

Equality Analysis Toolkit

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Equality Analysis (EA)

Introduction

An equality analysis (EA) is a tool designed to help identify the potential impact (either positive or negative) of policies, services and functions on staff, patients, carers, public and stakeholders.

Undertaking EA promotes good practice and provides evidence of compliance with the Public Sector Equality Duty (PSED). We have a comprehensive EA template, which in addition to the 9 protected characteristics also includes assessment of carers and opportunity to include the impact on other vulnerable groups such as those living in the lowest economic groups.

In addition to promoting equality EAs have huge potential as a tool for commissioners to tackle health inequality. It should be a natural part of our thought process in making decisions as an employer and as a commissioner of health services. It involves looking at what steps could be taken to advance equality, eliminate discrimination and promote good relations.

Before making decisions about allocation of resources an organisation must understand the potential impact of its decision on individuals (not necessarily named individuals, but a suitable range of typical service users) and ensure that this is explicitly factored into its decision-making.

NHS South East London Integrated Care Board (SELICB) has also adopted an EA screening process to ensure policies, business case, strategies and decisions embed equality and are inclusive to all. At the end of the screening an assessment is made whether to continue with a 'full' EA where neutral or adverse impact is found. More information about the EA process and screening templates can be found in these guidelines and in the appendices attached.

Guidance

NHS South East London Integrated Care Board (SELICB) uses an EA screening process to ensure policies, business cases, strategies and decisions embed equality and are inclusive to all. At the end of this screening an assessment is made whether to continue with a 'full' EA where neutral or adverse impact is found. An EA template (Screening and Full EA) can be found at appendices 3 in this document.

WHICH ACTIVITIES & POLICIES SHOULD BE ASSESSED?

All policies, procedures, strategies, organisational change, and services should be analysed.

1. Policies, procedures, strategies, and services due for review.
2. Any new policies, procedures, strategies, and services being developed

EQUALITY ANALYSIS PROCESS:

NB. A Full EA is generally a more in-depth analysis backed by formal consultation, further research, data collection and analysis

Managers/report authors have a responsibility to assess their activities, and to set out how they will monitor any possible negative impact on the following 'protected characteristics'.

More information about the 9 protected characteristic groups can be found at **appendix 1**.

In addition to these 9 'protected characteristics', Carers and those living in the lowest economic groups will also be considered as part of NHS South East London Integrated Care Board (SELICB) Equality Impact Assessment.

Equality Analysis—positive and negative impacts

Remember that your EA should demonstrate what the commissioned service does (or will do) to make sure that their service/policy is accessible to different people and communities, not just that it can, in theory, be used by anyone. Some examples of positive and negative impacts can be found at **appendix 2**.

Completing the EA Template

a. Policy/ Paper outline:

The EA will require information on the following areas:

- What is the purpose of the policy/paper
- In what context will it operate
- Who is it intended to benefit
- What results are intended
- Why is it needed
- Are there any implications for partners, public, patients or national or regional policy

b. Consideration of relevant information:

Insight and intelligence

This could be any patient or user insight from service PALS or complaints data, patient insight from engagement and consultation activity such as from meetings, focus groups, satisfaction or patient experience surveys. It is also important to look at staff insight from staff surveys and staff groups and population level intelligence from local Joint Strategic Needs Assessment or others. It could be work done previously or undertaken for the purposes of the analysis. The analysis may also inform engagement activity in projects. You may have to extrapolate from local, regional or national data. Outline the main points from the consultations and then provide a link to the report/document for further information.

NHS organisations are required to make arrangements to involve and consult patients and the public in:

- Planning of the provision of services.
- The development and consideration of proposals for changes in the way those services are provided, and decisions made by the NHS organisation affecting the operation of services.

The duty applies if implementation of the proposal, or a decision (if made), would have impact on -

- a) The manner in which the services are delivered to users of those services, or
- b) The range of health services available to those users.

In the event of a service change the NHS may need to undertake patient engagement. For help to determine any engagement or consultation requirements you should consult the following engagement [toolkit](#) or alternatively contact engagement@selondonics.nhs.uk.

Evidence, data, or research available

You will be required to detail relevant data such as monitoring, take up rates, census statistics, regional or national data or research. You can utilise evidence obtained from PALS, complaints or recommendations from inspections or audits, or any good practice in the area which could be drawn on.

