or hearing disabilities and physical disabilities)
- Faith and Belief (including religious faith and customs)
- Sexuality (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)

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 Tuesdays and Wednesdays
Equality Impact Assessment (EIA) of Services Toolkit

Introduction

Current legislation requires NHS Trusts to assess the impact of their current or intended policies (see toolkit for policy EIA), programmes and service delivery for any differential experiences or outcomes for black and minority ethnic (BME) Groups, women and men and for people with disabilities and take action to remove any inequalities. In addition, Oxleas is committed to challenging all forms of discrimination and therefore EIAs will cover race, gender, disability, sexual orientation, age and religion/belief. These groups are included in the legislation for the Equality Bill and will constitute a legal duty from April 2009. For more details, please see Oxleas Single Equality Scheme.

The following guidance for conducting Equality Impact Assessments (EIA) has been based on the recommendations from the Commission for Equality and Human Rights and developed in partnership with other NHS Trusts.

What is an Equality Impact Assessment?

The purpose of an EIA is to improve service delivery and the experience of employees within Oxleas by making sure that it does not discriminate (intentionally and unintentionally) and that, where possible, promotes equality. EIAs can help to identify direct and indirect discrimination and institutional discrimination.

It is a way to make sure that individuals and team members think carefully about the impact of their work on service users and staff and take appropriate action to improve services.

By fully integrating impact assessments into Trust planning processes, equality and diversity will be mainstreamed.

EIAs help to anticipate and identify the consequences of projects, workstreams and services and ensure that, as far as possible, any negative consequences are eliminated or minimised.

The EIA is carried out by completing the attached form. EIAs can be a challenging process but are not intended to be over-complicated or about ‘getting it right’. A practical approach should be used when undertaking EIAs.
and prioritising action plans. The action plan developed is a local action plan for use by each team/service and the outcomes of the action plan are fed back to the Equality and Diversity Steering Group as part of the governance procedures of the Trust.

Defining Impact

There are two possible outcomes from an EIA:

- A negative or adverse impact – this impact may be different for the EIA groups outlined above. For example; an event is held in a building without disabled access would have a negative impact on a person with a physical disability.

- A positive impact – again may be different for each of the EIA groups for example; a development programme for BME staff would have a positive differential impact on BME staff. It would not necessarily have an adverse impact on white staff.

Summary of EIA Steps
### Initial assessment of impact

<table>
<thead>
<tr>
<th>What is the name of the service being assessed?</th>
<th>Multidisciplinary Recovery Team in South East London</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is the aim of the service?</td>
<td>To provide assessment, treatment and support towards recovery for adults living in the community with a serious mental disorder. The Team focuses on the individual needs of service users and carers and promotes social inclusion in living, learning, working and social roles. The team works with adults aged 18-65, who live in the London Borough of XX</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What are the issues relating to equality and diversity, possible discrimination and social exclusion within the service?</th>
<th>Briefly flag any overall issues affecting the service in relation to equality and diversity, for example discrepancies between the service user group and the local population.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which groups of the population are affected by the service?</td>
<td></td>
</tr>
<tr>
<td>Give an overview of the main issues for the service</td>
<td></td>
</tr>
</tbody>
</table>

The London Borough of XX has a significant population of people from minority ethnic communities. Oxleas Mental Health Foundation Trust aims to appropriately meet the needs of people with severe and enduring mental illness by providing an accessible and co-ordinated programme of support to people with mental health needs.

The team receives all referrals from GPs, and is not open to self referrals; therefore the route of entry into the service is not flexible, and the team’s caseload is determined by the assessment conducted by the GP. However, there is scope to work in partnership with local GP surgeries and for discussion of the pattern of referrals and any possible excluded groups (see discussion below).

Gender:
Analysis of the service shows that the staff group is predominantly female, resulting in a higher number of forensic cases for male members of staff. The team have considered ways of addressing these issues. There is a need for greater knowledge of transgender issues within the team.

Race and Ethnicity
The current ethnic breakdown of service users within the Recovery team is broadly reflective of the local community. However, there is a significant exception for people who describe themselves as Black Caribbean/Black African. This group makes up 18% of the service user group, whilst the 2001 census identifies that Black Caribbean/Black African constitute 8% of the local population. This figure is reflective of a wider national concern about the over-representation of Black Caribbean/Black African people (and a significantly higher number of men) in mental health services and particularly in acute sector services (see Breaking the Circles of Fear; Review of Equality Statistics; David Bennett Inquiry). The team have considered ways of monitoring and addressing this imbalance within the service, as well as involvement in Trust-wide initiatives.

