

REGARDS Equality Impact Risk Analysis (EIRA) Policy and Procedure

See also:	Located in the following policy folder on the Trust Intranet
Human Rights Policy and Procedures	
Engagement Strategy	
Policy and Procedure for Handling Patient Feedback: Comments, Concerns, Complaints and Compliments	
Policy on Policy Documents	

Service area	Issue date	Issue no.	Review date	Risk EIRA
Trust wide	Dec 2016	3	Dec 2019	
Ratified by	Ratification date	Responsibility for review:		
Quality Committee	Dec 2016	Amanda Rawlings. Director of People and Organisational Effectiveness		

Document published on the Trust Intranet under: Corporate and Risk Policies and Procedures



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ACCESSIBLE INFORMATION STANDARD

The Accessible Information Standard directs and defines a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of service users. Ensure you have considered an agreed process for: sending out correspondence in alternative formats and appointments for patients / service users with communication needs, where this is applicable.

Checklist for REGARDS Equality Impact Risk Analysis (EIRA) Policy and Procedure

Name / Title	REGARDS Equality Impact Risk Analysis (EIRA) Policy and Procedures	
Aim of Policy	This policy sets out a guidance framework for undertaking a REGARDS EIRA. This means the policy provides a structured way of looking at and examining the effects or impact of a proposed or existing policy, practice, service or function on equality areas referred to as 'activity'. The focus is to review the above mentioned in relation to its impact on the 9 protected characteristics of people within our community and employment. This is a tool to demonstrate and fulfil 'due regard' to the equality duty in how we develop our work and in our decision making. It also demonstrates living our values in terms of inclusion, putting people at the centre of everything we do, compassion, fairness, respecting and valuing difference so that everyone can be the best they can be.	
Sponsor	Amanda Rawlings. Director of People and Organisational Effectiveness	
Author(s)	Owen Fulton, Principal Employee Relations Manager. Harinder Dhaliwal, Assistant Director for Engagement and Inclusion. Previous engagement with: Harinder Dhaliwal, Assistant Director for Engagement and Inclusion. Samragi Madden, Quality Assurance & Compliance Officer Heathwatch Derby, Allan Bannister, Derbyshire Voice, Sadja Kausar, Engagement Manager, Public Health Derby City Council and Christine Williamson, Membership Champion	
Name of policy being replaced	Equality Impact Risk Analysis (EIRA) Policy and Procedures	Version No of previous policy: 2

Reason for document production:	Review required including simplification of EIA forms.
Commissioning individual or group:	Quality Committee

Individuals or groups who have been consulted:	Date:	Response

Version control (for minor amendments)

Date	Author	Comment

REGARDS Equality Impact Risk Analysis (EIRA) Policy and Procedure

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1. Introduction

Working with due REGARDS and respect in Derbyshire Healthcare NHS Foundation Trust so that no one is left behind and everyone can be the best they can be.

E-quality – making evidence based decisions to ensure our services and employment is equally good and working well for everyone.

The Derbyshire Healthcare NHS Foundation Trust exists to improve the health and wellbeing of all people in Derbyshire. Our Trust values are to put people first in everything we do, by staff who respond with compassion and kindness. Equality considerations are fundamental if we are to appropriately serve our diverse local community, and ensure everyone can benefit from our care, services and that opportunities are provided equitably and are genuinely accessible to all.

The organisation has a legal requirement under the Equality Act (2010) to analyse and include equality considerations in to all day to day Trust business, including the design of policies, the delivery of services and employment.

In summary, the Trust must, in the exercise of its functions, have due regard to the three aims of the general equality duty to:

- Aim 1: Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act
- Aim 2: Advance equality of opportunity between people who share protected characteristics and those who do not.
- Aim 3: Foster good relations between people who share protected characteristics and those who do not.

