



Equality Impact Assessment - Guidance

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Equality Impact Assessment

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This document can be provided in another format for example in large print, Braille or summary translation, please contact:

Engagement & Corporate Affairs Department
Scottish Ambulance Service
National Headquarters
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Telephone: 0131 314 0000
Email: Sas.communications@nhs.scot

Foreword

Fairness and equity are at the heart of all we do both when we are treating patients and when we employ and engage with our staff. The decisions we make every day can have a significant influence on the health and wellbeing of the diverse communities we serve.

When we are making a change to our service or introducing a new policy it is vitally important that we take time to consider how this might affect our patients and staff. For example; does this change take account of the specific needs of the patients? Is it inclusive for all particularly those who might have communication support needs? Where staff are concerned is our policy clear and easy to access and understand and if not how will we make it so? If we do not consider these questions we may be excluding the very patients who need us the most. For staff or those wishing to join the Service we might be creating barriers which suggest our culture is not inclusive and therefore dissuading staff from staying with the Service and discouraging new applicants from joining us.

Equality impact assessment (EQIA) is something we can do to ensure our efforts to improve our service and practice are embraced and are fully utilised and effective as well as being fair. EQIA can help us understand the needs of different groups and how these may differ. Without asking and sometimes questioning what we do we could be missing a way of improving our service and engaging with those who most often can help us shape solutions to issues we find challenging. Whether our dialogue is with patients, the public or colleagues this can help us build a positive culture where there is openness and transparency.

EQIA recognises that we do not have all the answers but need to explore some of our questions with others in order to gain the most benefit for our efforts.

EQIA is not an end in itself nor is it just about addressing discrimination or negative impacts but very much provides us with an opportunity to promote equality, good relations and participation for positive effect. By working with the process we can help embed thinking about fairness and equity whenever we are making decisions so that EQIA becomes a way of working and not just a template to complete. EQIA also contributes to our work in relation to equality outcomes by enabling us to make changes that will ultimately help us improve the services we provide.

This guidance applies to any policies, proposals or changes which you may be developing and is an important part of the decision making process.

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1. Introduction

What is equality impact assessment?

An equality impact assessment (EQIA) is a tool that helps public authorities like the Scottish Ambulance Service (SAS) make sure their policies are fair and equitable. The term 'policy' is shorthand for any activity of the organisation. This could include strategies, criteria, provisions, functions, proposals, strategies, practices and activities including the delivery of our service.

EQIA helps us to:

- fulfil business needs
- make ethical considerations
- meet legal requirements

Legal requirement

Equality Act 2010 (Scotland) (Specific Duties) Regulations 2012

The Equality Act 2010 introduced a Public Sector Equality Duty (known as the General Duty) and public authorities, like SAS have a legal duty when exercising their functions to have due regard to the need to:

- eliminate unlawful discrimination
- advance equality of opportunity
- foster good relations

The General Duty covers the following protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Marriage and civil partnership is also covered with regard to eliminating discrimination in employment.

The Equality Act 2010 (Scotland) (Specific Duties) Regulations 2012 require public authorities to assess and review policies and practices against the General Duty. In doing so, we must:

- consider relevant evidence (including from equality groups) to inform decisions
- consider the likely effect of the policy or practice on the ability to give due regard to the three needs
- take account of the results of assessments

Further details can be seen at Appendix 1.

EQIA therefore provides an opportunity to ensure fairness and equity of access and opportunity are embedded in decision making by allowing us to:

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- reflect on how we have done things and how we propose to do things in future
- identify ways of making improvements for patients and staff and in the way we deal with contracting for goods and services etc.
- increase transparency, openness and accountability

This in turn will help our policies be more effective, patient-centred, and more likely to take into account patient safety.

Human Rights Act 1998

Human rights are the fundamental freedoms and rights to which everyone is entitled. They are built on values such as autonomy, dignity, equality, freedom and respect. The Human Rights Act 1998 is the law that ensures the rights set out in the European Convention on Human Rights is enshrined in UK law.

Public services need to have human rights at the heart of all areas of life including health, social care, standards of living, justice and safety.

Key rights for consideration include:

- The right to life
- The right not to be tortured or treated in an inhuman or degrading way
- The right to liberty
- The right to a fair trial
- The right to respect for private and family life, home and correspondence
- The right to freedom of thought, belief and religion
- The right to freedom of expression
- The right not to be discriminated against

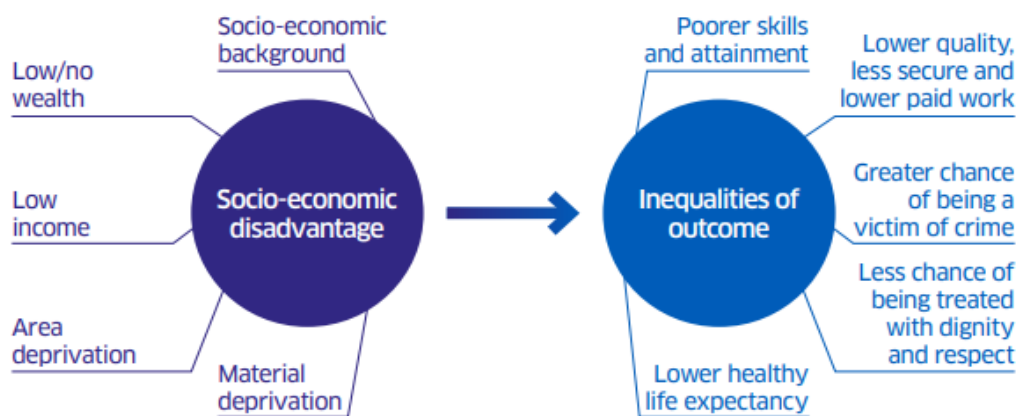
Further details can be seen at Appendix 2.