Sexual Orientation
Lesbian, gay and bisexual service users are largely invisible within the service. Using an expected ratio of 5-7% (see stonewall.org.uk), there are few LGBT service users who are known to the team (a team caseload of 180 would expect to see roughly 9-12 LGB identified service users, yet only one person is known to be ‘out’ within the service).

Faith and Belief
The Trust employs a Spiritual and Cultural Care Co-ordinator for the spiritual and religious needs of service users and staff members. The team does not have any direct links with local faith communities.

Age
The team works with adults between the ages of 18-65, although there are some service users who continue within the service after 65 if there are no other significant presenting problems (for example dementia). Younger people (aged under 20) are under-represented within the service. People who experience mental illness have shorter life expectancies compared with the general population (see House of Commons Health Inequalities Report 2009).

Disability
Accessibility to the building has been assessed and some alterations recommended and implemented. However, further assessment is required and funding to be identified for additional resources and building alterations.
How does the service affect the different groups:
• By making a positive contribution to equality of opportunity/inclusion.

| For example, in the way the service is targeted, delivered or communicated. Detail the impacts identified. |  |
Gender

- Women only service on Fridays 10-2
- Contact with local women’s services, leaflets displayed in reception area
- Preferred gender of a worker will be arranged as far as staffing allows (this is reflected in the operational policy)
- Monitoring of gender takes place on a quarterly basis and results are analysed according to each part of the service
- One staff member has had training in domestic violence and the team has links with the local Domestic Violence Advice/support service

‘Race’ and ethnicity

- Links with local community groups – for example, Irish centre, BME forum, the Vietnamese Group, Isis
- Staff attend the BME network, meetings and groups
- Leaflets have been designed with inclusive images and language. Local statistics indicate that the most common languages in the local geographical area are Urdu and Gujarati, and leaflets and posters have been produced in these languages. The team has a commitment to accessing translators for other languages as the need arises.
- Interpreter service is used where required
- The team has links with the local asylum team and a staff member has delivered a training session for the team (January 09)

Disability

- A hearing loop system is in place
- Wheelchair ramp at from of building and adapted toilet in building
- Leaflets produced in Braille and are also available on Audio
- Staff members with dyslexia use dragon naturally speaking and the team has worked with service users with dyslexia to access support in this area

Faith and Belief

- The team supports a number of individual service users in accessing faith based local communities
- A room is available in the building for staff or service users to pray

Sexual Orientation

- The team has information about The Metro Centre, although the service is not in the Borough and is a long journey for service users in the local area
- Referral forms and service literature includes civil partnerships, partners and use inclusive language
- The carers group welcomes LGB and trans people as partners and the team treats same sex partners as next of kin (although this is not specified in the operational policy)

Age

- The team has a diverse representation of staff from all age groups.
- The team have established links with an older people’s nurse, based in a local GP practice, who works specifically with older people’s needs
- The team has a CAMHS link worker and ongoing contact/joint visits with the CAMHS team
Are there any requirements or criteria that could contribute to inequality?

<table>
<thead>
<tr>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The staff group is predominantly female, resulting in an uneven allocation of forensic cases for male workers</td>
</tr>
<tr>
<td>• The team needs further training on transgender issues and knowledge about the services relating to the specific needs of staff members and service users within this group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>‘Race’ and Ethnicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A comment/suggestion from a service user recently related to the use of an interpreter – the service user stated that she was not happy with the interpreter as she claimed that the interpreter knew members of her family and would not respect her confidentiality.</td>
</tr>
<tr>
<td>• The team do not systematically record whether a person needs an interpreter</td>
</tr>
<tr>
<td>• The team is planning further discussions about referrals with GP practices, especially in relation to addressing the overrepresentation of Black African/Black Caribbean groups</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The building requires further assessment to make it fully accessible to people with physical disabilities; funding also needs to be identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Faith and Belief</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Links with the Trust’s Spiritual and Cultural Care Co-ordinator are not coordinated and this post is under utilised by the team and within the service</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sexuality</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Lesbian, gay and bisexual service users are largely invisible within the service.</td>
</tr>
<tr>
<td>• Visibility: the service does not reflect LGBT lifestyles in posters and literature</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>• People under the age of 20 are underrepresented in the service; a review of this group’s needs is planned.</td>
</tr>
</tbody>
</table>
Does the service have measures designed to promote equality of opportunity?