This means the Trust must:

- Remove or minimize disadvantages suffered by people due to their protected characteristics.
- Take steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encourage people from protected groups to participate in public life or in other activities where their participation is disproportionately low

2. Scope

The Equality Impact Risk Analysis: Part 1: Policy, relates to documents covered in the: Developing Procedural Documents (Policies, Procedures, Protocols and Guidelines) policy and including wider decision-making frameworks and strategies relating to the design, the delivery of services and employment.

3. Definitions

The Trust has a legal requirement under the Equality Act 2010 to have " Due Regard" to eliminate discrimination. It is necessary to analysis the consequences

of a policy, strategy, function, service, project and practices (referred to as activity) on the 9 Protected characteristics or REGARDS* equality groups in respect of service users, patients, carers and staff.

Giving 'Due Regard' is a legal duty – it means proactively and consciously engaging and considering the impact of our decisions as defined under The Equality Act 2010.

*REGARDS acronym is our way of living our person centered values and remembering the 9 Protected Characteristics defined under the Equality Act 2010

- Race/Ethnicity,
- Gender/Sex,
- Gender Reassignment
- Age,
- Religion or belief,
- Disability,
- Sexual Orientation,
- Marriage and civil partnership
- Pregnancy & Maternity,

It is good practice to also consider the broader equality groups for example, families, carers, economic disadvantage/poverty, unemployed, people who misuse substances, homeless, geographical isolation (rural and urban), looked after children, veterans, sex workers and offenders.

4. What is a REGARDS EIRA?

A REGARDS EIRA provides a structured way of looking at and examining the effects or impact of a proposed or existing policy, practice, service or function on equality areas (activities). It is a tool aimed at improving the quality of services and employment by ensuring that individuals and teams think carefully about the likely impact of their work on different people, communities or groups. It involves anticipating the consequences of our decision making on different individuals, communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised.

A negative or adverse impact is an impact that could disadvantage one or more equality groups or communities. This disadvantage may be differential, where the negative impact on one particular group is likely to be greater than on another.

A positive impact is an impact that could have a positive effect on one or more equality groups or improve equal opportunities and/or relationships between communities positive impact may be differential, where the positive effect on one particular group of individuals is like to be greater than on another.

5. Why conduct a REGARDS EIRA?

We undertake EIRAs because

We need to

If we are to appropriately serve our diverse local community and ensure our services and employment are provided equitably and genuinely accessible to all.

All policy sets out to achieve a benefit. By this we mean that all activities of the Trust are aimed at enhancing the health and wellbeing, productivity and overall functionality of people without disadvantaging or discriminating against any individual, group or community.

However, there is always a risk that the policy will not reach all those it is intended to help, or that it will have unintended negative consequences. Those most at risk are the vulnerable and disadvantaged in our society, whose voices are seldom heard, and who may feel excluded.

Completing the EIRA is similar to undertaking a risk Analysis. When we look at our policies, practices, services and functions, we need to dig deeper at the impacts and potential bias, rather than a benign assumption that they have been set up to treat everyone equally, therefore serve that purpose and achieve equality.

We have to

All public bodies must undertake EIRA of their policies and functions, as set out in equalities legislation. EIRA's are not optional but mandatory.

We want to

EIRAs actively support the practical delivery of policies and strategies, helping us to meet the Care Quality Commission standards and contribute towards other inspection regimes and partnership arrangements.

It is not about more paperwork and should not be done as a 'tick-box' exercise. It is a common sense approach to thinking about what effect policies and actions will have on REGARDS groups. The effect could be positive, neutral or negative. It is about identifying barriers and removing them before they create a problem, increasing the opportunities for positive outcomes for all groups, and using and making opportunities to bring different communities and groups together in positive ways.

We must take ownership of impact. By ownership of impact we may need to change the way the policy is implemented to ensure individual and community needs are fully met.

