
Equality Impact
Assessment

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Guidance

Improvement and HR

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Introduction

We need to make sure that the way we deliver services does not have an adverse impact on people from different equality groups, both customers and employees.

The Equality Impact Assessment (EqIA) is a process that helps you to undertake a full assessment of the council's functions and policies.

The EqIA will help you to assess whether we are likely to have an adverse impact on the diverse groups of people within Argyll and Bute. The EqIA will also help the council to make the most of opportunities to promote good relations between different groups. The EqIA will help to ensure that the council meets the commitments set out in its Equality and Diversity Policy.

The Improvement and Organisational Development team hope you find the EqIA process easy to use. If you have any suggestions for improvement please send them to:

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Summary

An Equality Impact Assessment involves assessing the likely or actual effects of policies or services on people in respect of their race, gender, disability, age, religion or belief, sexual orientation, marriage and civil partnership, gender reassignment and pregnancy and maternity.

Stage 1 - Rapid Impact Assessment (RIA)

This is a short exercise that involves considering the overall policy or service and deciding if it is relevant to equality. The basic rule is that if people are affected by what we do then we need to carry out an equality impact assessment.

Stage 2 – carrying out a full equality impact assessment

Stage 2 examines in detail the proposal to find out what kind of equality impact there might be and which groups of people it will affect most. There are 8 steps in the process:

- Step 1 – identify the purpose of your policy or service
- Step 2 – assess the impact using information and evidence
- Step 3 – remove or reduce a negative impact
- Step 4 – make sure the policy or service promotes equality
- Step 5 – arrange to monitor and evaluate the policy or service
- Step 6 – sign off the equality impact assessment
- Step 7 – arrange to publish the equality impact assessment
- Step 8 – review the policy or service and update the equality impact assessment

What is an equality impact assessment and why do we need to do this?

The equality impact assessment (EqIA) is a process to ensure that the council does not discriminate and where possible the council uses opportunities to promote equality and good relations between groups.

An EqIA involves anticipating the consequences of the council's functions and policies on different people, making sure that, as far as possible, any negative impacts are minimised or removed and that we make the most of any opportunities for promoting equality.

Carrying out an EqIA involves assessing the likely (or actual) effects of policies on people in respect of what are known as protected characteristics (Equality Act 2010). The protected characteristics are: race, gender, disability, age, religion or belief, sexual orientation, marriage and civil partnership, gender reassignment and pregnancy and maternity.

To help with the assessment process, 2 models have been developed for EqIA's. There is a Rapid Impact Assessment (RIA) which should be completed for all new and revised policies or changes to service delivery models. The second model is the full impact assessment which should be completed if it becomes apparent through completing a RIA that a protected characteristic or groups are likely to be negatively impacted upon.

Under the Equality Act 2010 the council, as a public body, is required to have due regard to the need to:

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

Having "due regard" means giving appropriate weight to equality in proportion to how relevant it is to a particular policy. A robust and detailed EqIA provides the necessary evidence that the council has given due regard to equality issues before taking a decision.

The word policy is used throughout the assessment to include the full range of policies, functions, procedures, strategies, projects, applications for funding and financial decisions.

Assessing the potential impact on people with protected characteristics helps us to consider relevant evidence and decide whether particular groups may be

disproportionately affected by decisions; or whether more could be done to foster good relations.

The evidence gathered is important, given the potential for people with protected characteristics to be negatively affected by budget decisions and service changes.

Impact assessment is an effective way of improving policy development and service delivery, ensuring that you consider the needs and experiences of customers and of employees.

Impact assessment enables you to:

- Take effective action on equality
- Develop better policies and practices, based on evidence
- Be more transparent and accountable

Which policies should be subject to impact assessment?

All new and reviewed policies and service provision models should go through the EqIA process, particularly if people will be affected eg service users, employees.

The general equality duty applies to a broader range of protected characteristics than before, so services should assess the impact of existing policies across all of the protected characteristics.

If you think that an existing policy may be potentially discriminatory then prioritise this to be assessed again.

Who should carry out EqIA's?

The EqIA should be prepared by the lead officer responsible for developing or reviewing the policy, together with an officer who is familiar with the process (although they don't necessarily have to be familiar with the policy being assessed). Involving other officers is vital to ensure the process is carried out in a robust way. It may be that for some assessments a number of key stakeholders are also involved. Further support and information is available from the Improvement and Organisational Development team.

When should you assess impact?

Assessing the impact is an important part of policy and service development and in decision-making as it should lead to improvements in policies and practices.

For this reason, assessing the impact should be carried out as part of the development and planning stage and afterwards as part of the review stage. Assessing impact should not be done at the end of the process.

Decision makers, such as elected members and senior officers, need to give due regard to equality and diversity. Decision-makers should ask for and take account of the results of completed assessments when considering whether to approve a new policy or service change. This will ensure that the impact assessment influences the decision.