Are the aims consistent with wider Trust policies on Equality, Diversity and Social Inclusion?

Are there examples of good practice that can be built on? For example, are there good practice guidelines that are used, how can you measure the improvement? Do you have measures in place already to tackle discrimination?

Trust Policies:
Bullying and harassment policy and procedure, and advisers
Prejudicial and discriminatory behaviour against staff by service users
Recruitment and support of people with disabilities.

Local procedures and policies:
Operational policy (which includes an equality framework)
Team guidelines on dealing with racist abuse and homophobia

Other Measures in place:
Service ethnicity monitoring and quarterly analysis
Service user feedback meetings conducted on a quarterly basis

Who have you consulted?
What other teams/staff/service users/carers have been involved in the work of this Equality Impact Assessment

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation/organisation</th>
<th>Method of consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Metro</td>
<td>LGBT Voluntary Organisation</td>
<td>Meeting with staff and service users</td>
</tr>
<tr>
<td>ISIS</td>
<td>African/African Caribbean Voluntary Org</td>
<td>Discussion Group</td>
</tr>
<tr>
<td>MIND</td>
<td>Mental Health Charity</td>
<td>Meeting</td>
</tr>
<tr>
<td>SURGE</td>
<td>Service User Consultation Group</td>
<td>Agenda discussion</td>
</tr>
<tr>
<td>Chaplaincy Service</td>
<td>Oxleas NHS Trust</td>
<td>Discussion with chaplains and service user faith group</td>
</tr>
<tr>
<td>CDWs</td>
<td>Community Development Workers, Oxleas</td>
<td>Meeting</td>
</tr>
<tr>
<td>Age Concern</td>
<td>Voluntary Organisation</td>
<td>Telephone discussion and link worker meeting</td>
</tr>
<tr>
<td>Staff Networks</td>
<td>LGBT, BME networks</td>
<td>Agenda Item and discussion</td>
</tr>
<tr>
<td>MENCAP</td>
<td>Voluntary Organisation</td>
<td>Telephone Discussion</td>
</tr>
<tr>
<td>Social Inclusion Meeting</td>
<td>Oxleas</td>
<td>Meeting and discussion</td>
</tr>
<tr>
<td>Learning Set</td>
<td>Oxleas</td>
<td>Series of Meetings</td>
</tr>
<tr>
<td>Spiritual Advice Service</td>
<td>Oxleas</td>
<td>meeting</td>
</tr>
<tr>
<td>Disability Alliance</td>
<td>Voluntary Organisation</td>
<td>Telephone discussion</td>
</tr>
<tr>
<td>Sensory team</td>
<td>Council team</td>
<td>Conference and discussion</td>
</tr>
<tr>
<td>Men’s Health Forum</td>
<td>Voluntary Organisation</td>
<td>Website and telephone discussion</td>
</tr>
<tr>
<td>Beaumont Society</td>
<td>Voluntary Organisation</td>
<td>Meeting and discussion</td>
</tr>
<tr>
<td>METRO</td>
<td>Voluntary Organisation</td>
<td></td>
</tr>
</tbody>
</table>

For Example:
Who else is involved in the process?
This might be feedback from a Partnership board, service user group, voluntary group or advocacy service. It might be from the E&D steering group or a combination of more than one of these. Be specific about who is being consulted.
What data or information are you using to inform the service delivery?  
What local/national guidance are you following?  
What local/national data is available to inform your decisions?  

<table>
<thead>
<tr>
<th>What other information is available to you: complaints information, RiO data, benchmarking information from other Trusts, research information, census information. When using this data/ information be clear about what information you have used and it’s source. It should of course be up to date and relevant to your area of focus.</th>
</tr>
</thead>
</table>
| Census Data- data relating to age, ethnicity breakdown and gender  
Staff Survey 2007  
National Patient Survey and Trust Patient Survey  
Trust Workforce Report  
Complaints information and statistics  
Consultation data (previous consultations)  
Count me in survey (National)  
Trans – a practical Guide for the NHS  
Informed Gender Practice  
Men’s Health Forum  
“Being the gay one” – DoH Publication  
How to be LGBT friendly  
Greenwich and Bexley Gay Men’s Survey  
Metro 50+ Project  
Sexual Orientation: A practical Guide for the NHS  
Healthcare for all  
Breaking the Circles of Fear  
Health Inequalities  
Review of Equality Statistics  
Is your Service Accessible? Royal National Institute for Deaf People  
David Bennett Inquiry  
Positive Steps: supporting Race Equality in Mental Health care  
Supporting Young People’s Mental Health  
Forward In Faith  
Age Concern website |
|  |