<p>For example if we ask for all complaints or feedback to come in writing we are causing barriers for those who cannot read, or write or have other disabilities or communication issues. We must therefore ensure that apart from writing we also accept complaints and feedback through the means of interpreters or provide means for that complaint to be registered in a way that does not compromise the needs of the individual in any way.</p>

The public sector equality duty does not instruct us to treat everyone 'equally', rather it encourages us to proactively and responsibly eliminate any unjustifiable discriminatory practices thereby promoting and ensuring equality. Sometimes it is necessary to treat people differently in order to give them equality of opportunity. For example, a person whose first language is not English or uses British Sign Language may need information to be provided in a different language or format to have equal opportunity to accessing it.

From our engagement activities we are aware that some communities of service users frequently experience difficulties in accessing health and social care services. These include and are not limited to carers, disabled service users, D/deaf people and those from emerging new communities with language problems,

If the above mentioned REGARDS groups or communities have been let down by our Trust as in their needs have not been met, then we have in essence failed our Equality Duty as a compassionate recovery focused organisation. There is an impact due to this which may result in poor uptake of services, people being left behind and/or lack of confidence in services and opportunities to meet individual or community needs.

6. Who is responsible for conducting a REGARDS EIRA?

The Trust Board of Directors is ultimately accountable for ensuring that EIRAs are completed and published. When policy or service proposals are submitted to the Board for consideration, members will be expecting to see the results of the EIRA within these reports.

The concept of the EIRA should be incorporated into all decision making and everyday working practices. The author of the policy or framework, for example, senior leaders, service managers and clinical leads are all accountable for conducting a robust EIRA, simply due to the fact that they are experts in the subject matter and should understand the intended target group, implications of their proposed ideas, policy formation and review.

Further advice and information to complete EIRAs can be received from the Assistant Director of Engagement and Inclusion if further clarity is required on any particular aspect of EIRAs.

7. The governance arrangements for EIRAs are as follows:

1. The EIRA is signed off by the policy or service owner/author.
2. The above parties make a decision as to whether a full EIRA is required.
3. If the decision is yes, a full EIRA is undertaken and an EIRA report and improvement action plan is produced.
4. All EIRAs are sent to the appropriate policy group, as part of the policy template, for monitoring compliance and quality assurance purposes.
5. The EIRA report (for Full EIRAs) are sent out to engage and consult with stakeholders
6. The policy or service owner/author and Equalities Lead assess results of engagement
7. Where a full EIRA is required, the policy or service owner completes an EIRA improvement action plan and sends this to the policy group and also with existing performance management arrangements.
8. Policy group approves EIRA, as part of policy template, prior to publishing on Trust intranet
9. The Equalities Forum provides reports to the People and Culture & Quality Committee who will take the lead in reporting to the Board to ensure organisation compliance with the Equality Act 2010.

*The DHCFT Equalities Forum

The Equality Forum (referred to as ‘the Forum’) will support and provide assurance to both the People and Culture and Quality Committees. It will ensure that effective and co-ordinated action is taken across Derbyshire Healthcare NHS Foundation Trust (DHCFT) to reduce disadvantage, discrimination and inequalities of opportunity, and promote diversity and inclusion in terms of the people it serves, its workforce, the partners it works with and the services it delivers.

The Forum is a formal sub group of the People and Culture and Quality Committees. It will determine DHCFT’ equalities priorities and will monitor and performance, manage progress made towards key equalities objectives and targets. It will oversee the implementation of the DHCFT Equalities Framework and Action Plan and ensure the organisations compliance with the NHS Equality Delivery System (EDS) and equalities legislation.

The People and Culture Committee will take the lead in reporting to the Board on the progress made against the equality action plan

8. What are we being asked to do? What does showing ‘due regard’ to the general duty actually mean?

Simply that the general duty should be consciously thought about as part of the decision-making process in any activity and practice. ‘Due regard’ is a legal term that requires **proportionality** and **relevance** – in all decisions and functions there has to be appropriate weight to the obligations under the Act in proportion to the relevance of the obligations to a particular decision or function.

For example, a policy that deals with the purchasing of stationery is unlikely to be relevant to Equality, but a policy dealing with how people access a service will have a high relevance to Equality.