Detail the data that is known about the area, what data we have from providers, what gaps there are in the data we ask to be recorded, what levels of use there are and if there are any gaps in the representation of our local communities.

It will also be useful to access data and information about our communities, public, staff and epidemiology to determine if there are any gaps in representation, or differentials in access and outcomes that may relate to equality.

National and regional data can be used to predict expected patterns/outcomes where data is not available locally. Comparisons should be made with expected use and against known community data, such as the census or local profiles.

Information collection and monitoring

Data can be routinely collected on age, gender, disability and ethnicity; however there may be more difficulty with sensitive data monitoring of sexual orientation, religion and belief or gender reassignment. Different approaches may be used for this monitoring such as anonymous survey work to gather views or snapshots of users. The integration of such monitoring is implicit in the Equality Act 2010.

Types of information you may wish to consider include.

- JSNA
- Demographic data
- Census findings
- Recent research finding
- Studies of deprivation
- Results of recent consultations and surveys
- Information from local groups and partner agencies
- Information analysis of audit reports and reviews
- Health Needs Assessment

c. Analysis of Information:

Now the data has been gathered together in one place it now needs to be considered for its likely impact, positive, neutral, or negative, on people's experiences, outcomes or opportunities. The first column asks what the identified issues are, the second – 'what are you going to do about it'; this forms the core of the analysis.

Some people can belong to more than one protected group, attention needs to be paid to issues which may affect across groups, such as learning disabled people who are gay or older etc. Detail what the likely issues could be, using the information already considered and other intelligence.

Some of the significant issues that may be relevant to our service users and staff are detailed below; this is not an exhaustive list but should be a good start;

- What equality data do you ask for from Providers to support that all people who are potential users of the service are able to, or do access them, i.e. is their service user data representative of the community as a whole, or of the proportion of the population eligible for it? Are there any representation/data gaps?
- How is the service advertised and promoted– is it in accessible formats, with representative images, in locations likely to be seen by people not being reached or who are under-represented have we ensured providers are required do this?
- What timing has the service been commissioned for; is this when the service is needed or can be accessed by people who may have different needs, parents of school age children, people of different religions and older and younger people?
- Have you required the provider to consider any different needs people may have, interpreters, accessible information, suitable catering and locations that are accessible by public transport and have accessible parking bays?

- When commissioning services have you incorporated the requirement to involve service users in service design, delivery and feedback mechanisms.
- To be able to measure progress in equality for our communities and staff we need to appreciate the outcomes, rather than the input, so the 'what difference will this make' column allows for consideration of the likely outcomes.

d. Action planning for improvement:

Give an outline of the key actions based on any gaps, challenges and opportunities you have identified. Include here any action to address specific equality issues and data gaps that need to be addressed through consultation or further research. If neutral, have you challenged yourself sufficiently? If negative, how will the gaps be address?

Ensure the actions are specific, measurable, achievable, realistic and have a timescale.

e. Monitoring, review, and publication:

Detail how and who will monitor this action plan and review this equality analysis.

f. Sign off:

The completed EA must be emailed to equality@selondonics.nhs.uk for review. If the assessment is to be used as part of a decision making process it must be recorded as such in the minutes or notes of the meeting held and those making the decision must be fully aware as to their legal responsibilities in regard to equality and diversity.

Appendices

1. Protected characteristics
2. Examples of positive and negative impact
3. Equality analysis template
4. Flowchart

Appendix (1) – Protected characteristics and Health Inclusion Groups

Protected Characteristic	Description
Age	A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)
Sex	A man or a woman
Ethnicity	A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins
Disability	A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
Religion or belief	A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.
Sexual Orientation	Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).
Gender re-assignment	Where a person has proposed, started or completed a process to change his or her sex.
Marriage and Civil Partnership	A person who is married or in a civil partnership.
Pregnancy and Maternity	A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
Health Inclusion Groups	Description
Socio-economic / deprivation	Family background or where a person is born still affects their life. For example, a child from a rich family often does better at school than a child from a poor family, even if the poorer child is cleverer. This is sometimes called socio-economic inequality.
Carers	Carers look after people who are too ill or disabled or old to look after themselves.