The impact and relevance of a policy does not just depend on the number of people and groups who are affected but also the significance of the effect that may be experienced.

Introducing a level of scrutiny of equality impact assessments in decision making will help the council to demonstrate to communities that equality is important.

Assessing the impact does not end with the introduction of a new or revised policy. It is vital that the impact is monitored and that the assessment is repeated as part of any review. In conclusion, impact assessment is an ongoing process.

Consultation

The Equality Impact Assessment process should be informed by consultation. Consultation or involvement with different equality groups will help you to understand the impact of proposals on these groups. By undertaking this approach, employees, service users, trade unions and others who may be affected will have an input to improve policy development and service delivery.

Use the council's Community Engagement guidance when you are contacting members of the public, community groups and staff.

Stage one: Rapid Impact Assessment

Part 1: Description/Consultation

Date of Assessment:	
Title of document being assessed:	
1. This is a new policy, procedure, strategy or practice being assessed (If yes please check box) <input type="checkbox"/>	
2. Please give a brief description of the policy, procedure, strategy or practice being assessed.	
3. What is the intended outcome of this policy, procedure, strategy or practice?	
4. Please list any existing documents which have been used to inform this Equality Impact Assessment.	
5. Has any consultation, involvement or research with protected characteristic groups informed this assessment? If yes please give details.	
6. Please give details of council officer involvement in this assessment. (e.g. names of officers consulted, dates of meetings etc)	

7. Is there a need to collect further evidence or to involve or consult protected characteristic groups on the impact of the proposed policy?

(Example: if the impact on an individual or group is not known what will you do to gather the information needed and when will you do this?)

Stage one: Rapid Impact Assessment

Part 2: Protected Characteristics

Which protected characteristics will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic group is not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

If there is a negative impact against a protected characteristic then a full EqIA (Stage 2) should be completed.

Protected Characteristic	Positively	Negatively	No Impact	Not Known
Age				
Disability				
Ethnicity				
Gender				
Gender reassignment				
Marriage and Civil Partnership				
Pregnancy & Maternity				
Religion				
Sexual Orientation				

Stage one: Rapid Impact Assessment

Part 3: Impacts/Monitoring

<p>1. Have any positive impacts been identified?</p> <p>(We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	
<p>2. Have any negative impacts been identified?</p> <p>(Based on direct knowledge, published research, community involvement, customer feedback etc.)</p>	
<p>3. What action is proposed to overcome any negative impacts?</p> <p>(e.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc.)</p>	
<p>4. Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome?</p> <p>(If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	
<p>5. Has a 'Full' Equality Impact Assessment been recommended?</p> <p>(If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be</p>	

required.)	
6. How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.)	

Part 4: Contact Information

Name of Department :

Manager Responsible
Name:
Designation:
Telephone:
Email:

Signature Lead Officer:	Date:
Signature of Director/Head of Service:	Date:
Name of Director/Head of Service:	
Date of Next Policy Review:	

Stage two: form for carrying out a full equality impact assessment

1: Policy or function details

<p>Name of policy or function</p> <p><i>(Insert the name of the policy, strategy, project, funding application, initiative or financial decision)</i></p>	<p>Argyll & Bute HSCP Strategic Plan 2016 - 2019</p>
<p>Lead officer/person</p> <p><i>(The name of the officer who is responsible for developing the policy)</i></p>	<p>Christina West, Chief Officer, Health and Social Care.</p>
<p>Supporting team (names/job titles)</p> <p><i>(This should list all members of the team who are providing support to the lead officer in carrying out the EqIA. This should include at least:</i></p> <ul style="list-style-type: none"> • <i>one person involved in developing the new policy</i> • <i>one person from another service who has not been involved in developing the policy</i> <p><i>If wider expertise is required then it may be helpful to consider inviting one or two others to join the assessment process including representatives from outwith the council if appropriate</i></p>	<p>Stephen Whiston, Head of Strategic Planning and Performance</p> <p>Patricia Trehan, Project Officer, Integration</p> <p>David Clements, Project Manager, Improvement and HR</p>

What are the main aims of the policy?

(bullet points describing the aims of the policy).

(Should also include reference to other relevant council documents such as the Corporate Plan and Service Plans)

The aims of the Health and Social Care Strategic Plan are:

- (A)** We will work to reduce health inequalities.
- (B)** We plan and provide health and social care services in ways that keep people safe and protect them from harm.
- (C)** We will ensure children have the best possible start in life and plan services in a person-centred way that benefits the person receiving the service, so that they have a positive experience – right service, right place, and right time.
- (D)** We will plan for and deliver services in person-centred ways that enable and support people to look after and improve their own health and wellbeing.
- (E)** We will prioritise community based services, with a focus on anticipatory care and prevention to reduce preventable hospital admission or long term stay in a care setting.
- (F)** We will deliver services that are integrated from the perspective of the person receiving them and represent best value with a strong focus on the wellbeing of unpaid carers.
- (G)** We will establish “Locality Planning, Owning, Delivery” operational and management arrangements to respond to local needs.
- (H)** We will strengthen and develop our partnership with specialist health services with NHSGG&C and Community Planning Partners as well as with the Third and Independent sectors.
- (I)** We will sustain, refocus and develop our partnership workforce on anticipatory care

<p>Who will benefit?</p> <p><i>(A summary of the equality groups that are likely to benefit from the policy)</i></p>	<p>The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.</p>
<p>Is the policy intended to increase equality of opportunity by permitting positive action or action to redress disadvantage?</p> <p><i>(You should outline if your policy or function has been specifically developed to increase equality of opportunity by having a positive differential impact on people with any of the protected characteristics)</i></p>	<p>Additionally, the integration of health and social care services, aims to:</p> <ul style="list-style-type: none"> • improve the quality and consistency of services for patients, carers, service users and their families; • provide seamless, joined up, high quality health and social care services in order to care for people in their homes, or a homely setting, where it is safe to do so; and ensure resources are used effectively and efficiently to deliver services that meet the needs of the increasing number of people with longer term and often complex needs.

2: What are the likely impacts of the policy?

For each protected characteristic you should identify any particular impact that the policy may have for the group. Impacts could be positive or negative and both should be described.

If there are no impacts on a particular protected characteristic then state your reasons for this within the response box. This demonstrates that you have considered the impact on each characteristic.

<p>Will the policy impact on the whole population of Argyll and Bute?</p> <p>Will the policy impact on particular groups within the population of Argyll and Bute?</p> <p><i>(Specify whether the policy will impact upon the whole community or will there be particular emphasis on one or more groups)</i></p>	<p>The main purpose of Integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex and require support from both health and social care.</p> <p>The Strategic Plan seeks to improve services for everyone, whilst recognising that some groups use a higher proportion of services. These would include: children and young people; people with disabilities; people with long-term conditions and/or multi-morbidities; frail older people.</p>
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Consider the following protected characteristics. What are the likely impacts for the group or community?

List any positive and/or negative impacts.

Protected characteristic	Positive and/or negative impacts
<p>Race: relating to people from different racial groups, ethnic or national origins, ethnic minorities, including gypsy travellers and migrant workers</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none"> • Person centred • Delivered with integrity • Engaged • Caring • Compassionate • Respectful
<p>Gender: specific to women and/or men</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none"> • Person centred • Delivered with integrity • Engaged • Caring • Compassionate • Respectful

<p>Disability: relating to people with either mental or physical disability</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none">• Person centred• Delivered with integrity• Engaged• Caring• Compassionate• Respectful
<p>Age: relating to different age groups e.g. older people or children and young people</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none">• Person centred• Delivered with integrity• Engaged• Caring• Compassionate• Respectful

<p>Religion or Belief: relating to a person's religion or belief (including non-belief)</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none">• Person centred• Delivered with integrity• Engaged• Caring• Compassionate• Respectful
<p>Sexual orientation: relating to whether a person is lesbian, gay, bi-sexual, heterosexual</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none">• Person centred• Delivered with integrity• Engaged• Caring• Compassionate• Respectful

<p>Marriage and civil partnership: relating to people who are married or are in a civil partnership</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none">• Person centred• Delivered with integrity• Engaged• Caring• Compassionate• Respectful
<p>Gender reassignment: relating to people who have proposed, started or completed a process to change his or her sex</p>	<p>The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.</p> <p>All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:</p> <ul style="list-style-type: none">• Person centred• Delivered with integrity• Engaged• Caring• Compassionate• Respectful

Pregnancy and maternity: relating to the condition of being pregnant or expecting a baby and the period after the birth

The Strategic Plan does not introduce any change to the non-discriminatory ethos of health and social care services.

All staff and contractors are expected to work with every patient or service user in a way that demonstrates delivery that is:

- Person centred
- Delivered with integrity
- Engaged
- Caring
- Compassionate
- Respectful

3: Evidence used in developing the policy

Set out the evidence on impacts that you have collected in the development of the policy.

Involvement and consultation

In assessing the impact(s) set out above what evidence has been collected from involvement, engagement or consultation? Who was involved, when and how?

Both equalities legislation and the duty to achieve best value demand effective consultation and engagement.

Therefore, we need evidence of engagement with those groups that are targeted by the introduction of a new policy.