The weight given to the general duty will depend on how that area of work affects discrimination, equality of opportunity and good relations. Principles from case law and regulatory work on the former race, disability and gender equality duties help us to understand what must be done to show ‘**due regard**’ and to be compliant with the general duty.

The key case law principles are commonly referred to as the **Brown Principles** and are often used in court to determine whether a public body has shown ‘due regard’ to the equality duty. The following principles, drawn from case law, explain what is essential in order for the Equality Duty to be fulfilled.

Brown Principle	Requirement
Knowledge	The decision makers must be aware of their duty to have ‘due regard’ to the three aims of the duty.
Sufficient information	The decision maker must consider what information he or she has and what further information may be needed in order to give proper consideration to the Duty.

Timeliness	The Duty must be complied with before and at the time that a particular policy is under consideration or decision is taken – that is, in the development of policy options, and in making a final decision. A public body cannot satisfy the Duty by justifying a decision after it has been taken.
Real consideration (Decision making)	Consideration of the three aims of the Equality Duty must form an integral part of the decision-making process. The Equality Duty is not a matter of box-ticking; it must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision
Accountability (No delegation)	Public bodies are responsible for ensuring that any third parties which exercise functions on their behalf are capable of complying with the Equality Duty, are required to comply with it, and that they do so in practice. It is a duty that cannot be delegate
Monitoring and review	Public bodies must have regard to the aims of the Equality Duty not only when a activity is developed and decided upon, but also when it is implemented and reviewed The Equality Duty is a continuing duty

What do I assess and when should I start the Analysis?

The term ‘policies and practices’ is a broad term that includes:

- Policies
- Provisions
- Criteria
- Practices
- Activities
- Decisions
- Informal Customs

9. When should EIRA take place?

As an initial step to achieving compliance, all procedural documents, policies, procedures, protocols and guidelines need to be screened and where necessary, fully analysed.

Taking due regard from the earliest stage of development or review will produce better outcomes. This is because considerations will be fully built into the remit of the policy.

Paying due regard at the end of the development or review process, will generally mean that there is a lack of flexibility in the document to fully consider the general duties. Opportunities to advance equality will also be missed, in both scenarios could be open to challenge. Challenges can take place in courts or enforcement by the Equality and Human Rights Commission.

The Public Sector Equality Duty is a mandatory ongoing duty. The adoption of a REGARDS EIRA policy in itself does not ensure full compliance, but it is a start of a process that makes policies fairer, transparent and more accountable.

10. Equality Impact Risk Analysis process

It can be challenging, but EIRAs are not intended to be over complicated or necessarily about 'getting it right first time. It is about taking a common sense approach that is realistic and proportionate. It is about documenting what early data or evidence you have used to evaluate impact and substantiate your decisions. Please refer to guidance notes appendices iii, iv and v.

An EIRA consists of two main stages:

- a) An initial screening process to check for relevance to equality.
- b) A full EIRA if initial screening has identified an adverse/negative impact.

Part 1: Initial screening to check for relevance to equality

How do you know if it's relevant to equality?