What does available data/results of consultation show about impact for the different groups?  
What are the key messages which have come out from the consultation with staff, service users, carers and other stakeholders?  

| Including those with small populations; groups affected by cross-cutting issues (e.g. gender, disability, age)  
Draw your findings to a conclusion, for example is more work required on a particular area, are more fundamental changes needed. |
<table>
<thead>
<tr>
<th></th>
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<tbody>
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</tbody>
</table>
All Groups
For all groups, the team is looking at the possibility of increasing the use of advanced directives and direct payments, in order to ensure sensitivity to people’s individual needs.
Action:
• to monitor the number of advanced directives and the number of people in receipt of direct payments on a quarterly basis

Gender
Staff Balance
The team has discussed the staff group, and in particular has focussed on the uneven allocation of forensic cases for male staff members. The team has agreed that a review of the team caseload is necessary, in order to ensure fair allocation of caseload capacity. The team manager will look into the possibility of prioritising the recruitment of a male worker when a vacancy arises in the team to address this issue, although decisions would need to be taken in conjunction with Human Resource Advisers and ensure that legal obligations are met.

Trans People
The team have discussed the service in relation to transgender, in conjunction with The Metro, trans service users and the Beaumont Society, a national service offering support and advice for trans people. The following actions are proposed:
• Training session for the team, provided by The Metro and led by service users
• Create ongoing links with the Metro Centre, and permanent staff link
• Available Literature for the team on Transgender issues and signposting literature for support networks and information
• Review of leaflets and team literature to ensure that trans people are included
• The team have identified a team member who will have expertise in this area, including the legal position for recording gender for trans people, and the support systems available to people who want to legally change gender, also the role of the team in supporting this process

‘Race’ and Ethnicity
Increased use of services amongst African and African Caribbean communities
The increased number of African/African Caribbean service users in mental health services has been recognised as an issue at National level, and national and local (trust-wide) strategies are in place in order to address the imbalance. An element of these plans has been to employ Community Development Workers (CDWs) to engage African/African Caribbean communities. Consultation has taken place with local voluntary groups, such as ISIS, MIND and SURGE. In addition discussions have taken place at the BME forum, and the BME staff network.
The following actions are proposed:
• Create ongoing links with CDWs and regular updates on their work; also BME forums and networks
• Team awareness of the work, action and plans of the above groups
• Meeting with GP referrers and discussion following analysis of referral patterns
• Training session on the David Bennett Inquiry and the implications for services and service users
• The above workstreams contain action plans; the team will feed into these and will circulate them amongst team members.
The team will increase links with African and African/Caribbean local voluntary sector services

Team discussion on how the team addresses the over representation of some groups within the service; discussion to include service users and carers

**Interpreting**
The complaint from a service user, who felt that their confidentiality would not be respected has raised the following action points:

- Contact the interpreting service to discuss confidentiality issues and ask about the policy and guidance for interpreters, also discuss their response to this issue
- Add a note in RIO stating that an interpreter is required, and also which language. Discuss the best way of placing the reminder on the RIO system with RIO champions; feedback through RIO forums.
- Consider a leaflet (from or jointly with interpreter service) for service users explaining the role and boundaries of the interpreting service.

**Disability**
The Building requires assessment and funding to be fully adapted for people with physical disabilities. The following actions are proposed:

- Team manager to liaise with Building and facilities services and senior management to secure assessment and funding
- Team to contact national dyslexia services and produce team guidance giving advice and information for working with people with dyslexia; also to develop literature that is more accessible for people with dyslexia
- The team to contact and work more closely with local sensory impairment teams

**Sexual Orientation**
Lesbian, gay and bisexual service users are largely invisible within the service. Consultation has taken place with The Metro, MIND and SURGE. The following action points have been agreed:

- Posters and leaflets for LGBT services and events such as Pride to be added to the waiting room
- Ongoing discussion between the Metro and the team, training to be organised
- Monitoring and ways of asking and recording sexual identity to be finalised following further discussion and consultation. Analysis of statistics to be undertaken quarterly in line with analysis of other demographic factors
- Leaflets to be reviewed and inclusive words such as partner to be added, also an inclusive statement mentioning LGB (and T) communities
- Team discussion about sexual orientation, with the outcome of a package for staff, including a list of services for people who are coming out or who are questioning their sexuality; also to create an environment and service in which LGB people feel comfortable to come ‘out’; also to consider ways of making the service safe for LGB people by writing and advertising policies that deal with homophobic language and discrimination against LGB people; discussion to involve service users
- The aim of developing, producing and sharing examples of good practice
Faith and Belief
The Spiritual and Cultural Adviser has historically been used on an ad-hoc basis; the team plans to consult more consistently and to include a team meeting discussion, including faith issues in people’s care/support.
- To ensure that faith is recorded in RIO
- To add information about faith festivals in the team office
- To discuss as a team the ways that people could respect religion, including when visiting people in their own homes

Age
Analysis of the service statistics indicate that younger people (18-24) are underrepresented in the service. This may be seen as a positive factor, but may also relate to the introduction of new services, such as the Early Intervention team, which targets a younger age group.
The following action points are planned:
- Local services for younger people to be contacted, and a folder with leaflets and information to be produced
- Discussion with Children and Families team and CAMHS about local services and groups, also closer working relationships
- Discussion about the health needs of older people, particularly in view of the increased health problems of people with mental illness and shorter life expectancy.
- Link established with a nurse at the local GP surgery for advice

What changes or practical measures would reduce adverse impact on particular groups?
What is the justification for taking these measures?
Are they lawful?
For example, changes in communication methods, language support, disability facilities, changes in eligibility criteria, amended assessment tools, outreach methods. For example, increased awareness among staff, staffing profiles reflecting community needs, more community led management/input to programmes. Include the consequences for the group concerned if the Trust does not implement any changes. This needs to be a reasoned argument for or against the particular course of action.
The service has considered each of the equality groups and has agreed the actions discussed above, which are intended to minimise the impact on each group. These changes have been guided by analysis of the service, and informed through research and guidance. They have been discussed and agreed by the team, in consultation with local voluntary groups and service users.

The action points include training, link working and review, as well as practical measures to create a more inclusive service. All are considered lawful.
Decisions and Actions – mitigating adverse impact

This should set out what you need to do to deal with any adverse impact and identified issues.

<table>
<thead>
<tr>
<th><strong>How will the relevant group/s be advised of the new or changed service?</strong></th>
<th>The action points have been agreed in conjunction with service user groups.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What future monitoring and evaluation tools will be appropriate and effective?</strong></td>
<td>Monitoring has been built into the action plan.</td>
</tr>
</tbody>
</table>
IMPLEMENTATION, MONITORING AND REVIEW

The action plan in this section should be integrated into the appropriate service or business plan.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Action required</th>
<th>Who will be responsible?</th>
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Please send this completed form to Oxleas Equality and Diversity Advisor, Pinewood House
Introduction

Current legislation requires NHS Trusts to assess the impact of their current or intended policies (see toolkit for policy EIA), programmes and service delivery for any differential experiences or outcomes for black and minority ethnic (BME) Groups, women and men and for people with disabilities and take action to remove any inequalities. In addition, Oxleas is committed to challenging all forms of discrimination and therefore EIAs will cover race, gender, disability, sexual orientation, age and religion/belief. These groups are included in the legislation for the Equality Bill and will constitute a legal duty from April 2009. For more details, please see Oxleas Single Equality Scheme.

The following guidance for conducting Equality Impact Assessments (EIA) has been based on the recommendations from the Commission for Equality and Human Rights and developed in partnership with other NHS Trusts.

What is an Equality Impact Assessment?

The purpose of an EIA is to improve service delivery and the experience of employees within Oxleas by making sure that it does not discriminate (intentionally and unintentionally) and that, where possible, promotes equality. EIAs can help to identify direct and indirect discrimination and institutional discrimination.

It is a way to make sure that individuals and team members think carefully about the impact of their work on service users and staff and take appropriate action to improve services.

By fully integrating impact assessments into Trust planning processes, equality and diversity will be mainstreamed.

EIAs help to anticipate and identify the consequences of projects, workstreams and services and ensure that, as far as possible, any negative consequences are eliminated or minimised.

The EIA is carried out by completing the attached form.
EIAs can be a challenging process but are not intended to be over-complicated or about ‘getting it right’. A practical approach should be used when undertaking EIAs and prioritising action plans. The action plan developed is a local action plan for use by each team/service and the outcomes of the action plan are fed back to the Equality and Diversity Steering Group as part of the governance procedures of the Trust.