Appendix (2) – Examples of positive and negative impacts

POSTIVE IMPACTS (It could benefit)	NEGATIVE IMPACTS (It could disadvantage)
<p>EXAMPLE ONE: A targeted training programme for black and minority ethnic women would have a positive differential impact on black and minority women, compared with its impact upon white women or all men. It would not, however, necessarily have a negative impact on white women or men.</p> <p>EXAMPLE TWO: An organisation identifies that it has low levels of interest in vacancies among some racial groups. To tackle these findings, the organisation decides to send out information about what it does and career opportunities to Community Centres, in various languages and formats. Recruitment and Selection criteria are reviewed to ensure that there are no barriers to appointment for people from different cultural backgrounds.</p> <p>EXAMPLE THREE: A service is to be delivered from a particular building. The building has undergone a full access audit, and is accessible for people with both physical and sensory disabilities.</p> <p>EXAMPLE FOUR: An organisation ensures that all service user information can be made available on request in audio, large, print and Braille - This would have a positive impact on service users with hearing and visual impairments.</p> <p>EXAMPLE FIVE: A targeted health improvement campaign for young men between the ages of 15 to 21 would have a positive differential impact on this age group, compared with its impact on other age groups and women. It would not, however, necessarily have an adverse impact on the other age groups or on women.</p>	<p>EXAMPLE ONE: An event held in a building with no loop facilities would have a negative impact for any attendees with hearing impairments.</p> <p>EXAMPLE TWO: If an organisation would only accept complaints in writing, this would have a negative impact on some people. This may include people with learning disabilities, people who do not use English as their first language and people whom written communication is not a strong cultural norm such as British Sign Language Users.</p> <p>EXAMPLE THREE: Information about the service/policy is published and contains jargon and small print. May have a negative impact on visually impaired people, those with learning disabilities and for people whose preferred language is not English.</p> <p>EXAMPLE FOUR: A Recruitment Drive scheduled during Ramadan (usually mid- October to mid November) may have a negative impact on Muslims who fast during the hours of Daylight.</p> <p>EXAMPLE FIVE: Where the choice of venue for a staff social event precludes members of a particular faith or belief group from participating.</p>

Appendix (3): **Equality Analysis (templates)**

Equality Analysis Screening Tool

Date of Assessment	
Assessor Name(s) & Job Title(s)	
Organisation	
Name of the project/decision	
Aim/Purpose of the project/decision	

1. Do you consider the project/decision to have an *adverse workforce equality impact and/or health inequality impact* on any of the protected groups as defined by the Equality Act 2010? Write either 'yes' or 'no' next to the appropriate group(s).

Protected group	Yes/No	Protected group	Yes/No	Protected group	Yes/No
Age		Pregnancy/Maternity		Marriage/Civil Partnership (employment only)	
Disability		Race		Socio-economic / Deprivation	
Sex		Religion/Belief		Carers	
Gender reassignment		Sexual orientation			

2. If you answered ‘yes’ to any of the above give your reasons why

[Please insert comments here]

3. If you answered ‘no’ to any of the above give your reasons why

[Please insert comments here]

4. Please indicate if a Full Equality Analysis is recommended:		NO	YES
Signature of Project Lead:	Date completed		
Signature of reviewing member of Equality Team:	Date reviewed:	IF YES, BEGIN TO GATHER DATA FOR COMPLETION OF A FULL EQUALITY ANALYSIS	

The signed and completed Screening Tool should be attached as an appendix to the project/decision documentation as evidence of completion and proof of review

Equality Analysis - Full Assessment Tool

Date	Organisation

Project Lead Name	Project Lead Title

Name of Project/Decision
<i>EXAMPLE: Setting up virtual clinics in primary care</i>

Aim of Project/Decision
<p><i>EXAMPLE: To ensure all patients continue to have access to primary care through multiple channels during COVID-19 pandemic to provide care and treatment for minor ailments, signposting to other services and/or support self-management of long term conditions in a primary care setting.</i></p>

1. Full Equality Analysis: How does this policy/decision impact protected patient and staff groups?

Guidance note: Please consider the impacts of the policy/service on protected groups to reduce the risk of disproportionate impact and the likelihood of bias in policy, process and systems.

