

Equality Impact Assessment Toolkit

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Section 1- Getting started with Equality Impact Assessment (EQIA)

1. What is Equality and Human Rights?

Equality is about creating a fairer society where everyone can participate and has the opportunity to fulfil their potential. It is backed by legislation designed to address unfair discrimination based on membership of a particular group.

Human Rights are the basic rights and freedoms that belong to every person in the world, from birth until death. They apply regardless of where you are from, what you believe or how you choose to live your life. They can never be taken away, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security.

These basic rights are based on values like dignity, fairness, equality, respect and independence. But human rights are not just abstract concepts – they are defined and protected by law. In Britain our human rights are protected by the Human Rights Act 1998.

1.2 What is an Equality Impact Assessment?

An Equality Impact Assessment is a review of activity and outcomes from an equality and Human Rights perspective.

It's a way of thoroughly considering an existing policy, service, function or any new proposed policy, service (including service redesign) or reviewed function of NHS Fife, to establish and record whether it affects different groups of people in different ways.

The purpose of doing this is to identify the action needed to take to improve equality performance, either by eliminating any actual or potential discrimination or disadvantage, or by acting upon opportunities to promote equality this in turn can create opportunities to foster good relations between groups.

EQIA's are a mandatory function of any Public Sector organisation and it is required by Law that those organisations specifically carry out race and disability EQIA's, as well as gender EQIA's in specific areas i.e. employment.

Standard Operating Procedures-are not required to have completed an EQIA as they are technical and clinically assured processes-if in doubt contact EQ HR Lead Officer.

1.3 Why do an Equality Impact Assessment?

The purpose of Equality Impact Assessment is to contribute to action to eliminate discrimination and to promote equality.

The Equality Act 2010 and Public Sector (UK) Duty 2011 provides a framework to ensure that we address inequality for those from a '**Protected Characteristic**'; those characteristics are:

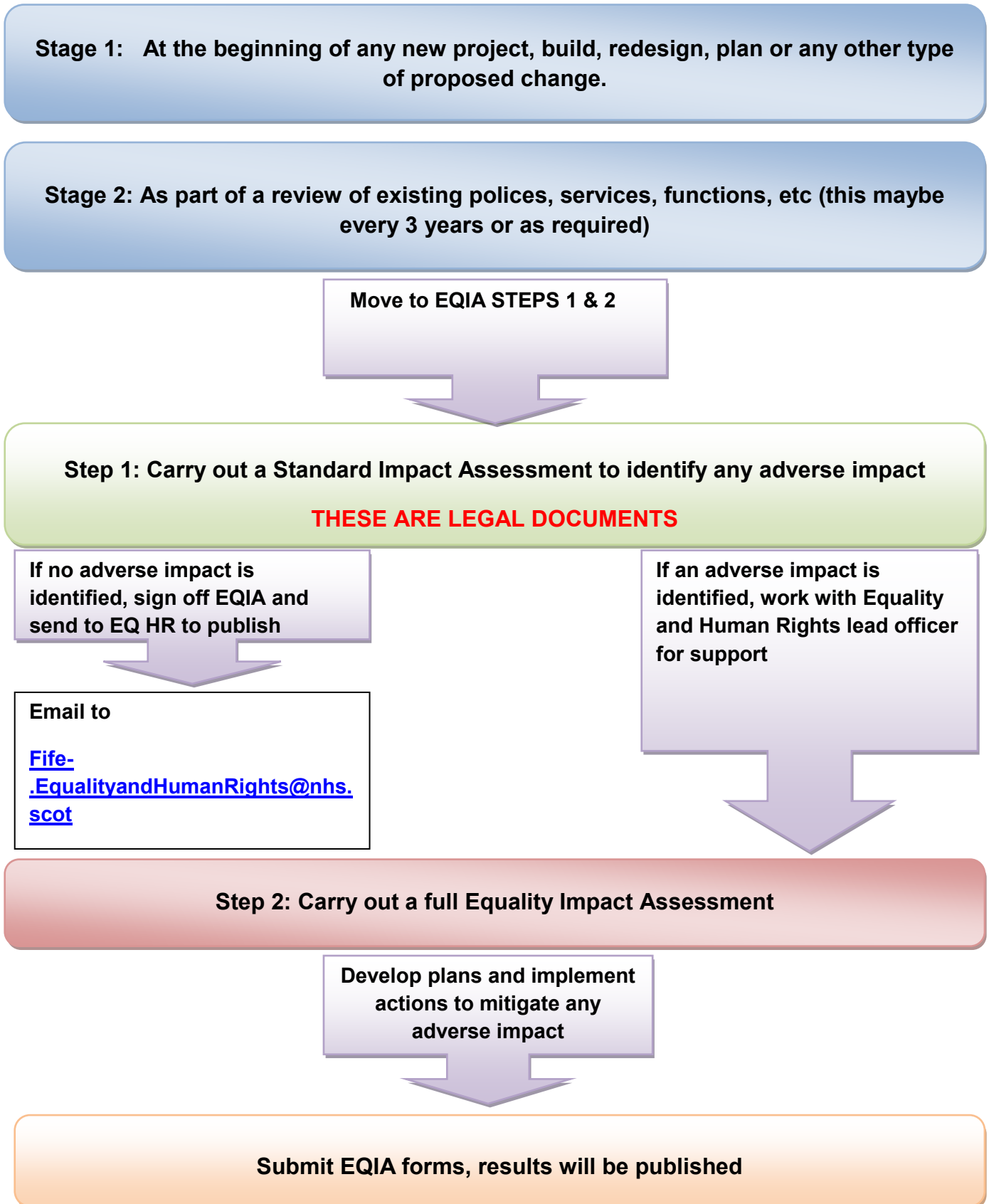
- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race and ethnicity
- religion and belief
- sex/gender and
- sexual orientation

1.4 Children and Young People Equality Impact Assessment

The new Children & Young People (Scotland) Act (2014) tells us to conduct a Rights and Wellbeing Assessment specifically in relation to children and young people. The Rights and Wellbeing Assessment is incorporated into this toolkit and templates. It is important to note that although policies and plans etc that we are impact assessing may be related only to adult services, the changes may also be experienced by the child or young person indirectly. It is also a legal requirement to publish the EQIA and outcome from the process in terms of CYP.

1.5 The EQIA is a continuous, evolving process which should be carried out at the following stages:

Flowchart 1- EQIA Process Overview



Section 2 – The Legal Context

2.1 The Equality Act 2010

The Equality Act 2010 refers to nine 'Protected Characteristics' but other factors to consider are communities who also experience different cross-cutting issues such as health inequalities, poverty and homelessness, etc.

The workplace is also an area where inequalities in relation to the Equality Act 2010 can also exist. For more information about equality issues click on the links below:

- www.lawsociety.org.uk/corporate-responsibility/equality-diversity
- www.acas.org.uk/equality-diversity/

2.2 The Public Sector (UK) Duty 2011

The Equality Act 2010 introduced a single sector Public Sector Duty in 2011, the Specific Duties (Scotland) Regulation followed in 2012 requiring bodies carrying out public functions, such as NHS Fife, to take steps towards advancing the:

1. **Elimination of unlawful discrimination**
2. **Advance equality of opportunity between people who share a Protected Characteristic**
3. **Foster good relations between groups**

This means that when carrying out an EQIA, organisations must look at specifically at the Protected Characteristic groups, specific Equality target groups and potentially any cross-cutting issues, particularly where there is socio-economic focus.

Table 1: Protected Characteristics Groups, Equality Target Groups and potential cross cutting issues

Protected Characteristics	Equality Target Groups	Cross Cutting Issues
<ul style="list-style-type: none">• Age• Disability• Gender Reassignment• Race/Ethnicity• Religion/Faith• Sexual Orientation• Sex (male/Female)• Marriage and civil partnership• Pregnancy and maternity	<ul style="list-style-type: none">• Women and Men• Children and Young People• Black and Minority Ethnic People• Older People• Disabled people• Lesbian People• Gay Men• Bisexual People• Transgender People• People of different faith and religious backgrounds	<ul style="list-style-type: none">• Poverty• Mental Health• Homelessness• Involvement in the Criminal Justice System• Language or social origins• Links with other public bodies or voluntary agencies• Armed services Veterans and former members of the Reserve Forces

2.3 The Fairer Scotland Duty 2018

Requires all public sector organisations to **'give due regard'** and **'actively consider'** what the impact of strategic decisions would be on those people who experience:

- **Socio-economic disadvantage:** such as low wealth/ no wealth, low income, area deprivation, material deprivation.
- **Inequalities of outcome:** less chance of being treated with dignity and respect, lower healthy life expectancy.

The scope of what may need to be considered centres around **'Communities of Place'**: discussion about what impact a strategic decision would have on an area where there is for instance an area deprivation.

'Communities of Interest': groups of people in area who share the same experience: such as Homelessness and have a Protected Characteristic.

2.4 The Children's Act 2014

<http://www.legislation.gov.uk/asp/2014/8/contents>

The Scottish Government has tried to strengthen the rights of children and young people in Scotland by encouraging Scottish Ministers and Public Bodies to think about these rights and how they relate to their work. The legislation is called the **Children & Young People (Scotland) Act (2014)**.

The Act is very wide-ranging.

- increases the powers of Scotland's Commissioner for Children and Young People
- makes changes to early learning and childcare
- provides extra help for looked after children and young people in care
- provide free school dinners for children in Primary 1-3.

All public bodies must now report every three years on what they have done to improve the rights of children and young people.

All Equality Impact Assessments must now incorporate a process which ensures considerations are made for children and young people and that measures are put in place to reduce negative impacts. This includes all policies, plans and service changes etc that are non child and young people specific. Therefore, adult related policy plans and services must consider the impacts on the child and young person. For ease, this additional rights and wellbeing assessment, (impact assessment) specifically for children and young people has been incorporated into this toolkit and supporting templates for stage one and two of the Equality Impact Assessment. There may be times when a separate Children and Young Persons Rights and Wellbeing Assessment is required, further advice is available from children's services.

For additional support information please look at the Commissioner for children and young people, Scotland.

<https://www.cypcs.org.uk/>

2.5 Inspection and Enforcement

Scottish Commission for Equality and Human Rights can scrutinize, advise and issue enforcement orders to ensure that NHS Fife is compliant with the Equality Act, 2010.

It is therefore important that EQIA's are standard practice in terms of ensuring **'fairness, transparency and accountability'** throughout its decisions, service delivery, policy, strategy and redesign works.

2.6 Human Rights and other Key Legislation

NHS Fife has an additional legal obligation to ensure that other important legislation is incorporated into its services and functions.

Legislation	Scope	Link
Human Rights Act 1998	Provides a range of freedoms protected by Law to ensure all people are treated with Dignity and Respect.	www.equalityhumanrights.com/en/commission-scotland
Patient Rights (Scotland) Act 2011	Focuses on delivering healthcare services which respects individual needs	www.knowledge.scot.nhs.uk/making-a-difference.aspx
Children and Young People (Scotland) Act 2014	This Act contains several changes to how Children and Young People are cared for from birth to 18 years.	www.cypcs.org.uk/policy/children-young-people-scotland-act
United Nations Rights Convention on the Rights of the Child (UNCRC)	Is a complete statement of children's rights ever produced and is the most-widely ratified international human rights treaty in history.	www.unicef.org.uk/what-we-do/un-convention-child-rights/
Breastfeeding Act (Scotland) 2005	The Act was needed to protect breastfeeding mothers but also provides support and respect for those feeding their baby by bottle (expressed breast milk or a breast milk substitute)	www.legislation.gov.uk/asp/2005/1/section/1
The Public Bodies (Joint Working)(Scotland) Act 2014	The Act covers all aspects of providing services to the Public in relation to Health and Social Care	www.gov.scot/Topics/archive/Adult-Health-SocialCare-Integration/About-the-Bill

2.7 Definitions of Discrimination

(a) **Direct Discrimination**; Direct Discrimination arises when a person is treated less favourably than others in the same circumstances, because of a protected characteristic.

Example:

Refuse to employ a person with a mental health illness because the job might be too stressful for them.

(b) **Discrimination in the delivery of goods and services** might include excluding people from certain activities or refusing them the same service as others without a protected characteristic.

People in all nine protected groups are protected from direct discrimination.

Example:

A patient who requires an interpreter has their clinic appointment cancelled at short notice because an interpreter is not available.

(c) **Discrimination by Association** occurs when someone experiences discrimination because they are assumed to have that characteristic, even when they don't.

Example:

Ms X has a child with a disability, she is offered an interview for a post but then is deselected after it is assumed that she will need lots of time off to look after the child should he or she become unwell.

(Note: discrimination by association does not extend to the grounds of Marriage and Civil partnership.)

(d) **Discrimination by Perception** occurs when someone is discriminated against because they are perceived to have particular protected characteristic.

Example:

Thinking someone has a disability relating to their mental health, when they don't and then treating them differently because of that assumption.

(e) **Discrimination arising from Disability**: the Equality Act 2010 says that it would be discrimination to **'treat a disabled person in a particular way which, because of his or her disability, amounts to treating him or her badly and the treatment cannot be shown to be justified'** (there is no need for a comparator).

2.8 Indirect Discrimination

Indirect Discrimination occurs when a provision, criteria or practice is applied to everyone in the same way but it has the effect of disadvantaging people who share a protected characteristic.

(Note: people in eight of the protected characteristic groups are protected from Indirect Discrimination. Pregnancy and Maternity are not covered).

Indirect discrimination is concerned not only with less favourable treatment but with inherent or acquired disadvantage of some groups in relation to others.

Making it unlawful is about counteracting the effects of institutionalised inequalities which have put certain groups at a disadvantage where such actions cannot be justified (i.e. it is a proportionate means of achieving a legitimate aim).

Examples:

- Applicants must be over six feet tall
- Academic qualification must have been gained in the UK
- Discrimination particular to disability
- As mentioned above the Equality Act (2010) extends the protection from indirect discrimination to disabled people and it also replaces the concept of disability related discrimination with that of 'detriment arising from disability'.

Section 3 – How to carry out an Equality Impact Assessment

3.1 What does the EQIA process cover?

As a minimum, the EQIA process will cover the nine Protected Characteristics of Equality and Human Rights but can include other groups as well e.g. people on low incomes or those who have been released from Prison or who are ex Armed forces personnel. All EQIA processes must also include Children and Young People, following the publication of the Children and Young Peoples (Scotland) Act 2014. Since April 2018 it must also cover strategic decisions and the potential of impacts on socio-economic factors and inequality outcomes.

3.2 Dealing with cross cutting issues

A list of cross cutting issues is provided on P5, some of the main cross cutting areas are:

(a) Health Inequalities and Poverty

Health Inequalities are unfair and avoidable differences in people's health across different social groups and between population groups.

(Health Scotland)

Poverty and deprivation have a huge impact on health and life expectancy. However health inequalities also exist between groups of people based on personal factors such as gender and disability. Often there are cross cutting issues between all factors and are compounded by poverty, low income and forms of deprivation.

Consider the issue of low income and poverty when we expect patients to attend appointments, travel out with board areas and be involved in lengthy therapy or other interventions which take weeks or months.

Some population groups find it more difficult to access health as a result of poverty and inequality.

For more information go to:

- [Fairness Matters Report 2015](#)
- [Health Scotland /Health Inequalities](#)

(b) Capital Builds, Estates Development and Planning

NHS Fife's Sustainability Officer can assist with information and support with assessing and understanding the impact on patients, visitors and staff regarding transport access to services and facilities.

The provision of Accessible Communication as part of the facilities and estates infrastructure (such as loop systems etc) should be considered as part of the development and planning process.

(c) Workforce Matters/Investing in Staff

As an employer, NHS Fife promotes equality throughout its various functions.

Equalities work in this area includes regular review of workplace policies and activities to promote staff health and well-being. For more information click on the link below:

- [2020 Vision/ Scottish Government](#)

Section 4 – Getting started with your EQIA

4.1 The Stages explained

Stage 1: Standard Equality Impact Assessment (SIA) **This is a legal document**

This is a basic impact assessment on an area of work to help identify the potential for '**Adverse Impact**' on any of the nine 'Protected Characteristic' groups or Children and Young People. This will involve identifying the evidence for your decision and submitting that in your return.

If any Adverse Impact is identified then you must move onto Stage 2 and carry out a full Equality Impact Assessment.

Stage 2: Equality Impact Assessment (full) **This is a legal document**

A full Equality Impact Assessment will require you to make further considerations and/or develop an action plan to address the Impacts identified.

To carry out this part of the process you must consider the three Public Duty areas (P5, section 2.2) and what actions and activities are required to help mitigate the impacts.

This will involve consulting with those groups affected.

4.2 Who is responsible for carrying out the EQIA Process?

It is very important to agree who is responsible for carrying out and completing the EQIA process, in most instances identifying a Lead Assessor/s is essential.

The EQIA process may very likely involve more than one person with perhaps a group or committee overseeing the EQIA process for which the Lead Assessor will have the responsibility of ensuring that the process is followed.

The Standard Impact Assessment and any full EQIA must be signed off by the appropriate service manager and or committee/group.

Any completed Standard Impact Assessment and full EQIA should go through the necessary committee or group approval process and then submitted to the Equality and Human Rights Team at:

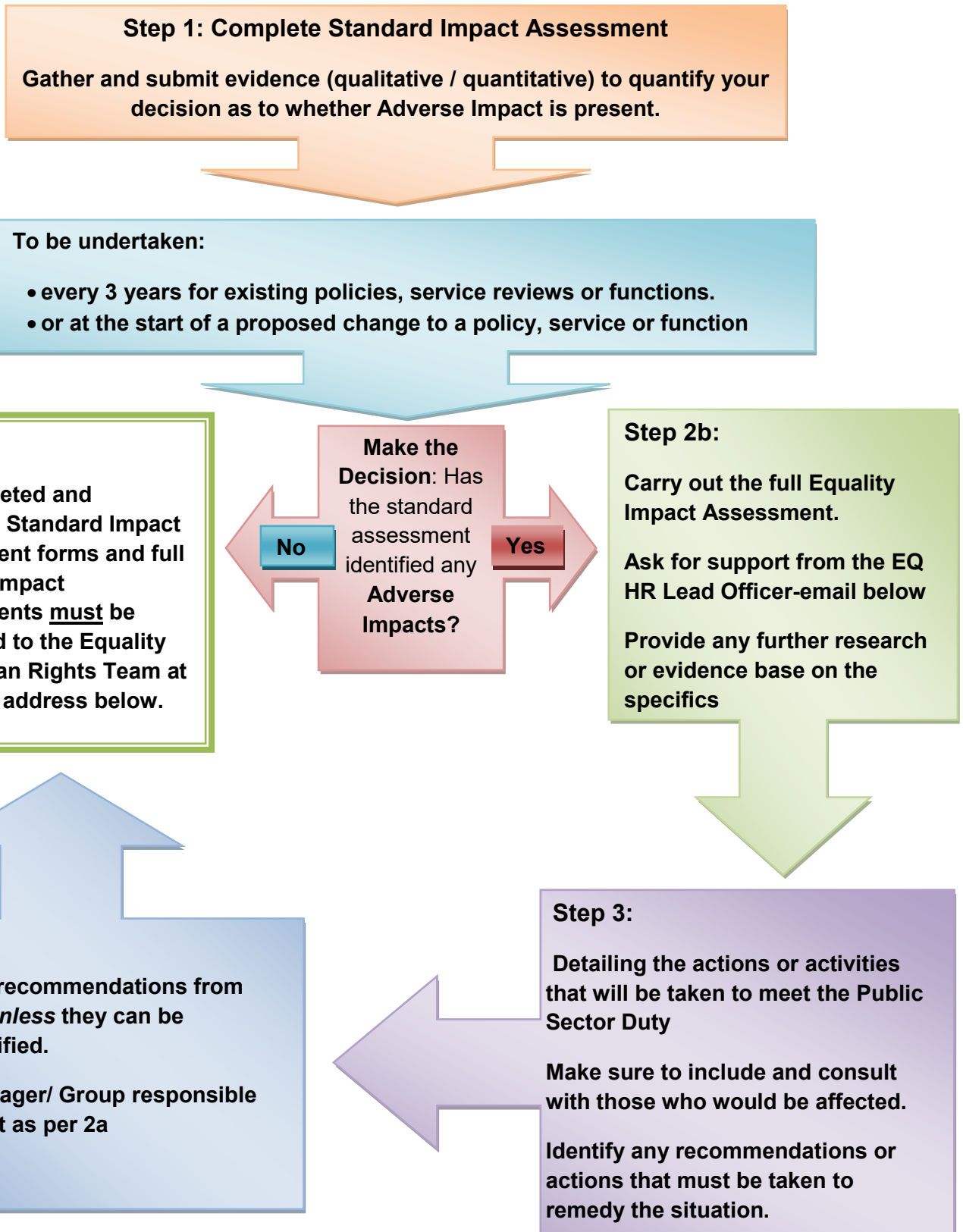
fife.EqualityandHumanRights@nhs.scot

4.3 Role of EQIA Lead Assessors and Points of Contact

Within each NHS Fife service/department an EQIA Lead Assessor and/or a point of contact will be identified to assist with the completion of the EQIA toolkit forms. The role of the lead assessor is to take responsibility for both stage 1 and 2 impact assessments. Stage 1 they will complete and sign off, this does not require the Equality and Human Rights Lead Officer to do this. Stage 2-the Lead Assessor will be expected to contact the EQ HR Lead Officer and request support and guidance.

Section 5 – Start Point for EQIA Process

5.1 EQIA Flowchart 2



Email: fife.EqualityandHumanRights@nhs.scot

Or contact: The Equality and Human Rights Lead Officer for advice and support on 01592 729130 (ext: 29130)

5.2 Standard Impact Assessment Form (Stage 1) – Purpose

The Standard Impact Assessment Form will ask you to work through questions 1-14.

You need to be clear of the purpose at this stage and who the Lead Assessor is for the completion of the Standard Impact Assessment form, the following must be considered:

- Who is responsible? (Group or Committee)
- What is the purpose or aim?
- Is it a new development or proposed change?
- What's the scope?
- Who is intended to benefit?
- Have you considered Children and Young People may be affected directly or indirectly?
- Who are the key stakeholders?
- Is any data/ information that can be used to help assess for Adverse Impact?
- Have you consulted? If yes whom? If not, why not?
- Do you need to move onto a full Equality Impact Assessment?(Making the Decision)

5.3 What is Adverse Impact?

Is **'an unwanted or unanticipated result of taking a particular action'**. It is very important where change is being proposed that 'Adverse Impact' is fully and comprehensively assessed particularly around the nine Protected Characteristic groups and Children and Young People.

Question 12 in the **Standard Impact Assessment** asks you to consider what data is available to help to assess whether there are any 'Adverse Impact/s' on any of the nine Protected Characteristic Groups or Children and Young People.

Using data is a robust way of assessing for Adverse Impact however other sources of qualitative and quantitative information can also be used i.e. surveys, outcome plans, strategies, etc.

If Adverse Impact is identified then a full Equality Impact Assessment must be completed.

5.4 Financial Adverse Impact

As a Public Body NHS Fife faces many financial challenges in delivering services that are patient centred, safe and effective.

Below is a link to the Commission of Equality and Human Rights site to a guide to help provide information about Financial Impact Assessments linked to Equalities and Public Sector Duty

- [Equality and Human Rights/ Fair Financial Decisions](#)

The Fairer (Scotland) Duty 2018 – is the new Public Sector Duty that requires fair financial decisions to be made where poverty is a key element. See page 5 for more detail.

Children and Young People 2014

The Children and Young people (Scotland) Act 2014 places legislation on all public bodies to conduct Children's Rights and Wellbeing Impact Assessments (CRWIA) and publish a three yearly report on how children and young people's rights are being advanced and improved within the organisation.

5.5 Positive Impacts and No Impact Meanings

It may be assessed that there is a **Positive Impact** on a Protected Group and Children and Young People; as in a group will be advantaged by the change. **No Impact**; there will be no change to that Protected Group/s.

5.6 Sources of Help and Advice

Name	Purpose	LINK
Patient Relations Team	For access to community groups and members of the public for consultation purposes.	Please contact the Patient Relations Team on: Fife.ParticipationandEngagements@nhs.scot
Children and Young People	For access to the process of engaging with children and young people	fife.cypengagementandparticipation@nhs.scot
Scottish Health Council	For access to community groups, support for conducting patient and public consultations and involvement. A range of toolkits are available to help you with various methods of public involvement and engagement.	Please contact the Scottish Health Council http://scottishhealthcouncil.org/home.aspx or Kevin.ward@scottishhealthcouncil.org
Performance and Informatics Team	For data help	Contact eHealth Information Services
Trackcare	For information about your patient groups	Go to desktop icon , you must be registered with eHealth to access Trackcare.
Clinical Governance Teams	For data help	
KnowFife	For data help	Contact: KnowFife Co-ordinator 01592 226462 (ext: 46462)
Stonewall Scotland	For information about LGBTi+ Equality	https://www.stonewallscotland.org.uk/
Equality Network	For general information about Equalities	http://www.equality-network.org/ http://www.equality-network.org/resources/publications/policy/the-scottish-lgbt-equality-report/

5.7 The Decision (move to full Equality Impact Assessment or not)

Once the Standard Impact Assessment has been completed then an informed decision can be made as to whether a full Equality Impact Assessment is required or not.

If **no** Adverse Impact has been identified then Standard Impact Assessment should be:

- Signed off by the EQIA Lead Assessor
- Submitted to the Head of Service for approval and sign off
- Go to the relevant group or committee for ratification
- The form should then be returned to the Equalities and Human Rights Lead Officer.

The completed Standard Impact Assessment form should then be sent to the Equalities and Human Rights Team for checking and then it will be published within a reasonable timescale.

Should for any reason there need to be any follow-up on any of the Standard Impact Assessments, then the Equality and Human Rights Lead Officer will contact the lead assessor to discuss any issues prior to the publication of the Standard Impact Assessment .

By signing off the Standard Impact Assessment at this stage is a declaration that the Public Sector Equality Duty to assess for impact against the needs mentioned in the Equality Act 2010 has been met. This is a legal document.

6. Equality Impact Assessment

6.1 EQIA Form (Stage 2b) Purpose

Once you have completed the Standard Impact Assessment a decision should be made on whether a full Equality Impact Assessment is required or not.

The Equality Impact Assessment is a more detailed assessment of what the Adverse Impact is, **what** can be done to mitigate the Adverse Impact, **who** should be involved, **when** they should be involved and **how** they will be involved.

Key considerations are at this stage are:


- Are there alternative ways in which the policy, strategy, function or service could be formulated or implemented?
- Do the benefits outweigh the potential adverse impacts?

To trigger a full Equality Assessment there should be evidence of adverse impact on one or more of the nine Protected Characteristic groups and or may include Children and Young People.

6.2 Consult, Engage and Involve

It is important that if you have identified **Adverse Impact** that you develop an Action Plan that sets out your approach to:




- Consult with the groups most likely to be affected or better still involve them beforehand
- Consider the most appropriate methods of consultation, translation and interpretation requirements
- Consider using focus groups to explore issues in greater detail
- Get advice on consultation methods and engagement with community groups, this can be obtained from the **Scottish Health Council**, and various sources within NHS Fife and Fife's Health and Social Care Partnership. **Contact the Equalities and Human Rights Team in the first instance for advice and signposting.**

Name of Guidance	LINK
CEL 4 (2010) – Informing ,Engaging and Consulting people in Developing Health and Community Care Services	 CEL2010_04.pdf

6.3 Where to go for Guidance on Public Participation and Engagement

NHS Fife has published guidance on the implementation of **Participation and Engagement** within the NHS Fife and the Health and Social Care Partnership (HSCP):

- The guidance aims to ensure staff who undertake Participation and Engagement work follow best practice
- Ensure staff have the appropriate skills, knowledge and access to resources to support participation and engagement work within their services area
- Support the implementation and/or development of Participation and Engagement work across the Health and Social Care Partnership and the Acute Service Division (ASD)

Name of Guidance	LINK
Guidance for staff on Public Participation and	 Staff Guidance P&E.doc
The Community Empowerment (Scotland) Act 2015	http://www.gov.scot/Topics/People/engage/CommEmpowerBill
Scottish Health Council	http://www.scottishhealthcouncil.org/home.aspx
Participation Standard Toolkit	http://www.scottishhealthcouncil.org/patient_public_participation/participation_toolkit/the_participation_toolkit.aspx#.V8QT6XIFDQM
Children and young people participation and engagement	fife.cypengagementandparticipation@nhs.scot  CRWIA & Engagement and PartServices E&P Framew  Fife Children's Engagement and PartServices E&P Framew

6.4 Monitoring

The actual impact of the proposal may only become fully evident once it is put into practice. Consequently, it is essential to monitor for adverse impact through-out the delivery period of the proposed change. You will need to decide:

- The arrangements for monitoring the proposal when operational
- The assessment criteria to be used for monitoring the equal opportunity effects of the proposal

Monitoring must be given a time frame i.e. when do you intend to return to the policy or plan to consider the impacts that potentially have changed over time.

6.5 Approval of Completed EQIAs – The Checklist

Seeking approval for a completed Equality Impact Assessment is extremely important: Please consider this checklist before you submit your final version.

1. **Has it been signed off the appropriate lead for that piece of work-has the service responsible that agreed the final impact assessment?**
2. **If it's a new or amended policy has it gone to the respective policy group for information/ approval?**
3. **If it's a new proposed change i.e. service design...**

**Who have you consulted with?
(staff, contractors, public, patient groups, children and young people etc)**

**When did you consult?
(timescales, what stages of the EQIA)**

**Have you fed back on the results?
(to whom and again why?)**

Things to note are:

- **Financial proposals should be accompanied by an EQIA and presented to relevant NHS Fife Board, Clinical Governance, APF, IJB, EDG committees**
- **NHS Fife Corporate Strategy and Developments must have a full EQIA and include assessment of the impacts with regard to the Fairer Scotland Duty 2018.**

6.6 Quality Assurance

Quality assurance will be monitored by the NHS Fife Equality and Human Rights Lead Officer.

6.7 Publish the Results

The results of EQIA assessments must be published to enable internal and external monitoring. NHS Fife will publish all EQIAs on their internal and external facing web pages.

Email: fife.EqualityandHumanRights@nhs.scot

Or contact: The Equality and Human Rights Lead Officer for advice and support on 01592 729130 (ext: 29130)

Equality Impact Assessment

Brief Impact Assessment

(Form 1)

This is a legal document as set out in the Equality Act (2010) and the Equality Act 2010 (Specific Duties)(Scotland) regulations 2012 and may be used as evidence for cases referred for further investigation for compliance issues.

Completing this form helps you to decide whether or not to complete to a full EQIA

Consideration of the impacts using evidence / public or patient feedback etc is necessary

Title

Question 1: Lead Assessor's contact details

Name		Tel. No	
Job Title:		Ext:	
Department		Email	

Question 2: Which Service, Dept, Group or Committee is responsible for carrying out the Standard Impact Assessment?

Name	
------	--

Question 3: What is the scope for this EQIA? (Please x)

NHS		NHS Fife Acute		NHS Fife Corporate	
HSCP		Service specific		Discipline specific	

Question 4:

Describe the aim and purpose of the policy, policy review, existing or new service, redesign, new build, new project or program.

Aim	
Purpose	

Question 5:

Identifying the Impacts in brief

Consider any potential Impacts whether positive and/or negative including **social and economic impacts** and human rights. Please note, in brief, what these may be, if any.

Relevant Protected Characteristics	Impacts negative and positive Social / Economic Human Rights
Age - children and young people, adults, older age	
Disability - mental health, neurological, physical, deaf, hard of hearing	
Race - black and ethnic people including Gypsy Travellers, racism by cast	
Sex - women and men	
Sexual Orientation - lesbian, gay, transgender or bisexual	

If not, why not, was this necessary? Do you have feedback, comments/complaints etc that you are using to learn from, what are these and what do they tell you?

Who did you ask? When and how? Did you refer to feedback, comment or complaints etc?

Question 8:

Meeting the Public Sector Duty as part of the Equality Impact Assessment

Please provide a rationale to support the results of the Brief Impact Assessment, in that due consideration has been given to the following; you can add in the positive outcomes and the negative ones

- **Eliminate unlawful discrimination, harassment and victimisation**
- **Advance equality of opportunity between different groups; and**
- **Foster good relations between different groups**

What we must do	Provide a description or summary of how this work does contribute to or achieve
Eliminate discrimination	
Advance equality of opportunity	
Foster good relations	

Question 9:

If you believe your service is doing something that ‘stands out’ as an example of good practice - for instance you are routinely collecting patient data on sexual orientation, race, religion and belief etc. - please use the box below to describe the activity and the benefits this has brought to the service. This information will help others consider opportunities for developments in their own services.

Question 10:

Has your brief assessment been able to demonstrate the following and why?

Option 1: No major change (where no impact or potential for improvement is found, no action is required)

Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)

Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)

Option 4: Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed)

Explain decision
Option 1 No action Option 1: No major change (where no impact or potential for improvement is found, no action is required)
Option 2 Adjust Option 2: Adjust (where a potential or actual negative impact or potential for a more positive impact is found, make changes to mitigate risks or make improvements)
Option 3 Option 3: Continue (where a potential or actual negative impact or potential for a more positive impact is found but a decision not to make a change can be objectively justified, continue without making changes)
Option 4 Stop and remove (where a serious risk of negative impact is found, the plans, policies etc. being assessed should be halted until these issues can be addressed) All large scale developments, change, planning, policy, building, etc must have an EQIA

If you have identified that a full EQIA is required then you will need to ensure that you have in place, a working group/ steering group/ oversight group and a means to reasonably address the results of the Impact Assessment and any potential adverse outcomes at your meetings.

For example you can conduct stage 2 and then embed actions into task logs, action plans of sub groups etc and identify lead people to take these as actions.

Stage 2 require public involvement and participation.

You should make contact with patient relations dept to request community and public representation, and then contact the Scottish Health Council to discuss further support for participation and engagement.

To be completed by Lead Assessor	
Name	
Email	
Telephone (ext)	
Signature	
Date	

To be completed by Equality and Human Rights Lead officer – for quality control purposes	
Name	
Email	
Telephone (ext)	
Signature	
Date	

**Return to Equality and Human Rights Lead Officer at
Fife.EqualityandHumanRights@nhs.scot**



Equality Impact Assessment

Full Impact Assessment

(Form 2)

EQIA Document Control

Date started	
Date completed	
Date published	
EQIA approved	

Full Equality Impact Assessment Form 2

You have by this stage identified an adverse impact for a protected characteristic group including any cross cutting issues or where a potential impact for those affected by economic disadvantage or poverty is apparent.

The Equality Impact Assessment (full) picks up from the Standard Impact Assessment (Stage 1) process, where the proposal has been identified or highlighted as having a potential negative impact.

It is now that you need to move onto a full Equality Impact Assessment.

This is more of a **detailed examination** of what you have identified at stage 1-Form 1.

Included here – see below- is the EQIA template to complete with your service, group, participation and engagement forum/involvement and partners etc. This will help to set you to set out who is affected, what the impacts are and what we are going to do about them.

The EQIA can be as part of your overall document (policies always have these attached) or you can keep this separately (i.e. if you are using it to work on as part of your bigger plans) as long as it evidences your ongoing actions to remedy the concerns, and remains linked to the plan etc so we can see that you are reducing the negative impacts.

The aims of an EQIA are to support your thinking in all your processes, so we ensure we are not being discriminatory towards any group. It is our legal duty to do this and to ensure we make a reasonable adjustment.

The EQIA must also demonstrate and record where we have eliminated discrimination, advanced opportunity or fostered good relations between those with a protected characteristic and those who haven't.

NHS Fife is mindful of these three needs of the Public Sector Equality Duty (PSED) - eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not - and recognises while the measures may positively impact on one or more of the protected characteristics, also recognises that the introduction of the measures may have a disproportionate negative impact on one or more of the protected characteristics. Where any negative impacts have been identified, we have sought to mitigate/eliminate these. We are also mindful that the equality duty is not just about negating or mitigating negative impacts, as we also have a positive duty to promote equality. This can be documented as you go along-some things you will highlight may be helping us to do one or all three of these duties, not all the content of an EQIA is negative, as our plans and developments are aimed to improve our services.

The EQIA must be published in full along with your plan or policy etc and signed off by the lead officer responsible. A copy should be then sent to Equality and Human Rights lead officer to publish and to quality assure.

1. Rational and aims
2. Who will be affected by this?
3. What do we know from our evidence base?
4. Who is present at this EQIA?

Name

5. Consulted at Stage 1 standard impact Assessment



Population groups and factors contributing to poorer health/health inequality	Potential Impacts and explanation why	Recommendations to reduce or enhance such impacts
<p>Issues that apply to everyone</p> <p>Transp ort Incom e Air quality Transmission of infection Education Community space and leisure Housing Low pay</p>		

Unemployment Digital access Communication and understanding Access to Interpreting and Translations		

<p>Issues that apply to all the population groups mentioned in the table below that are linked to the COVID-19 pandemic</p>		
<p>BAME staff and population.</p> <p>Older people and those who care for them at home</p> <p>Care Homes residents and staff</p> <p>People vulnerable to this virus such as those with additional or life long conditions, such as those with a learning disability.</p>		

Population groups and factors contributing to poorer health	Potential Impacts and explanation why THINK Access to services, health differences or inequality, communication barriers, trust, knowledge, cost, social norms and attitudes, cultures.	Recommendations to reduce or enhance such impacts
<p>Age: older people; middle years; early years; children and young people.</p> <p>A separate Impact assessment on</p>		
<p>Children and Young People's rights and wellbeing is available- see under LAC looked after children and seek support from Children's services to complete this.</p>		
<p>Disability: physical, sensory and learning impairment; mental health conditions; long-term medical conditions.</p>		
<p>Gender Reassignment: people undergoing gender reassignment</p>		
<p>Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.</p>		

<p>Pregnancy and Maternity: women before and after childbirth; breastfeeding.</p>		
<p>Patients/staff who return to work</p>		
<p>Race and ethnicity: minority ethnic people; speakers of community languages; Gypsy/Travellers; migrant workers.</p>		
<p>Religion and belief: people with a religion or belief, or none. Spiritual consideration.</p>		
<p>Sex: men; women; experience of gender-based violence. Sex workers</p>		
<p>Sexual orientation: lesbian; gay; bisexual; homosexual, transgender, heterosexual</p>		

<p>Looked after (incl. accommodated) children and young people</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  CRWIA - URGENT CARE.docx </div> <div style="text-align: center;">  CYP Participation and Engagement fram </div> </div>		
<p>Carers: paid/unpaid, family members.</p>		
<p>Homelessness: people living on the street; staying temporarily with friends/family; in hostels, B&Bs. Do they have a permanent address or temporary address? Is their address recognised by our systems for data collection?</p>		

<p>Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders. Those released and locating back into Fife.</p>		
<p>Those affected by addictions substance misuse; alcohol, drugs, gambling, food/eating disorders</p>		
<p>Staff: full/part time; voluntary;</p>		
<p>Low income/poverty/Low pay/benefits/</p>		
<p>Low literacy / Health Literacy: Includes poor understanding of health and health services as well as written language skills.</p>		
<p>Living in deprived areas</p>		

<p>Living in remote or rural areas</p> <p>West and NEF</p>		
<p>Discrimination/stigma</p> <p>Mental Health</p> <p>Disability</p> <p>Hidden disability</p> <p>Impairment</p> <p>Speech impairment</p> <p>Neurological condition</p>		
<p>Age</p> <p>Cognitive impairment</p>		
<p>Refugees and asylum seekers</p> <p>Syrian resettlement program</p>		

NHS Fife considers Human Rights in all our actions and evidences what we do to ensure we improve our Human rights focus and outcomes.

Children and Young People Rights impact assessment must be completed when children and young people are affected by change- this may occur when the policy is aimed at adults but will indirectly affect CYP.

Articles	Potential impacts and any particular groups affected	Recommendations to reduce or enhance such impacts
<p>The right to life (absolute right)</p>		
<p>The right not to be tortured or treated in an inhuman or degrading way (absolute right)</p>		
<p>The right to liberty (limited right)</p>		

<p>The right to a fair trial</p> <p>(limited right)</p>		
<p>The right to respect for private and family life, home and correspondence</p> <p>(qualified right)</p>		
<p>The right to freedom of thought, belief and religion</p> <p>(qualified right)</p>		
<p>The right to freedom of expression</p> <p>(qualified right)</p>		
<p>The right not to be discriminated against</p>		
<p>Any other rights relevant to this policy.</p>		

Will there be any cumulative impacts as a result of the relationship between this policy/plan and others? Are there any overlapping or cross cutting services etc that may be affected?

What sources of evidence have informed your impact assessment? Evidence can be local enquiry, research, evaluation or data etc and can come from patient feedback or complaints.

Please note that sometimes data is not always available nor is research, this should not hold you back on completing this document.

Summary of key impacts, research questions and evidence sources-please bullet point the key findings such as ie communication /transport/

Document Control

Name of Leaf Officer
Signed
Date

Equality and Human Rights Lead Officer
Signed
Date

EQIA - Useful Supplementary Information

Other Important Legislation

The Public Bodies (Joint Working) (Scotland) Act 2014

This Act requires the Fife Health and Social Care Partnership to produce a Participation and Engagement Strategy to ensure that there is effective engagement with all communities and partners in relation to the work of the partnership. This requirement is set out within the Fifer Integration Scheme.

Patient Rights (Scotland) Act 2011

The NHS Healthcare Quality Strategy states that:

There will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication and shared decision making

The Patient Rights (Scotland) Act 2011 supports this ambition, and explains what the Act means for all people who deliver Scotland NHS Services.

Not only does the act protect the public interests of good patient care being provided but it also sets out how staff should be treated. Considering staff involvement and welfare in the process of the EQIA is necessary. The Act supports this by saying:

All staff providing NHS Services must be treated with dignity and respect, have their views valued, be supported by their employers to make improvements to services they provide

www.knowledge.scot.nhs.uk/making-a-difference.aspx

Children and Young People Act 2014

This places a duty on public bodies to report on progress advancing the UN Convention on the Rights of the Child (UNCRC).

It is the most complete statement of children's rights ever produced and is the most widely-ratified international human rights treaty in history and applies from birth to age 18.

A full Children's Rights & Wellbeing Impact Assessment is good practice for policies or strategies, impacting significantly on children and young people, hence why we have embedded this legislative requirements within this existing template and toolkit,. This can be discussed with the NHS Fife Child Health Commissioner for NHS Fife and there are templates on the Scottish Child Commissioner website, if you wish to conduct a specific Impact Assessment for Children and Young people in addition to the Equality Impact Assessment:

- <https://www.cypcs.org.uk>
- <https://www.unicef.org.uk/what-we-do/un-convention-child-rights/>

Children and Young People (CYP) must now have an opportunity to have their voice heard, to be consulted with, along with others, and in a way that is meaningful for them. This is their legal right, made law in the UK in 1992. **CYP rights must be protected and embedded in all practice and is therefore an integral element of the EQIA process.**

Use this template;



CRWIA &
Engagement and Part

Stonewall Scotland

More information and guidance about the LGBTi+ community is available from Stonewall Scotland and the Equality Network.

<https://www.stonewallscotland.org.uk/>

Completed EQIA examples are published on the staff intranet for help and information.

Definitions of the Nine Protected Characteristics

Age

Where this is referred to, it refers to a person belonging to a particular age or a range of ages and in particular children and young people (CYP Act 2014) i.e. 0-18 years, over 65's, etc.

Disability

Although the definition itself remains unchanged 'a **disabled person is someone with a mental or physical impairment that has a substantial and long term adverse effect on their ability to carry out normal day to day activities**', the list of capacities has been removed. Previously, impairment only qualified as a disability if it affected listed 'capacities'. The capacities included mobility, manual dexterity, physical coordination, continence etc. The list has been removed so there is attempt at defining what a normal day to day activity might be.

Gender

Both men and women, of any age, are protected and children and young people by gender.

Gender Reassignment

Those who have undergone, intend to undergo or are undergoing gender reassignment, whether this includes medical intervention or not, are protected from discrimination. It is an illegal offence to 'out' another individual.

Marriage and Civil Partnership

A marriage union between a man and a woman, as well as marriage between a same- sex couples.

Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act)

Pregnancy and Maternity

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

Discrimination because of a person's colour, ethnic or national origins or nationality (including citizenship) is unlawful. It is also unlawful to act in a racist manner etc towards someone of another cast.

Religion and Belief

People are protected from discrimination because of their religion or because of their belief. For belief to be protected, it must be a belief which is genuinely held and be of central importance to them and worthy of respect in a democratic society.

Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes. This may be referred to in legal terms as non-binary gender. <http://transmediawatch.org>

EQIA Toolkit - Feedback Form

The Equality and Human Rights Team would appreciate some feedback on the Equality Impact Assessment Toolkit.

If you could take a few minutes to complete and return to:

fife.EqualityandHumanRights@nhs.scot

Rating: Please rate the following questions using the scoring below.

1	2	3	4
POOR	FAIR	GOOD	EXCELLENT

1. How would you rate the overall Equality Impact Assessment Toolkit

Score:	What could be improved?
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Section 1

2.1 How would you score the information provided in Section 1 in terms of usefulness?

Score:	What could be improved?
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2.2 How would you rate 'Flowchart 1' in terms of explaining the overall EQIA process overview?

Score:	What could be improved?
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Section 2

3.1 How would you score the information provided in Section 1 in terms of its usefulness?

Score:	What could be improved?
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3.2 How would you rate 'Flowchart 2' in terms of explaining the EQIA process for assessing for Equality Impacts?

Score:	What could be improved?
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Section 3

4.1 How would you score the information provided in Section 3 in terms of its usefulness?

Score:	What could be improved?
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Section 4

5.1 How useful was the information provided on the 'EQIA Stages explained'?

Score:	What could be improved?
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Section 5

6.1. How useful was 'Flowchart 2' in terms of explaining the overall EQIA steps?

Score:	What could be improved?
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Section 6

7.1 How useful was the content on the Equality Impact Assessment?

Score:	What could be improved?
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Appendix 1

8.1 How would you rate the layout and flow of the EQIA Form 1 (Standard Impact Assessment)

Score:	What could be improved?
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Appendix 2

9.1 How would you rate the layout and flow of the EQIA Form 2 (Equality Impact Assessment/ full assessment)?

Score:	What could be improved?
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Appendix 3

10.1 How would you rate the EQIA Action Plan template?

Score:	What could be improved?
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Appendix 4

11.1 How would you rate the information provided on Supplementary Information?

Score:	What could be improved?
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Appendix 5

12.1 How would you rate the content of the Definitions of the Nine Protected Characteristics?

Score:	What could be improved?
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Thank you for your feedback

Please return to: fife.EqualityandHumanRights@nhs.scot