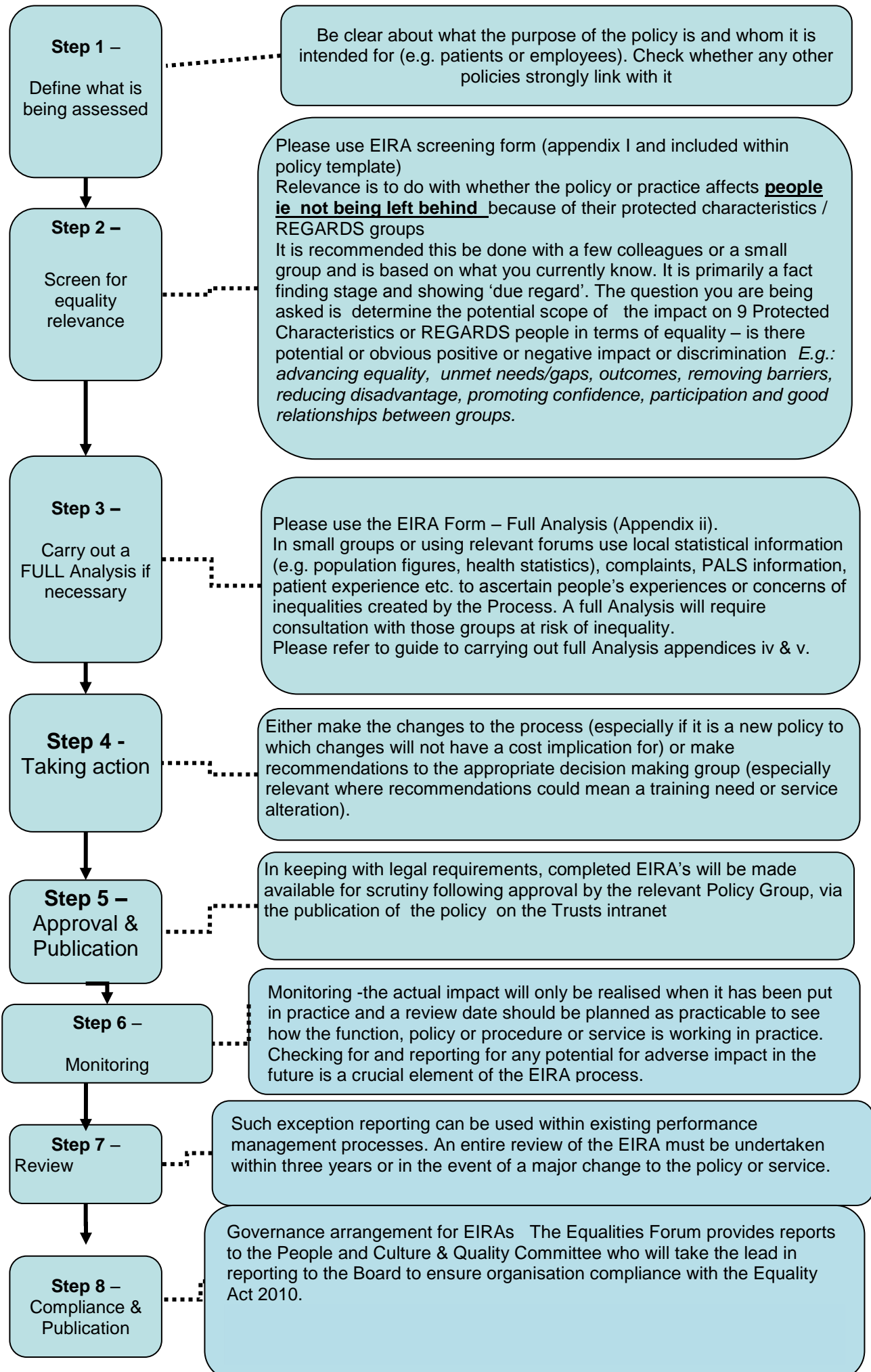
Relevance is to do with whether the policy or practice affects people because of their protected characteristics.

The purpose of stage 1 is to help you to determine the potential impact of your work to service users and/or staff, and whether this is affected by protected characteristics/REGARDS. It does not require you to consider actual impact, merely to review the availability of relevant information, stakeholder feedback and consider the potential scope of impact and, on this basis, develop your priorities for action and determine if a full EIRA is required.

If there is a lack of data or information concerning a particular area, this should not be the reason to stop the process. If the likely impact on a particular group is unknown then action needs to be taken to acquire this information.

Stage 2: Full EIRA

11. Steps for carrying out an EIRA



12. Completing the EIRA process

Ensure you have answered all of the relevant questions and as fully as possible. It references all the evidence you have used to justify your answers and avoid blanket statements.