Protected characteristics: [age](#), [disability](#), [gender reassignment](#), [pregnancy and maternity](#), [race](#), [religion or belief](#), [sex](#), [sexual orientation](#) (click the hyperlinks for further information)

Health Inclusion groups include, but are not limited to, people who are: carers, homeless, living in poverty, asylum seekers/refugees, in stigmatised occupations (e.g. sex workers), use substances, geographically isolated (e.g. rural

Overview: Do we understand local demographics, likely health inequalities¹ and potential barriers to engagement like language or access to services? What patient involvement has been considered or what engagement gaps need to be addressed? Consider intersectional issues where patients or staff may be affected by disadvantage for more than one protected characteristic e.g. ethnic minority women.

Have we engaged with staff to gain an understanding of staff needs and concerns and any increased risks, and in implementing this policy or commissioning this service will a risk assessment need to be completed²? When workforce planning, will requirements to increase representation³ or occupational requirement exceptions⁴ need to be considered?

Please briefly describe any potential impacts on the protected groups below:

Protected demographic group	Summarise likely impacts	Disproportionate impact (Y/N)
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¹ <https://www.england.nhs.uk/about/equality/equality-hub/resources/summary-data/>

² <https://www.nhsemployers.org/covid19/health-safety-and-wellbeing/risk-assessments-for-staff>

³ <https://www.england.nhs.uk/about/equality/equality-hub/equality-standard/>

⁴ [Occupational requirement exceptions](#)

Protected demographic group	Summarise likely impacts	Disproportionate impact (Y/N)
<p>Age</p> <p>Think about different age groups and the way the user would access the policy/service:</p> <ul style="list-style-type: none"> • Is it user friendly for that age group whether older, younger or working age? • What is the age breakdown in the community/workforce? Will the policy/service have significant impact on certain age groups? • How will you ensure a digitally inclusive approach particularly for older users? 	[Please insert comments here]	
<p>Disability</p> <p>Think outside the box – you may not be able to see the disability. It could be physical (for instance hearing or visual impairment), unseen (for instance mental health) or a learning disability (for instance Autism). Consider for example:</p> <ul style="list-style-type: none"> • Accessibility – venue, location, signage, furniture, getting around and digital inclusion • Disability awareness training for staff • Actively involve the service user and talk it through with them • Mental health – does this affect significant communities in the local population? 	[Please insert comments here]	
<p>Race</p> <p>You need to think about the local demographics of the population and who will be accessing the service. Talk to public health. Consider for example:</p> <ul style="list-style-type: none"> • Cultural issues (gender, clothing etc.) • Languages • Support to access • Staff training on cultural awareness, interpreting etc. • Tackling health inequalities 	[Please insert comments here]	
<p>Sex</p> <p>Understanding the impact on males and females. For example:</p> <ul style="list-style-type: none"> • Same sex accommodation - are there areas for privacy and dignity? 	[Please insert comments here]	

<ul style="list-style-type: none"> • Would it be a venue they would go to? • Are there occupational requirement exceptions to support patients from a particular sex? • What does research show regarding the incidence of for example: mental health, cancers, early or late diagnoses for males or females? 		
<p>Pregnancy & Maternity</p> <p>Consider whether the project/decision will have a significant impact on this protected characteristic:</p> <ul style="list-style-type: none"> • Ensuring accessibility for all e.g. opening hours • Is there a private area for breastfeeding? Are the chairs appropriate? Are there baby changing facilities and is there space for buggies? • What are the future projections for birth rates and/or statistics regarding mortality outcomes? • Have pregnant employees needs been taken into account and supported in accordance with the law? 	<p>[Please insert comments here]</p>	
<p>Religion or Belief</p> <p>Think about the local population and what religion or beliefs they may have. Consider for example:</p> <ul style="list-style-type: none"> • Staff training on respecting differences and religious beliefs • Inconvenient timings to implement a change/activity e.g. during a time of religious holiday such as Ramadan? • Is there an area for prayer times, religious rituals e.g. washing area? 	<p>[Please insert comments here]</p>	
<p>Sexual Orientation</p> <p>Don't make assumptions as this protected characteristic may not be visibly obvious.</p> <ul style="list-style-type: none"> • Providing an environment that is welcoming - for example diverse posters, leaflets and literature. • Using language that respects people who are LGBTQ+ • Staff training on how to ask people who are LGBTQ+ to disclose their sexual orientation without fear or prejudice. 	<p>[Please insert comments here]</p>	