The Fairer Scotland Duty

In April 2018, the public sector duty regarding socio-economic inequalities, Section 1 of the Equality Act 2010, was implemented in Scotland as the 'Fairer Scotland Duty'. This duty requires SAS to actively consider, how we can reduce inequalities of outcome caused by socio-economic disadvantage in any strategic decision making. Examples of this include decision making at a high level, that is the annual budget, service strategy etc. And may involve considerations regarding low income, wealth, areas of deprivation, material deprivation or socio-economic background, including disadvantage arising from parents' education and employment income.

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Inequalities of outcome are defined as 'measurable differences between those who have experienced socio-economic disadvantage and the rest of the population'. The graphic below



illustrates the impact between socio-economic disadvantage and inequalities of outcome. Health, life expectancy and educational attainment are given as examples.

The United Nations Convention on the Rights of a Child

The United Nations Convention on the Rights of a Child recognises that children under the age of 18 have rights, and their interests should be taken into consideration when decisions are to be taken which might affect them. The Children and Young People (Scotland) Act 2014 and the Getting it Right for Every Child guidance together provide a framework within which services must work together in support of children, young people and families.

The Islands (Scotland) Act 2018

A relevant authority must impact assess a policy, strategy or service which, in the authority's opinion, is likely to have an effect on an island community which is significantly different from its effect on other communities (including other island communities and other communities) and applies to the development of or delivery of a service. As a national Board SAS would need to compare anticipated potential impact with that experienced by other communities across Scotland.

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2. Undertaking an Equality Impact Assessment

Who is responsible for completing an equality impact assessment?

The people responsible for developing a new proposal, revising a policy or delivering a service are responsible for undertaking the assessment. This cannot be delegated and must be considered by the person ultimately responsible for the proposal or the service and for the decision to implement the proposal. Therefore, the relevant Director, Head of Service, Project Lead (or equivalent senior manager) needs to be aware that the EQIA is being undertaken and must sign off the final document.

When should the equality impact assessment be completed?

The EQIA is not an end in itself but should be an integral part of the proposal development and decision making.

This means that the EQIA must be completed before the proposal is finalised. Preferably at the start but when the proposal is clear enough to be able to make a reasonable assessment. A proactive planned approach rather than a hurried and reactive one will help to save time, with a better quality proposal that is more responsive to the needs of those affected (i.e. it will be more person-centred).

The completed template at Appendix 3 is a record enabling you to demonstrate the process you have undertaken, and the ways in which you have taken account of the results by, for example, making amendments which mitigate disadvantage or which use opportunities to enhance equality. This could include positive action where the law permits it.

Which policies should be impact assessed?

New or revised policies as well as existing policies should be assessed. The first stage is to consider whether a full EQIA is required.

Consideration needs to be given to whether the policy is relevant to eliminate discrimination, advance equality of opportunity and foster good relations. These needs might be more relevant to some parts of the service than others, or they may be more relevant to some protected characteristics than others. For example, these needs are likely to be relevant to a policy on attendance management but it is unlikely they will be relevant to a policy/ process on office recycling.

Considering the following questions will help to determine relevance:

- Does the policy have consequences for or affect people?
- Does the policy have the potential to make significant impact on equality even when this affects a relatively small number of people (but could have a major impact for those who share a particular characteristic)
- Does the policy have potential to have impact on outcomes for patients or staff?

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- Is the impact of the policy likely to be a major one in terms of scale or significance (i.e. it affects a lot of people)

Section 1 on the Equality Impact: Screening and Assessment Form should be completed. If low relevance has been identified. Details of the reasoning should be included and the document signed off at Section 7.

Meeting the General Duty?

Decision makers must **actively** consider the General Equality Duty when making decisions and certain principles have emerged in case law where challenges were made to public bodies about decisions they were making. Further details of the case law can be seen at Appendix 6. Decision-makers have a duty to pay due regard which involves them being assured about the robustness of processes used, having sufficient information in front of them when making the decision and taking this information into account during the decision-making process. Often a balance will have to be struck between impacts on different groups and particular care should be paid in times of financial constraints.

This could mean Board members consider the three needs overtly when approving a new or revised policy, executives and other managers using this guidance to complete EQIA and staff when they are implementing policy.

The template is a good way of recording the robustness of the process including the evidence taken into account, and the changes made as a result of building equality into the process. It provides a consistent and systematic way of thinking about equality, and of showing that due regard has been paid.

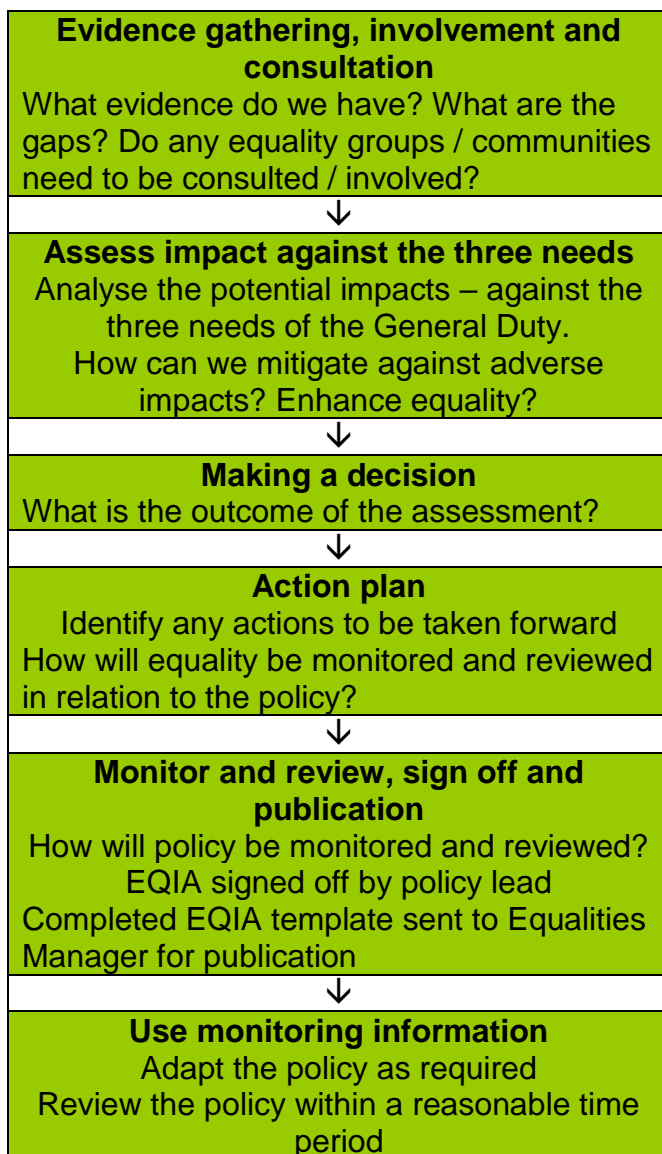
You can read more about these on the website of the Equality and Human Rights Commission (equalityhumanrights.com) where you can access detailed guidance on different requirements..

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3. The EQIA approach

<p style="text-align: center;">Screening</p> <p>Identify: outcomes of policy, target groups, relevant protected characteristics, ask questions to determine relevance to General Duty, consider impact on those who share protected characteristics. Is an EQIA required?</p>	No →	<p style="text-align: center;">EQIA not required</p> <p>Record the outcome of the screening giving details of how you reached this conclusion</p> <p>Completed template to be sent to Equalities Manager for publication</p>
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Yes



Who carries out the equalities screening and EQIA?

In all circumstances there should be a lead, who owns the process and is responsible for the completion of the screening and if relevant the EQIA. In most cases this will be the manager or the person developing the policy.

It is recommended that a minimum of three people are involved in the EQIA process. This includes the lead, an individual who has received training on EQIA and another, ideally who has had no involvement in the development of the policy so they can question and challenge where appropriate. This group could also include people from or representing equality groups if it is proportionate to do this, e.g. views may be obtained that are not otherwise available. It may be appropriate to consider recent input from groups where there has already been discussion where the input could be used.

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2. Using the Equality Impact: Screening and Assessment Form

Section 1: Screening

The Equality Impact: Screening and Assessment Form at Appendix 3 should be used to record the screening process, impact assessment or decision not to impact assess as appropriate.

Sections 1, 6 and 7 should be completed in all cases.

Section 2 can be used for screening if required.

All sections of the form should be completed for the full impact assessment. . As well as relevance, you should consider what it is proportionate to do in terms of time and resources for impact assessment. For major service change or a policy which will have major impacts, it will usually be proportionate to have a more thorough process that may involve new research or consultation before finalising the policy.

You may have more information available for some parts than others. If you do not have enough information to make a judgement you will need to get that information though absence of robust evidence should not prevent you from making an assessment. You will have to decide if the policy needs to be held back until the information is available or if it can be incorporated during a review in the future.

In the case of major service change it will be appropriate to present the details of the EQIA in a report format and a suggested format for this is provided at Appendix 4.

Screening is the stage where a decision on whether a policy is relevant and needs an EQIA is taken. This can usually be done fairly quickly using section 1 on the form.

Questions to ask:

- Will the policy affect patients, employees or the wider community, and therefore have a significant effect in terms of equality? Remember the relevance of a policy will depend not only on those affected, but also the significance of the effect on them.
- Is it a major policy, significantly affecting how functions are delivered in terms of equality? Or a minor policy, having a large impact on a small group of people?
- Will the policy affect other policies, organisations or work which could affect equality?
- Does the policy relate to other areas that previous consultation or involvement activities have identified as being important to particular protected groups?
- Does this relate to an area where the service has identified a need to improve equality outcomes?
- Does the policy relate to an area where there are known inequalities? e.g. access to services for disabled people, gender pay gap, homophobic bullying
- Does it relate to areas of work where there is significant potential for reducing health inequalities / improving outcomes?

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- Are there linked or inter-related policies or decisions that may have a cumulative effect when taken together with this policy?

At this stage consideration must be given as to whether the policy is relevant in relation to each of the three needs - eliminating discrimination, advancing equality of opportunity or fostering good relations across all the protected characteristics. Diversity within as well as between groups should be taken into account, for example considering people with different disabilities or people from different racial groups. Understanding the implications of having more than one protected characteristic will also be important. For example, the issue of relevance to women will vary once race, religion and age are taken into account. If it is decided that assessment is not relevant to some groups this should be recorded and explained.

It is usually not acceptable to say that a policy affects everybody and therefore individuals with protected characteristics will automatically benefit. You have to show consideration of evidence in relation to each group for it to be a robust assessment.

Where it has been identified that the policy is relevant to particular groups, the questions at Appendix 5 will guide thinking regarding specific needs.

The Screening & Assessment Form includes factors that influence people's health, wellbeing and human rights. Health and wellbeing are not only affected by people's individual lifestyles but also by their families, social circumstances and the environment in which they live and work and the amount of control they have over decision making.

Other screenings / assessments may have been carried out that could inform your own. For example, policy developed by Health Workforce Directorate at the Scottish Government will have gone through EQIA though you should still assess the impact for the Service. Other internet searches across other public authorities might also be useful to help thinking. That said, not all examples will be of good quality.

If screening shows any potential significant impact then an EQIA should be carried out. Screening must be recorded on the form and this should be forwarded to the Equalities Manager.

Section 2: Evidence, consultation and involvement

EQIA should be evidence based; so look at available evidence and use this where appropriate. Where gaps are identified this should be followed up as part of the actions to be taken forward including any gaps where consultation is required.

Existing data that might be used includes; previous consultation and involvement with communities and individuals or staff, research and relevant information (national research / demographic information), knowledge of person leading EQIA, equality monitoring including staff and patient profiles, feedback from service users, partner or other organisations. The Scottish Government equality evidence finder may also be useful

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<http://www.scotland.gov.uk/Topics/People/Equality/Equalities/DataGrid>

Section 2 should be used to record gaps in evidence and consultation. Any research or consultation planned as part of the policy development process which will inform the policy before it is implemented should be noted in this section.

The Action Plan at section 5 should detail further work required and associated actions.

Further information on how to carry out consultation can be found on @SAS at <http://sas/comms/engagement/Pages/default.aspx>

Robust data needs to be used to inform decision making. Much will depend upon the scope of the policy / service change but could include key information from the following:

- Internal data - complaints, satisfaction, service take up, patient profile, risks
- External data - good practice, demographics, census information,
- Research and guidance documents – local, national, international reports, briefings, research studies
- Knowledge of patient needs - local and national
- Feedback - involvement, consultation, events, conferences reports, surveys reports
- Time – dedicate some time to the process

Sections 3 & 4 Analysis and assessment of impact

In most cases there will not be impacts for every protected characteristic / cross cutting area; but each must be considered. In carrying out an EQIA it is important to consider the possible cumulative effect of other new or revised policies or interlinked decisions such as during major service review; this recognises that policies are not developed in isolation but can have impact across a range of areas within the Service. For example, budget decisions across a range of different services may inadvertently affect the same group. It may also be the case that other policies provide mitigation for some adverse impacts.

In addition to the impact on groups with different protected characteristics, consideration must be given to those with socio-economic disadvantage and any human rights implications.

The information gathered in section 3 allows section 4 to be completed and indicates any changes required to the policy to avoid discrimination, advance equality of opportunity or foster good relations. In some cases, amendments or actions will be identified and addressed during the development of a policy.

The questions at Appendix 5 will inform thinking regarding protected characteristics and socio-economic disadvantage.

In thinking about each of the three needs the following questions may be helpful.

Eliminating unlawful discrimination

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- Could the policy result in less favourable treatment for particular groups? Could it give rise to indirect discrimination, unlawful harassment or victimisation, or discrimination arising from disability? Does the policy build in reasonable adjustments where these may be needed?

Advancing equality of opportunity

- Will the policy help you to remove or minimise disadvantage? Will it meet the needs of the different groups and / or encourage increased participation of particular groups? Will it take account of different types of disability?

Fostering good relations

- Will the policy help you to tackle prejudice and promote understanding between different groups?

It should be noted that unless there is unlawful discrimination, a decision can still be taken to implement a policy which potentially has different impact on one or more of the protected groups as long as due regard has been taken and evidenced, though mitigation of detriment should always be sought. It is permissible to take actions which are a proportionate means to achieve a legitimate aim.

An example of positive impact:

A Health Board has a targeted health improvement campaign for young men between the ages 16 to 24. This would have a positive impact on this age group, compared with its impact on other age groups. It would not however have a negative impact on other age groups or women, so long as there is evidence that young men in that age group are disadvantaged (an example of positive action to address a current inequality).

An example of negative impact.

If SAS services could only be accessed by telephone this could prevent people with hearing / speech difficulty accessing our services. We have SMS and British Sign Language relay services in place as other methods of access.

You may wish to seek the assistance of the Equalities Lead where you have found potential detrimental impact and have been unable to identify ways to mitigate this. If the EQIA shows unlawful discrimination then the progress of the policy will need to be stopped or changed. Consideration should be given to the following questions:

- Can the policy be changed, or additional measures taken so that it achieves its aims without risking any negative impact and / or better promoting equality?
- What are the options, and how do each of these hinder or promote equality? Could they for example inadvertently create a negative impact for another group of people?
- What are the consequences of not adopting an option more favourable to equality?

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Section 5: Action plan

This section should be used to detail the actions which will be taken arising out of the assessment of impacts in section 4 and based on the evidence in sections 2 and 3. This will include any planned actions to fill gaps about evidence and consultation.

The action plan must include timescales and the responsible person. Consideration should be given as to how these might link to other processes, for example the achievement of equality outcomes for SAS.

Sections 6 & 7: Monitoring and review, sign off and follow up action

You should show how the policy will be monitored, reviewed and evaluated to measure if actions have been taken and policy outcomes have been achieved, as well as to provide ongoing information about changes that may be required. It is only when a policy is implemented that the actual impact may be fully identified.

Section 6 and 7 should be completed for screening and full impact assessment in all cases. Section 7 gives timescales for monitoring and reviewing the policy. Consideration should be given to the type of information to be gathered, how this will be analysed, who will be responsible and how any relevant groups will be included.

Section 7 includes details of sign off and publication of the policy.

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Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

Duty to assess and review policies and practices

The specific duty requires each listed public authority to:

- where and to the extent required to fulfil the General Duty, assess the impact of applying a proposed new or revised policy or practice against the needs of the General Duty;
- in making the assessment, consider relevant evidence relating to persons who share a protected characteristic (including any evidence received from those persons);
- in developing a policy or practice, take account of the results of any assessment in respect of that policy or practice ;
- publish, within a reasonable period, the results of any assessment where it decides to apply the policy or practice in question;
- make arrangements to review and where necessary revise any policy or practice that it applies in the exercise of its functions.

Any consideration made by an authority about whether or not it is necessary to assess the impact of applying a policy or practice is not to be treated as an assessment.

The principles of assessing impact will help the Service meet the requirement to pay due regard to the needs of the General Duty, thus helping the Service to fulfil that Duty.

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What is the Human Rights Act?

The Human Rights Act (1998) is the law that ensures the rights set out in the Convention on Human Rights (ECHR), European are enshrined in UK law.

The UK played a central role in creating the European Convention on Human Rights and the Human Rights Acts ensures that we enjoy the same rights.

The 16 human rights laid out in the Human Rights Act are each referred to as separate articles:

Right to life (Article 2)
Right not to be tortured or treated in an inhuman or degrading way (Article 3)
Right to be free from slavery and forced labour (Article 4)
Right to be free from slavery and forced labour (Article 4)
Right to a fair trial (Article 6)
Right not to be punished for something which wasn't against the law when you did it (Article 7)
Right to respect for your private and family life, home and correspondence (Article 8)
Right to freedom of thought, belief and religion (Article 9)
Right to freedom of expression (Article 10)
Right to freedom of assembly and association (Article 11)
Right to marry and start a family (Article 12)
Right not to be discriminated against in relation to any of the rights and freedoms listed here (Article 14)
Right to peaceful enjoyment of possessions (Article 1, Protocol 1)
Right to education (Article 2, Protocol 1)
Right to free elections (Article 3, Protocol 1)
Abolition of the death penalty (Article 1, Protocol 13)



Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.

a. Name of policy or practice (list also any linked policies or decisions)	
Name of department	
Name of Lead	
Equality Impact Assessment Team [names, job roles]	
Date of assessment	
Who are the main target groups / who will be affected by the policy?	
What are the intended outcomes / purpose of the policy?	
Is the policy relevant to the General Duty to eliminate discrimination? advance equality of opportunity? foster good relations? If so, how will it have impact?	
If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance	

Details of consultations - where, who was	Date	Key findings
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involved		

	Available evidence
b. Research and relevant information – consider data on population in need, service uptake/access, equality outcomes, evidence of inclusive engagement of service users & involvement findings, unmet needs, good practice guidelines	
c. Equality monitoring information -- including service and employee information	
d. Feedback from service users, partner or other organisations as relevant	
e. Other	
f. Are there any gaps in evidence? Please indicate how these will be addressed	
Gaps identified	
Measure to address these; give brief details. Further research? Consultation? Other	
Note: specific actions relating to these measures can be listed at section 5	

Section 3: Analysis of positive and negative impacts

Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations

Protected characteristics	i. Eliminating discrimination	ii. Advancing equality of opportunity	iii. Fostering good relations
Age – consider older people / those in their middle years and young people / children			
Positive impacts			
Negative impacts			
Opportunities to enhance equality			
Disability – consider physical disability, learning disability, sensory impairment, long-term medical conditions, mental health problems			
Positive impacts			
Negative impacts			
Opportunities to enhance equality			
Gender reassignment – consider people transitioning from male to female and female to male			
Positive impacts			
Negative impacts			
Opportunities to enhance equality			
Gender / sex – consider men (include trans men), women (include trans women) and non-binary			

people	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Marriage / civil partnership – consider people who are unmarried, married or in a civil partnership	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Pregnancy / maternity – consider matters relating to women and those with same sex partners	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Race – consider Gypsy/Travellers, migrant workers, those whose first language is not English, Refugees and Asylum seekers	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Religion / belief – consider people with different religions or beliefs and	

those with no religion or belief	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Sexual orientation – consider Lesbian, Gay, Bisexual and Heterosexual people	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Health inequalities / cross cutting issues – consider socio- economic disadvantage, e.g. income / people on benefits, single parents, employment, homelessness, education, health, vulnerable families (e.g. carers, young mothers, people experiencing domestic abuse, children / adults at risk of statutory measures), looked after children and young people, those in the criminal justice system, those who live in the most deprived communities, people with low literacy/numeracy, people misusing substances,	

people living in rural areas	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Staff – consider those employed part-time, full-time and those working shifts	
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
Equality & Human Rights	How will this policy have impact on the following?
Enabling people to have more control of their social/work environment	
Reducing differences in status between different groups of people	
Promoting participation, inclusion, dignity and control over decisions	
Building family support networks, resilience and community capacity	
Reducing crime and fear of crime including hate crime	
Protecting vulnerable children and adults	
Promoting healthier lifestyles including: diet and nutrition, sexual health, substance misuse, physical	

activity, life skills	
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Section 4: Addressing impacts
Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan

	Reasons
a. No major change - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	
b. Adjust the policy – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	
c. Continue the development and implementation of the policy without adjustments – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.	
d. Stop and remove the policy - there is actual or potential unlawful discrimination that cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.	

<p>Section 5: Action plan Please describe the action / recommendations that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation.</p>					
Action / recommendation	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
<p>* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc</p>					

<p>Section 6: Monitoring and review Please detail the arrangements for review and monitoring of the policy</p>	
	Details
a. How will the policy be monitored? Provide dates as appropriate	
b. What equalities monitoring will be put in place?	
c. When will the policy be reviewed? Provide a review date.	

<p>Section 7: Sign off Please provide signatures as appropriate</p>			
Name of Lead	Title	Signature	Date
<p>Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website</p>			
Provide date this was sent			

Narrative Report Format

Appendix 4

There is no set length for EQIA reports but there needs to be enough information to "tell the story" of how you have given due regard to the needs of the equality duty; to eliminate discrimination, advance equality of opportunity and foster good relations. Where there is major service change it will be necessary to provide a report to support the details collected and considered on the Equality Impact: Screening and Assessment Form. The following format is suggested.

Executive summary

This section should provide a summary of the results of the EQIA. In particular, this should focus on any decisions that have been made. For example, to gather further evidence, make changes to the policy as a result of the analysis of evidence and assessment of impact or whether any mitigating actions are required.

Background section

This should include:

- A description of the aims and desired outcomes of the policy
- The context in which the policy operates
- Who was involved in the EQIA (internal and external)

The scope of the EQIA

- A brief account of the likely affects of the policy were assessed
- The key data and sources of information used
- The consultation that was carried out detailing who with, how and a summary of the responses relating to equality issues

Key findings

This should include:

- Summary of the results of the analysis of evidence and impacts
 - identifying any (potential) negative impacts and action taken to remove or mitigate them
 - identifying any positive impacts - including opportunities to advance equality of opportunity and / or foster good relations through the policy
 - identifying the positive outcomes for people and communities that have emerged or been strengthened through the EQIA

Recommendations and conclusions

This should provide a short summary of the overall conclusions of the EQIA. For example;

- any changes to the policy to be taken as a result of the EQIA (actions and timescales)
- highlight how the process helped inform and shape the policy development process or, reasons why no changes were required
- plans for implementation, monitoring and review

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Questions to consider

Appendix 5

When answering the following questions relating to equality groups consideration should be given as to how this will impact on the General Duty.

The following questions may be helpful.

Eliminating unlawful discrimination

- Could the policy result in less favourable treatment for particular groups? Could it give rise to indirect discrimination, unlawful harassment or victimisation, or discrimination arising from disability? Does the policy build in reasonable adjustments where these may be needed?

Advancing equality of opportunity

- Will the policy help you to remove or minimise disadvantage? Will it meet the needs of the different groups and / or encourage increased participation of particular groups? Will it take account of different types of disability?

Fostering good relations

- Will the policy help you to tackle prejudice and promote understanding between different groups?

Age

- Have the needs of younger people been taken into account?
- Have the needs of older people been taken into account?
- How might the policy impact differently on children / young people, older people or the elderly?
- Are the language and images used in promotional material inclusive and representative?
- Could you do more to make the proposal more inclusive across all age groups?
- Is demographic information available?
- Have you considered the patient / staff profiles?
- Is there information locally / nationally on the needs of different age groups of the population?
- Is information provided in an appropriate format to the age of the service user?
- Is it easy for someone of any age to find out about the Scottish Ambulance Service?
- When recruiting staff have you thought about age and how you can recruit from a wide range of age backgrounds?
- Are there any discriminatory practices regardless of age in recruitment, personal development, promotion, entitlements and retention?
- Does your service make assumptions about people simply because of their age?
- How do you consult with service users about the services you provide?
- Will engagement activities take into account the needs of different age groups?

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- Is there an opportunity to improve outcomes for different age groups through this policy?

Disability

Keep in mind that "disability" has a broad definition, and includes physical (including sensory - sight or hearing for example) or mental impairment (including learning difficulty, depression) that has a substantial and long term negative effect on their ability to do normal daily activities. This can include conditions such as cancer, multiple sclerosis and epilepsy etc.

- How will the policy improve the opportunities faced by disabled people?
- How will discrimination and harassment faced by disabled people be reduced?
- How will good relations with disabled people be promoted by the policy?
- How will disabled people be encouraged to be more visible and have a higher profile?
- What barriers - physical or attitudinal - might there be that could hinder disabled people's access to or participation in this policy?
- Are the premises where the service is delivered / staff work accessible to wheelchair users / those with mobility problems?
- Are communication aids such as induction loops installed in meeting rooms?
- Are the language and images used in promotional material inclusive and representative?
- Is demographic information (patient profiling) being collected in relation to disabilities?
- Have you considered the format of information both in terms of how we ask for and provide information?
- Can communication support be provided, i.e. personal assistance, BSL interpreter, induction loop system?
- How will disabled people find out about the policy if it will affect them?
- Have you considered steps to make reasonable adjustments to service delivery and employment practices to ensure "access to all"?
- Have you considered the demographic profile of the population?
- Is there information locally / nationally on the needs of different disabled groups of the population?
- Are the needs of disabled patients routinely collected?
- Have you used findings from the Patient Experience Programme, surveys or complaints?
- Is there any information available from partner agencies, i.e. Police, Fire & Rescue Service, Health Boards?
- Is there an opportunity to improve outcomes for disabled people through this policy?

Gender reassignment

Gender reassignment refers to a person's internal self-perception of their gender. It refers to a whole range of people who find their gender identity or gender expression differs in some way from the gender assumption made by others about them when they were born.

- Have you used non gender –specific language that is inclusive of Trans people?

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- Are processes in place to support Transgender staff?
- Do you consider the needs of transgender people who access the service?
- Is there equal access to employment and opportunities for training, development and promotion for all?
- Are you familiar with SAS Transgender Guidance?
- How can you ensure this policy does not discriminate against transgender people - especially in terms of dignity?
- Does the policy provide opportunity to tackle discrimination and harassment towards transgender people?
- Is there an opportunity to improve outcomes for transgender people through this policy?

Marriage & Civil Partnership

- Have you considered that those in Civil Partnerships should be given the same rights and benefits as those who are married?
- Does the Service recognise and respect same sex relationships in relation to next of kin etc?

Pregnancy & maternity

- Are staff aware that it is illegal to refuse to employ a women because she is pregnant, on maternity leave, because of an illness related to pregnancy or dismiss her when she reveals this?
- Are you aware that there might be more of a health and safety risk for new mothers when they return to work?

Race

Race includes colour, nationality, ethnic or national groups. This includes Gypsy / Travellers, refugees and asylum seekers. Consideration should also be given to "non-visible" ethnicities - such as Eastern European migrant workers.

- How will people from a wide range of ethnic backgrounds be able to access the policy?
- How will the policy tackle race discrimination?
- Are there any particular communities for whom take up of the policy is disproportionately low?
- Are there any cultural or other barriers that might impede a group of people accessing the policy? (for example think of groups who might be illiterate, those for whom English is a second language, or whose English is limited)
- How might the policy impact differently on people of different ethnicities?
- How will it address the potential for racial harassment?
- How will it improve relations between racial groups?
- Have you made appropriate arrangements for ensuring that interpreters and translations can be arranged without undue delay?
- Do all frontline staff know how to access Language Line Service?
- Have you raised awareness of the Service with different ethnic minority groups?
- Have you considered the demographic profile of the population?
- Is the Service respectful in terms of religion, belief and culture?

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- Is there an opportunity to improve outcomes for racial groups through this policy?

Religion & belief

Religion means "any religion and reference to religion includes reference to lack of religion"

Belief means "any religious or philosophical belief and reference to belief includes a reference to lack of belief"

- Might the policy impact differently on people of different religions / beliefs - and those with none?
- Is the take up or access to the policy disproportionately low amongst those of a particular religion or belief?
- Do staff know about burial and death rites of specific cultural/religious groups?
- Are the language and images used in promotional material inclusive and representative?
- Have you considered the demographic profile of the population?
- Has the Service been publicised among various religious communities and groups?
- Is the Service religiously and culturally sensitive?
- Might different religious practices or observance need to be taken into account in the design of service or the policy? (for example consider what are the prayer facilities for staff, the potential impact of Ramadan or of the Jewish Sabbath, dietary requirements, events etc.)
- Have you considered the gender of staff when caring for females?
- Does the Service allow for requests from staff to have time off for religious festivals and functions?
- Does the Service ensure respect for dress codes?
- Is there an opportunity to improve outcomes for people for different religious / belief groups through this policy?

Sex/gender

- How will the policy reduce discrimination on the grounds of people's gender?
- How will it help tackle sexual harassment?
- Have arrangements been made to ensure that the needs of carers, usually but not exclusively women, are not overlooked?
- Are the language and images used in promotional material inclusive and representative?
- Is the information you have disaggregated by sex /gender? Are men / women under-represented or not accessing this policy?
- Will men and women be affected by this policy equally or are there differences? If yes, are there any actions needed that can be taken to address the balance?
- Have you considered the profiles of patients who use the service?
- Are there particular groups of men or women who do not use the service, i.e. disabled women or men from particular ethnic groups?
- What examples are there of best practice in relation to particular work with men / women, i.e. employment issues, recruitment and selection to address gender imbalance across functions / grades?

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Sexual orientation

- Would staff in the workplace feel comfortable about being 'out' or would the culture make them feel that this might not be a good idea?
- Does the policy make assumptions that only considers heterosexual people?
- Might the policy impact differently on Lesbian, Gay or Bisexual people to heterosexual people?
- Could you do more to make the proposal more inclusive?
- Have you considered the demographic profile of the population / staff profile?
- Does the Service recognise and respect individual sexual orientation?
- Do any recording forms recognise same sex partners / use terminology such as partner / civil partner?
- Have you considered what issues there are for employment and career progression, including equality monitoring?
- When carrying out assessments do you make it easy for someone to talk about their sexual orientation if it is relevant?
- Have you considered information available from local consultation events with local communities / groups, data from any surveys of particular groups?
- Is there an opportunity to improve outcomes for Lesbian, Gay and Bisexual people through this policy?

Socio-economic disadvantage

- Have you designed the service to recognise the greater health needs of people who are socio-economically deprived?
- Have you considered the needs of people with complex health and social problems?
- How can you ensure that people who are less articulate do not experience barriers to care?
- Have you considered the needs of people with low education levels and poorer literacy skills?
- Have you addressed the barriers people face regarding the cost of accessing healthcare, e.g. cost of transport
- What evidence has been considered in preparing for the decision, and are there any gaps in the evidence relating to these areas?
- What are the voices of people and communities telling us, and how has this been determined (particularly those with lived experience of socio-economic disadvantage)?
- What does the evidence suggest about the actual or likely impacts of different options or measures on inequalities of outcome that are associated with socio-economic disadvantage?

- Are some communities of interest or communities of place more affected by disadvantage in this case than others?

- What does our Duty assessment tell us about socio-economic disadvantage experienced disproportionately according to sex, race, disability and other protected characteristics that we may need to factor into our decisions?

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- What impact will the proposal have on different geographical areas?
- What plans are in place to monitor or evaluate the impact of the proposals on inequalities of outcome that are associated with socio-economic disadvantage?
- How has the evidence been weighed up in reaching our final decision?

Island communities

What will be the impact for island communities? (individual islands compared with other islands / geographical areas in Scotland.

Carers

- Have you considered the needs of staff who have caring responsibilities with regard to flexible working?
- Have you considered the timings of meetings to enable carers to attend?
- Have you considered feedback from carers themselves or local / national carers groups including those effecting young carers?

This is not an exhaustive list and is provided as an aid to stimulate discussion and thinking.

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Case law

Appendix 6

Some relevant case examples are given here. There are more examples on the Equality and Human Rights Commission (EHRC) website at (equalityhumanrights.com) and in the EHRC published Technical Guidance.

R (Brown) v Secretary of State for Work and Pensions [2008] EWHC 3158 paragraphs 90-96

This case set out the “Brown Principles “ which have been confirmed in later cases and are set out in full in the Technical Guidance published by the Equality and Human Rights Commission at s 2.21.

- In order to have due regard, those in a body subject to the duty who have to take decisions that do or might affect people with different protected characteristics must be made aware of their duty to have ‘due regard’ to the needs of the duty.
- Due regard is fulfilled before and at the time a particular policy that will or might affect people with protected characteristics is under consideration as well as at the time a decision is taken. Due regard involves a conscious approach and state of mind.
- A body subject to the duty cannot satisfy the duty by justifying a decision after it has been taken. Attempts to justify a decision as being consistent with the exercise of the duty when it was not, in fact, considered before the decision are not enough to discharge the duty.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision. The duty has to be integrated within the discharge of the public functions of the body subject to the duty. It is not a question of ‘ticking boxes’. However, the fact that a body subject to the duty has not specifically mentioned [s.149]⁴ in carrying out the particular function where it is to have ‘due regard’ is not determinative of whether the duty has been performed. But it is good practice for the policy or decision maker to make reference to [s.149] and any Code or other non-statutory guidance in all cases where [s.149] is in play. ‘In that way the decision maker is more likely to ensure that the relevant factors are taken into account and the scope for argument as to whether the duty has been performed will be reduced’
- The duty is a non-delegable one. The duty will always remain the responsibility of the body subject to the duty. In practice another body may actually carry out the practical steps to fulfil a policy stated by a body subject to the duty. In those circumstances the duty to have ‘due regard’ to the needs identified will only be fulfilled by the body subject to the duty if (1) it appoints a third party that is capable of fulfilling the ‘due regard’ duty and is willing to do so (2) the body subject to the duty

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maintains a proper supervision over the third party to ensure it carries out its 'due regard' duty.

- The duty is a continuing one.
- It is good practice for those exercising public functions to keep an accurate record showing that they had actually considered [the general equality duty] and pondered relevant questions. Proper record keeping encourages transparency and will discipline those carrying out the relevant function to undertake the duty conscientiously. If records are not kept, it may make it more difficult, evidentially, for a public authority to persuade a court that it has fulfilled the duty imposed by [s.149].

R. (Chavda) v Harrow London Borough Council [2007] EWHC 3064

This case related to the Disability Discrimination Act.

Because of financial constraints, a local authority decides to restrict adult care services to people with critical needs. This was challenged by judicial review. The Court said that there was no evidence that the legal duty [in that case under section 49A of the Disability Discrimination Act 1995] and its implications had been drawn to the attention of the councillors. They should have been informed not just that disability was an issue, but also about the particular obligations which the law imposed.

Officers attached to the report leading to the council's decision a summary that referred only obliquely to a potential conflict with the 1995 Act. This did not give a busy councillor any idea of the serious duties imposed on the council by the Act. As a result, the council could not weigh matters properly in the balance. It was not enough to accept that the council had a good disability record and to assume that somehow the message had got across.

R. (W) v. Birmingham City Council [2011] EWHC 944, Blake J at paragraph 45

Whilst questions of available resources may form part of its decision-making consideration, a body cannot avoid complying with the duty by claiming that it does not have enough resources to do so.

The courts have said that even where the context of decision making is financial resources in a tight budget, that does not excuse non-compliance with the duty and 'indeed there is much to be said that in straitened times the need for clear, well informed decision making when assessing the impacts on less advantaged members of society is as great, if not greater'.

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