**Defining Impact**

There are two possible outcomes from an EIA:

- A negative or adverse impact – this impact may be different for the EIA groups outlined above. For example; an event is held in a building without disabled access would have a negative impact on a person with a physical disability.

- A positive impact – again may be different for each of the EIA groups for example; a development programme for BME staff would have a positive differential impact on BME staff. It would not necessarily have an adverse impact on white staff.

**Summary of EIA Steps**

- Identify aims and purpose of the service or policy
- Consider the evidence and assess the impact
- Consult
- Gather further information (research)
- Decide on actions
- Implement action plan
### Equality Impact Assessment Form

#### Initial assessment of impact

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>What is the name of the service being assessed?</td>
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<td>What is the aim of the service?</td>
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<td>What are the issues relating to equality and diversity, possible discrimination and social exclusion within the service?</td>
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<td>Which groups of the population are affected by the service?</td>
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<td>Give an overview of the main issues for the service</td>
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<td>Briefly flag any overall issues affecting the service in relation to equality and diversity, for example discrepancies between the service user group and the local population.</td>
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How does the service affect the different groups:

<table>
<thead>
<tr>
<th>How does the service affect the different groups:</th>
<th>For example, in the way the service is targeted, delivered or communicated. Detail the impacts identified.</th>
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<tbody>
<tr>
<td>• By making a positive contribution to equality of opportunity/inclusion.</td>
<td></td>
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<tr>
<td>• By causing a negative impact.</td>
<td>What issues impact negatively on equality and diversity? E.g. creams and shampoos for Black service users are not available, halal or kosher food not available, same sex partners not considered in assessments, no access support for people with visual or hearing impairment etc.</td>
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<tr>
<td>Are there any requirements or criteria that could contribute to inequality?</td>
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<td>Does the service have measures designed to promote equality of opportunity?</td>
<td>Are there examples of good practice that can be built on? For example, are there good practice guidelines that are used, how can you measure the improvement? Do you have measures in place already to tackle discrimination?</td>
</tr>
<tr>
<td>Are the aims consistent with wider Trust policies on Equality, Diversity and Social Inclusion?</td>
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</table>

Who have you consulted?

What other teams/staff/service users/carers have been involved in the work of this Equality Impact Assessment

For Example: Who else is involved in the process? This might be feedback from a Partnership board, service user group, voluntary group or advocacy service. It might be from the E&D steering group or a combination of more than one of these. Be specific about who is being consulted.

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation/organisation</th>
<th>Method of consultation</th>
</tr>
</thead>
</table>

What data or information are you using to inform the service delivery?

What local/national guidance are you following?

What local/national data is available to inform your decisions?

What other information is available to you: complaints information, RiO data, benchmarking information from other Trusts, research information, census information. When using this data/information be clear about what information you have used and it's source. It should of course be up to date and relevant to your area of focus.
<p>| What does available data/results of consultation show about impact for the different groups? | Including those with small populations; groups affected by cross-cutting issues (e.g. gender, disability, age) |
| What are the key messages which have come out from the consultation with staff, service users, carers and other stakeholders? | Draw your findings to a conclusion, for example is more work required on a particular area, are more fundamental changes needed. |</p>
<table>
<thead>
<tr>
<th><strong>What changes or practical measures would reduce adverse impact on particular groups?</strong></th>
<th>For example, changes in communication methods, language support, disability facilities, changes in eligibility criteria, amended assessment tools, outreach methods. For example, increased awareness among staff, staffing profiles reflecting community needs, more community led management/input to programmes. Include the consequences for the group concerned if the Trust does not implement any changes. This needs to be a reasoned argument for or against the particular course of action.</th>
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<td><strong>What is the justification for taking these measures?</strong></td>
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<tr>
<td><strong>Are they lawful?</strong></td>
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</table>
Decisions and Actions – mitigating adverse impact

This should set out what you need to do to deal with any adverse impact and identified issues.

<table>
<thead>
<tr>
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<td>How will the relevant group/s be advised of the new or changed service?</td>
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<td>What future monitoring and evaluation tools will be appropriate and effective?</td>
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IMPLEMENTATION, MONITORING AND REVIEW

The action plan in this section should be integrated into the appropriate service or business plan.

<table>
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Completed by:  
Date:  

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