<p>Gender Reassignment</p> <p>Think about creating an environment within the policy/service that is inclusive and non-judgemental.</p> <ul style="list-style-type: none"> • Does the organisation need to raise awareness and/or offer training? • If the policy/service is specifically targeting this protected characteristic, think carefully about confidentiality, training and communication skills. 	<p>[Please insert comments here]</p>	
<p>Marriage and Civil Partnership</p> <ul style="list-style-type: none"> • Think about access and confidentiality, the partner may not be aware of involvement or access to the service. • Staff training to raise awareness of ensuring equal status to spouses and civil partners in all HR policies, terms and conditions and services. 	<p>[Please insert comments here]</p>	
<p>Carers</p> <ul style="list-style-type: none"> • Does your policy/service impact on carers? Ensure carers' voices are heard. • Do you need to think about venue or timing? • What support will you be offering? 	<p>[Please insert comments here]</p>	
<p>Health Inclusion</p> <p>These groups are often most impacted by serious health inequalities. Please consider:</p> <ul style="list-style-type: none"> • How does your project/decision impact those on low incomes, who are homeless, use substances etc.? 	<p>[Please insert comments here]</p>	

2. Does this project/decision adhere to the three aims of the General Duty of the Equality Act 2010?

The General Duty:

- Eliminate unlawful discrimination, harassment, and victimisation and any other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations across all protected characteristics – between people who share a protected characteristic and people who do not share it.

Use this section to briefly summarise how the policy/proposed project will action any of the three aims of the General Duty:

[Please insert comments here]

3. Does this project/decision adhere to the relevant articles of the Human Rights Act 1998?

Selection of relevant articles from the Human Rights Act 1998 using the framework of the FREDA values:

Value	Human Right	Example policy or practise change
Fairness	Right to a fair trial	Ensuring that there is a robust and fair process for dealing with concerns about the professional conduct or performance of a healthcare professional
Respect	Right to respect for family and private life, home and correspondence	Respecting all diverse families, e.g. same-sex couples with children. Avoid denying those detained or in residential care access to family without good reason.
Equality	Right not to be discriminated against in the enjoyment of other human rights	Commitment to improving mental health services for people from black and minority ethnic groups. Ensuring that people are not denied treatment solely on the basis of their age.
Dignity	Right not be tortured or treated in an inhuman or degrading way	Ensuring that there are sufficient staff to promptly change wet sheets to reduce the risk of people suffering degrading treatment
Autonomy	Right to respect for private life	Involving people in decisions made about their treatment and care

Use this section to briefly summarise how the policy/service will uphold the relevant articles of the HRA 1998:

[Please insert comments here]

4. Mitigating disproportionate negative impacts

If the answers/evidence above reveal any disproportionate negative impact these should be mitigated. Please use the action plan embedded below to record how they will be addressed:

The NHS South East London Integrated Care Board (SELICB) EDI team are available to provide advice and support at any stage.

Please contact the EDI Team if you have any questions or would like any advice on equality@selondonics.nhs.uk.

Equality Analysis – Mitigation Action Plan

Organisation

Project Lead Name

Project Lead Title

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Name of Project / Service

Date of Completion

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Action Plan – where outcomes or issues arising from the assessment have identified unintended negative impacts they should be mitigated. Please complete the action plan below, using additional rows where necessary, to highlight mitigating actions and how they will be implemented.

KEY:

R – Race, **R&B** – Religion or Belief, **D** – Disability, **S** – Sex, **GR** – Gender Reassignment, **SO** – Sexual Orientation, **A** – Age, **PM** – Pregnancy & Maternity, **M&CP** – Marriage or Civil Partnership, **SE** – Socio-economic, **C** - Carers

R	R&B	D	S	GR	SO	A	PM	M&CP	SE	C	Mitigating action	Outcome	Named Lead	Completion by
✓	✓	✓	✓	✓	✓	✓	✓	✓			<i>e.g. further data or engagement; specific actions to address negative impacts from a commissioning or workforce perspective</i>			

Action plan reviewed by: *Equality Lead*

Signed-off by: *Equality Committee*

Date of next review: