

EQIA

The Easy Way To EQIA

short, jargon free and practical tips for
equality impact assessments

Produced by The Equality Unit at The Central Services Agency
and The Western Equality & Human Rights Forum

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introduction

Background

A challenging aspect of the implementation of Section 75 of the Northern Ireland Act relates to the undertaking of Equality Impact Assessments (EQIA). EQIAs provide a basis for assessing the impact of the work of public bodies on promoting equality of opportunity and good relations.

EQIAs are only one part of equality proofing. Screening, an initial stage of the equality proofing process, makes a judgement on whether the function of a public body has equality implications. It fulfils an important role in objectively identifying which areas of an organisation's work should be subject to an EQIA.

The more detailed guidance and the potential for complexity provides the rationale for this document's focus on EQIAs only.

Purpose of the Document

Whilst the Equality Commission already has published fairly detailed guidance on EQIAs, this document is intended to serve as a practical tool for those public servants that may be required to carry out these assessments.

Format

The document uses the annotated learning style, which focuses on the 'how to' of carrying out a task.

Each stage of the EQIA process is described (based on Equality

Commission Guidance) and key Must Dos (from the official advice) and Should Dos (best practice suggestions) are also included.

The document uses a case study to practically complement the annotated learning approach. Whilst the case study is based on a specific setting, it is anticipated that the document's practical advice will have wide generalisability.

Finally, annotations in text boxes on the margins of the text are intended to provide clarification, advice and best practice tips.

Use of Terms

The document tries to avoid jargon. Where jargon is used a short glossary (Appendix 1) is provided to explain the meaning of the specific term. Glossary terms can be found on page 20.

The document also tries to avoid academic arguments about the use of specific terms. One example is the debate over whether groups covered by Section 75 should be called equality groups or equality categories. The authors have decided to use the former term for no other reason than its user friendliness. We hope that a non-fussy approach to terminology will add to the accessibility of the document.

The authors wish to acknowledge the valuable contribution made by those who helped in the production of this guide.

step one

DEFINING THE AIMS OF A POLICY (What is it we are actually looking at?)

The Guidance

Before you undertake an EQIA you should spend time thinking about key aspects of the policy. This should include the following key questions:

- What is the policy?
- What is the aim of the policy (i.e. who can make changes to the policy)?
- Who owns the policy?
- Who is affected most by the policy?

Case Study

A Trust wished to move the location of a clinic to a more central venue and needed to thoroughly assess the equality impacts of such a decision. In initiating an EQIA it decided the answers to the key questions in Step 1 were:

- the policy was the closure of a rural clinic and its relocation to a more central site;
- the aim of the policy was to offer better access to a greater number of people, offer improved facilities, be closer to other healthcare services and to reduce costs;
- as the decision was being taken by the Trust, it is the policy owner;

- it was agreed that those affected by the decision would be existing and potential patients (particularly older people and those with responsibility for dependants - including the parents of young children) as well as staff members.

Must Dos

- Decide the scope of the policy being EQIA-d (i.e. what does it cover).
- Decide who should lead on carrying out the EQIA (i.e. who can make changes to the policy).

Should Dos

- Establish a working group to oversee the EQIA to include those from within the Trust across a range of professional areas.
- Take steps to ensure that those most affected by the policy decision are identified at an early stage.
- Record the progress of the EQIA and how decisions are made.

This step is basically a terms of reference for the EQIA

Policy is used in this context to describe the ways an organisation does things.

step two

CONSIDERATION OF AVAILABLE DATA AND RESEARCH

(How can we tell what is happening?)

By finding information or data we are concerned with producing evidence.

The Guidance

This is a key stage in ensuring that the EQIA is robust. Public bodies need to consider how they will collect information that will enable them to make a judgement on the extent of the impact on Section 75 groups (see Appendix 2 for a list of these groups). This information relates to quantitative (mostly about numbers) and qualitative (mostly about views and feelings) data. Key questions in relation to this step are:

- What relevant information/data is currently held about the impact on groups?
- What relevant information is needed to ensure that the perspectives of all Section 75 groups are taken into account?
- How will missing information/data be collected (i.e. what are the most appropriate methods)?

Case Study

The Trust decided that the key areas impacting on Section 75 groups were:

- **Access by patients** - what impact would physically moving the clinic to a different location

have on the ability of groups such as older people and those with responsibility for dependents to use the facility?

- **Staff re-location issues** - would certain groups within the workforce find it more difficult to work at the new location (e.g. support staff at lower grades that were disproportionately female and with caring responsibilities might find the cost of travelling and time taken to the new location too great)?

In terms of collecting data in relation to patients, the Trust was able to collect the following information:

- using the patient administration system it was able to establish a profile of its patient population in terms of age, gender and marital status;
- it also used the patient administration system to work out travelling distances to the current site and the new site;
- with more careful review of the information the Trust was able to work out an estimate of those with disabilities and those with caring responsibilities and also compared this with census data for the area on these two aspects;
- using census data for the geographical area it was able to establish the religious profile for

Census data should be used to provide an overall profile of Section 75 groups in a geographical area.

This can include data held by other bodies, such as research carried out by voluntary groups.

It is very important to identify the issues that impact on Section 75 groups most.

step two

the area and decided that this would provide indicative data on political affiliation - given the strong links between religion and politics in Northern Ireland;

- the census was also used to provide a view on the proportion of ethnic groups living in the area;
- no quantitative data was available on those of a particular sexual orientation but the Trust met with a local representative of a gay organisation to discuss any impact on the decision might have on this group;
- a profile was developed which assessed the cost and time difficulties of all the Section 75 groups in relation to the new site for the clinic.

An initial review of the information indicated that women with young children and older people, as significant users of the clinic with access and cost concerns, might be most affected by the decision to relocate the clinic.

In terms of collecting data in relation to staff, the Trust was able to collect the following information:

- age, gender, marital status, disability, ethnic minority status and religious data was compiled on staff at the clinic through the Trust's human resources monitoring data;

- it also used this data to work out travelling distances to the current site and the new site for staff;
- the information from the Trust's human resources monitoring data was compared with census data;
- a meeting with Trade Union representatives was convened to discuss the likely impacts on carers within the workforce. As a follow up to this meeting, the Trust asked the 23 staff to confirm their status in relation to caring responsibilities by way of a short questionnaire distributed with pay advice slips;
- as in relation to service users no quantitative data was available on those of a particular sexual orientation but the Trust met with a local representative of a gay organisation to discuss the impact the decision might have on this group.

In addition, the Trust also decided to ask female patients and older people to attend an informal focus group - run with the help of a local voluntary body - to collect information on access to the clinic in the new location and to identify difficulties that might emerge.

The following secondary information was also reviewed:

- bus timetables between the current and new location of the clinic;

It is important to carry out this 'audit' of the information to ensure that all Section 75 groups have been considered.

Websites are a cost effective way of accessing new information.

If no data is available seek help from representative groups.

step two

- a Department of Health and Social Services and Public Safety (DHSSPS) publication on Health Inequalities (produced in 2004);
- a literature review produced by the DHSSPS on the experiences of different Section 75 groups;
- a website on Section 75 groups being developed by the Northern Ireland Statistics and Research Agency;
- websites for the following organisations: MENCAP, Disability Action, Youth Action, Carers Network Northern Ireland, Women's Support Network, Northern Ireland Council for Ethnic Minorities and the Equality Commission.

The range of relevant information was ordered by Section 75 groups (e.g. the various bits of information relating to age in terms of both patients and staff was noted under this group). This ordering of information by Section 75 groups allowed the Trust to assess the impacts of the decision to re-locate the clinic.

Must Dos

- Decide which information/data you have, what you need and how you are going to get relevant missing information/data.
- Data/information must be collected in relation to all Section 75 groups.

- Where information is not available on the impact on certain Section 75 groups liaise with representative bodies of these groups for help.

Should Dos

- Use the Internet to access websites belonging to representative group that may help you unearth relevant information on the needs/difficulties experienced by the Section 75 groups as well as alerting you to new research.
- Be prepared to use qualitative ways of collecting information (such as focus groups) as well as more quantitative methods (e.g. surveys).
- Check out secondary reports and information to identify further impacts on Section 75 groups.

step three

ASSESSMENT OF IMPACT (Are there any problems for any of the groups?)

The Guidance

This step is about reviewing the information and data collected and making an assessment as to:

- whether the policy creates a differential impact (it affects groups differently) and
- whether the difference is adverse (it affects groups unfairly and may be discriminatory).

Case Study

Clearly, moving the location of the clinic would affect a range of different groups. Frequent users of the clinic (e.g. older people) were affected differently from other groups (differential impact). Information showed that the re-location of the clinic would make it more difficult for older people and female carers, as extensive users, to access the service compared to other groups (adverse impact). This conclusion was also applicable to staff in those groups. The tendency of these groups to be on lower incomes also accentuated the difficulties of accessing the service / working in the new location.

Reviewing the data further suggested that re-locating an essential service for those extensive users was adverse - the change affected them unfavourably. For older people the

new location of the premises was not on a direct bus route and would incur significant additional expense in having to use taxis to get to the new facility. This latter issue was also relevant to those staff from caring backgrounds who tended to be on lower incomes.

Must Dos

- All the information/data that has been collected must be considered.
- The consideration needs to clearly show (1) if there is differential impact, and
- (2) if the differential impact is adverse for each of the nine groups identified in Section 75.

Should Dos

- Draw conclusions as to possible explanations for any observed differential impacts.

It is vital that conclusions are based on information / data that measures what is intended (valid) and is not the result of once - off data collection (reliability).

step four

CONSIDERATION OF MEASURES (What can be done to make things fairer?)

The Guidance

Where adverse impact is identified steps should be taken to mitigate this as well as to better promote equality of opportunity. If the adverse impact is discriminatory and this is unlawful, the policy should be abandoned. Not all discrimination is unlawful - a policy could favour a particular group to address an existing under-representation (e.g. to increase service uptake).

Case Study

The following options for mitigating measures were considered:

- the Trust would meet with Translink to assess the option of providing a detour from the nearest scheduled route;
- the Trust could provide a bus service at certain times in the day to enable both patients and staff to be transported to the new premises;
- ultimately the Trust could decide to choose another option that was more accessible to its patients and staff - 42% of existing users were either older people or female carers (and their dependants).

In order to further promote equality of opportunity the Trust also considered:

- the re-location could be phased in to enable patients and staff to adjust arrangements for getting to the new premises;
- the Trust also thought about extending flexi-time for staff to ease the problems for those having to travel further to work.

It was felt that the Trust should present these options for consultation without identifying a preferred option. The consultation would outline the positive and negative aspects of each option.

Must Dos

- If adverse impact is identified mitigating measures or alternative ways of achieving the policy aims must be considered.

Should Dos

- All the possible mitigating measures should be proposed - even those that might be considered unacceptable or unreasonable!
- The EQIA is also about promoting equality of opportunity - options for advancing this goal should also be considered.

Even if the policy doesn't create adverse impact the EQIA might present an opportunity to further promote equality of opportunity.

The options should seek directly to address the adverse impact.

step five

FORMALLY CONSULTING ON THE DRAFT EQIA REPORT

(What do people have to say about our work?)

The Guidance

- (a) Producing a Draft EQIA Report

At this stage a Draft EQIA report summarising Steps 1-4 should be presented for consultation.

- (b) Formal Consultation on the Draft EQIA report

An equality impact assessment requires formal consultation. This will normally be in addition to previous discussions that have taken place during Step 2 (data collection). Consultation at this stage should allow the public body to present relevant information and provide a basis for decisions in relation to the outcome of the EQIA.

In carrying out consultation the public body should consult widely (paying particular attention to those most affected by the policy) on the draft EQIA report. Steps should be taken to ensure that the methods and approaches used are accessible and encourage participation across the range of people being consulted. The consultation should last a minimum of 8 weeks and preferably 12 weeks.

Case Study

The Trust decided to carry out a formal consultation over a 12-week period. The elements of the consultation were as follows:

- advertisements in local newspapers about the EQIA and how to take part in the consultation;
- the consultation document was placed on the Trust's website;
- a proforma was made available with the consultation document to enable those consulted to respond more easily;
- mailing of the consultation document to over 250 voluntary and statutory organisations in the area;
- consultation meeting with representatives of older people's groups and carers' organisations;
- the Trust offered to hold meetings with Section 75 groups;
- staff were also invited to attend a series of meetings to discuss the EQIA.

An undertaking was given by the Trust that it would take steps to remove access barriers on request to the consultation (e.g. by providing documentation in accessible formats).

The structure for this document might mirror that for the final EQIA - see Step 7 on page 16.

Although this is a formal consultation stage, public bodies are encouraged to consult informally throughout the EQIA.

A 12 week consultation period is best practice.

Think before you send out a consultation document to those on your list - do they all need a full copy? Could it (or a summary) be emailed to them?

step five

Must Dos

- Plan the consultation well and ensure that you have enough time and resources.
- Consult widely - not just with the groups adversely affected by the policy decision.
- The Consultation period should be no less than 2 months.
- Ensure that the consultation approaches are appropriate for encouraging and enabling participation.
- There needs to be a public notification of the consultation - local/regional newspapers are a good source.

Should Dos

- Plan consultations on a case by case basis (depending on Section 75 groups affected)- don't use the same approach all the time.
- Think of how to involve people generally as well as targeting those most affected.
- Try to set a 12- week consultation period standard.
- Assess the merit of blindly sending out a consultation document to all those on your list - maybe a short note on the subject of the consultation and details of how to request the full document might be more efficient and effective.

- Appendix 3 sets out a Consultation Should Do Checklist.

step six

MAKING A DECISION (What are we going to do with the comments that people have made to us?)

The Guidance

At this stage the public authority should weigh up the range of information/ data that it has received and decide on its course of action. It will consider quantitative and qualitative data as well as comments received during consultation and weigh up the relative merits of each.

Case Study

The Trust produced an 8-page internal summary document to inform its decision-making process based on two elements:

- (1) a brief review of key data findings with an assessment of the importance and merits of the information;
- (2) the key comments received during its consultation.

Time was allocated by the Trust for its senior staff to consider the internal document. Staff were asked to consider the following overall questions:

- (1) Are the options presented during the Consideration of Measures Stage (see p. 7) still viable?
- (2) Are there new or amended options which need to be reflected?

- (3) Which of the options does the Trust wish to support and why?

It was resolved that the public authority would do the following:

- the re-location would be phased in;
- a joint initiative with Translink would be put in place to provide a service to the new clinic;
- it was decided to periodically seek the views of older people and carers once the new clinic was open to monitor views.

This idea was raised during the consultation.

Must Dos

- Decision-making as far as possible should be structured - should involve reviewing both data collected and consultation comments.

Should Dos

- Challenge the conclusions made in the draft EQIA document as a result of comments received.
- Seek to consolidate the range of information that emerged during the EQIA to help make decision-making easier.

step seven

PUBLISHING THE FINAL EQIA (This is what we have found out and this is what we will do)

The Guidance

Public authorities must publish the results of an EQIA. This final report should be structured as follows:

Executive Summary

Background - about the policy.

Data Collection and

Consultation - should outline how data was collected and how consultation was carried out.

Key Findings - should present pertinent information in relation to the nine groups.

Conclusions - an assessment of findings in terms of impact and options for promoting equality of opportunity (where appropriate). This section should also describe arrangements for carrying forward recommendations (where relevant) and for monitoring adverse impact in the future.

Appendices - these include information such as data tables and a section outlining the Trust's responses to all consultation comments received.

CASE STUDY

The Trust produced a report based on the structure listed in Equality Commission guidance.

In order that the report was accessible the following steps were taken:

- the report was written in Plain English throughout;
- a summary of the report was produced in large print and audiotape (principally to enable older people to access the EQIA), and Chinese (to reflect the relatively significant numbers of Chinese speakers in the area);
- arrangements were also made to produce the summary report in other formats on request.

A section in the final report recorded a summary of all comments received and the Trust's response.

The EQIA report was presented to the Trust Board for approval.

After approval, the Trust took the following steps to disseminate the EQIA report:

- the report was sent out to all those who took part in the consultation;
- a copy of the report was placed on the Trust's website;
- apart from those who received the report, all those on the Trust's consultation list received notification that the EQIA was available and how to obtain it;

Feedback must clearly show the Trust's response to all comments received even if the response is unfavourable to the comment made.

This can be done by email if possible.

step seven

- Trust staff received a flyer about the EQIA with their pay advice slips;
- an advertisement in the local newspapers in the Trust area was placed to notify the public about the EQIA report and give details about how it could be obtained.

Must Dos

- Present a report based on Equality Commission guidance in relation to structuring.
- The report should be made available in accessible formats to meet the needs of the community it serves.
- Several ways of disseminating the EQIA report should be implemented.

Should Dos

- Use Plain English in writing the EQIA report.
- List the Trust's response to consultation comments indicating how they have influenced the final report.
- Don't forget to make staff aware of the EQIA and its outcome.

step eight

MONITORING THE POLICY

(Keep a close eye on what is happening)

The Guidance

The EQIA must specify the system for monitoring and this must be reviewed on an annual basis.

The purpose of monitoring should be to establish the effect on the relevant group of a policy. This is particularly pertinent where the EQIA has instituted changes to promote equality of opportunity.

CASE STUDY

The Trust took the following steps to monitor its policy decision:

- both the patient administration system and the Human Resources monitoring system was regularly checked to identify any adverse changes as a result of the new location;
- the views of older people and carers attending the clinic were collected annually to assess their opinion on the new location;
- greater efforts towards enabling those attending the clinic to make a comment or complaint were instituted, with more posters and comments boxes to be made available for this purpose.

In order that its monitoring would be open and transparent, the Trust:

- (1) reported on each of the three monitoring areas in its annual review of progress to the Equality Commission;
- (2) prominently displayed on a periodic basis the tenor of any comments received about the clinic (with the Trust's response) on the premises.

In addition, this information was included on the Trust's website.

Must Dos

- Monitor in a systematic way.
- Review monitoring on an annual basis.
- Report on the outcome of monitoring.
- Monitoring must be sensitive to Human Rights issues.

Should Dos

- Focus on those most affected by the policy decision in relation to monitoring.
- Include monitoring information on your website.

further guidance

GENERAL

Equality Commission, Guidance for Implementing Section 75 of the NI Act 1998. (2004)

Equality Commission, Practical Guidance on Equality Impact Assessment. (2004)

Eastern Health and Social Services Board, 5Cs of Communication

Equality Schemes (of individual public bodies)

USEFUL WEBSITES

www.ninis.nisra.gov.uk

www.nicensus2001.gov.uk

www.consultationni.gov.uk

www.dhsspsni.gov.uk/econsultation/practice.html

www.equalityni.org

appendix 1

BRIEF GLOSSARY OF TERMS

Accessible formats - information provided in a variety of ways (e.g. Braille) that will allow a range of groups to use it.

Adverse impact - an unfair or unfavourable impact.

Differential impact - an impact that affects a particular group in a different or distinctive way.

Discrimination - treating someone less favourably than someone from another group either directly in a comparable situation (direct discrimination) or by applying a requirement or condition that has an unfavourable outcome to a particular group (indirect discrimination).

Quantitative data - numerical information that is collected or gathered up which can be analysed to give an idea of quantity (e.g. size of difference between groups on a given issue or subject).

Secondary reports - documents that have been written by others but can be used to provide background supporting information for the EQIA.

Literature Review - researching and reflecting on relevant information or studies that provide important background to the overall EQIA topic.

Mitigation - doing things to lessen the impact of a policy or make it more acceptable to those it affects.

Monitoring - keeping a close eye on the results of steps you have taken arising from the EQIA.

Qualitative data - information that is collected or gathered up which tends to focus on people's views or feelings.

appendix 2

SECTION 75 GROUPS

Age. For most purposes, the main categories are: those under 18; people aged between 18 and 65; and people over 65. However, the definition of age groups will need to be sensitive to the policy under consideration. For example, (i) in relation to employment policies the middle aged are often a vulnerable group, pensionable age is different for men and women and legal ages for working and voting vary; (ii) in relation to policies concerning young people then narrower age bands are likely to be more appropriate.

Marital status. Married people; unmarried people; divorced or separated people; widowed people.

Men and women generally. Men (including boys); women (including girls); transgender people; transsexual people.

Persons with a disability. Persons with a disability as defined in Sections 1 and 2 and Schedules 1 and 2 of the Disability Discrimination Act 1995.

Persons with dependents. Persons with primary responsibility for the care of a child; persons with personal responsibility for the care of a person with a disability; persons with primary responsibility for the care of an elderly person.

Political opinion. Unionists generally; Nationalists generally; members/supporters of any political party; other.

Racial group. Chinese; Irish Traveller; Indian; Pakistani; Bangladeshi; Black African; Black Caribbean; White; mixed ethnic group; any other ethnic group; nationality.

Religious belief. Protestant; Catholic; Hindu; Jewish; Islam / Muslim; Sikh; Buddhist; other religion ; people of no religious belief.

Sexual orientation. Gay; lesbian; bisexual; heterosexual.

appendix 3

CONSULTATION CHECKLIST

1. Consultation should begin as early as possible.
2. Consultation methods should be chosen to reflect the nature of the subject and the groups being consulted.
3. Systems for making information available in accessible formats should be established.
4. Formal Consultation should last 12 weeks (longer in holiday periods).
5. Consideration should be given to the timing of consultation events so as to ensure maximum participation by all groups.
6. Information should be presented in Plain English.
7. Steps to ensure that consultees can respond to a consultation as easily as possible should be considered (e.g. the use of a proforma questionnaire).
8. Providing travel or necessary responses for consultees should be considered.
9. Staff should be trained in carrying out consultation.
10. Feedback on consultation outcomes should be given to all those who responded.

For pdf versions of this document either access
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