The Strategic Planning Group decided to precede the formal consultation on the full strategic plan with an information signposting leaflet (included in local papers, alongside virtual copies) and an Outline Strategic Plan – “A conversation with you”, detailing the major themes in our strategic plan from the 2nd July 2015. The Outline Strategic Plan prompted 703 responses, through 7 public event, 7 staff events and on-line engagement.

A draft Strategic Plan 2016 – 2019 was produced and published prior to a three month consultation period, September to November 2015.

Consultation took place across the 7 Localities with 394 responses gathered:

- Oban, Lorn and the Isles
- Mid Argyll
- Kintyre
- Islay and Jura
- Helensburgh and Lomond
- Bute
- Cowal

Local events were organised in Mull & Iona and on Tiree. Two larger events were held in Lochgilphead and Arrochar.

Responses were gathered through a variety of methods:

- In person at an event
- By post
- Email
- SurveyMonkey
- From relevant organisations and Community Councils, who were contacted directly, by letter, as required by the terms of the Integration Scheme.
- At separate staff consultation events, supported by Trades Unions/NHS staff side representatives and the Organisational Development Lead.

As a result of the consultation the Strategic Planning Group agreed a number of changes to the draft Strategic Plan:

- Mull & Iona was agreed as a separate locality, bringing the total to 8
- The Learning Disability section of the plan was re-drafted by a small group of LD professionals
- The Mental Health section of the plan was amended by a small group of MH professionals
- The section of the plan pertaining the GP services and primary care was re-drafted, for clarity, by the Public Representatives
- The section on care at home, (which predominantly, but not exclusively, relates to older people) was amended to recognise that many respondents expressed concern about the availability, quality, length of visits and provision of appropriately trained staff in this service
- A number of other, minor, changes were made to clarify various points that were raised

<p>Data and research</p> <p>Please specify what research was carried out or data collected, when and how this was done, and what other available research or data did you use?</p> <p><i>Set out any local or national data that has been used, in the impact assessment including any relevant guidance that has influenced the development of the policy.</i></p>	<ul style="list-style-type: none"> • In line with Scottish Government guidance we assembled a Strategic Planning Group, comprising 40 people representing all relevant disciplines, including the Third and Independent sectors, Public and Carer representatives. • We reviewed all relevant policies and plans existing in Argyll & Bute Council and NHS Highland and accepted these as extant within the draft Strategic Plan, taking account of consultation that had been carried in relation to each of these.
<p>Partners' data and research</p> <p>What evidence has been provided by partners? Please specify partners.</p> <p><i>Data and information from partner organisations can help to evidence impacts rather than duplicate efforts to consult and involve relevant groups.</i></p>	<ul style="list-style-type: none"> • Published Strategic Plans from other areas were examined in detail; many were not a 'best-fit' for Argyll & Bute because few areas have chosen to delegate such a wide range of services. The closest fit with our needs was the South Ayrshire Strategic Plan • Some Scottish Government Guidance was available and we took full account of this • Throughout the process we had support from a JIT Associate • We are members of a National Integration Managers' Network, which meets regularly to share learning

Gaps and uncertainties

Have any gaps or uncertainties been identified in your understanding of the issues or impacts that need to be further explored?

Few policies are developed in the context of perfect information and understanding of all the issues. This part of the assessment is an opportunity to highlight these gaps and uncertainties.

We had produced a comprehensive Joint Strategic Needs Assessment, which was Argyll & Bute wide. During the process we realised that Locality Planning Groups would need this information for their own locality. As a result we arranged for the NHS Public Health team to produce the information for each locality.

4: Detailed Action Plan to address gaps in evidence and to reduce negative impacts

No	Action	Responsible Officer(s)	Timescale
1	No further action required		
2			
3			
4			

Note: Please add extra rows as required.

5: Performance monitoring and reporting

Please describe how the policy will be taken forward. This will act as a record for future reviews and the monitoring of the policy.

When is the policy intended to come into effect? <i>Insert the date and name of the Committee meeting that will approve the policy.</i>	01.04.2016
When will the policy be reviewed? <i>Insert the dates for the planned review of the policy.</i>	Annually
Who is responsible for reviewing the policy? <i>Insert the job title of the person responsible for reviewing.</i>	Christina West, Chief Officer, Health and Social Care

6: Summary

Name of policy: Argyll & Bute Health and Social care Strategic Plan 2016 - 2019

This policy will help the HSCP to meet the general equality duty to eliminate discrimination; advance equality of opportunity; and foster good relations by:

Eliminate discrimination State how the policy will eliminate discrimination
Advance equality of opportunity State how the policy will advance equality of opportunity
Foster good relations State how the policy will affect good relations

When completed, the assessment must be signed off by the lead officer and by the relevant Head of Service.

Signed:
Lead Officer

Date:

Signed:
Head of Service

Date:

Completed assessments must be sent to: equality@argyll-bute.gov.uk for quality control, recording and publishing on the council's website.