Please remember that a REGARDS EIRA can be called upon at any time to justify decision making or asked for as part of audit. Most importantly people from each Protected Characteristic may review your EIRA and will be asking how this policy, strategy or service takes account of my potential needs

The completed Analysis will be published on the Trust public website, as required by the Public Sector Equality Duty.

13. Appendix i

Stage 1: Screening to assess for equality relevance form

(Please see Appendix iii page 20 for further guidance)

1. Name of the service / policy / project or proposal (give a brief description and what outcomes you are trying to achieve and for whom):

No jargon please - EIRA's are public - think of external readers
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2. EIRA Lead Name & Job Title:	Division :
Date	EIRA Team :

3. Answer the questions in the table below to determine equality relevance:

<i>Tip: Remember to consider each of the 9 Protected Characteristics/ REGARDS equality strands, including human rights to ensure no one is left behind?</i>	Yes	No	Recording 'due regard' Insufficient data / available info or feedback to determine (Please provide links)
Does the project / proposal affect people differently - service users, employees or the wider community, and potentially have a significant effect in terms of equality? <i>E.g.: removing barriers, advancing equality, unmet needs/gaps, outcomes, reducing disadvantage and promoting good relations between different groups?</i>			
Is it a major project / proposal, significantly affecting how functions are delivered in terms of equality?			
Will the project / proposal have a significant effect on how other organisations operate in terms of equality?			
Does the decision/ proposal relate to functions that previous engagement has identified as being important to particular protected groups?			
Does or could the decision / proposal affect different protected groups differently? <i>Please specify which groups could benefit or create a disadvantage for?</i>			
Does it relate to an area with known inequalities?			
Does it relate to an area where equality objectives			

have been set by our organisation?			
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3. On a scale of high, medium or low assess the policy in terms of equality relevance.
4. This will depend largely on what you have found based on the available information and feedback that you have collected. What you know about the likely effect on different people and REGARDS groups and whether the effect of policy is likely to be positive or negative. If it is not relevant to all the protected characteristics because there is very little 'human' element to it or its implementation it is likely it will not be relevant for further Analysis.

If your decision is that the policy is found to be of a high or medium relevance and potential for adverse impact then proceed to stage 2 full EIRA

	Tick below:	Notes:
High		If ticked all 'Yes' or 'Insufficient data'
Medium		If ticked some 'Yes' and / or 'Insufficient data' and some 'No'
Low		If ticked all 'No'

Compliance & Assurance

Date sent to appropriate policy group (clinical or workforce policy):.../.../20...

14. Appendix ii

Please see Appendices iv & v for further guidance) Equality Impact Risk Analysis Form – Full Analysis (Stage 2)

1. Name of the service, policy, project or proposal (give a brief description)

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2. EIRA Lead Name & Job Title:

Division :

Date

EIRA Team:

3 What is the aim of the service, policy, project or proposal? Why is it needed?

No jargon please - EIA's are public - think of external readers

3. Which of the following equality groups is it relevant to? (Tick all that apply below)

Race	
Economic Disadvantage	
Gender Reassignment / Transgender	
Age	
Religion or belief	
Disability	
Sexual Orientation	
Marriage and Civil Partnership	
Pregnancy and Maternity	
Other broader equality groups for example, families,	

carers, economic disadvantage/poverty, unemployed, people who misuse substances, homeless, geographical isolation (rural and urban), looked after children, veterans, sex workers and offenders.	
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4. What impact could the service, policy, project or proposal have on any of the equality groups?

Could it disadvantage anyone, and if so why or how? Could/does it address current inequalities?

Race	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Economic Disadvantage	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Gender Reassignment / Transgender	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Age	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Religion or Belief Pregnancy or Maternity	Positive impact	Negative impact	No impact	Impact not known
Detail:				

Disability	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Sexual Orientation	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Religion / Belief	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Marriage or Civil Partnership	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Pregnancy and Maternity	Positive impact	Negative impact	No impact	Impact not known
Detail:				
Other broader equality groups for example, families, carers, economic disadvantage/poverty, unemployed, people who misuse substances, homeless, geographical isolation (rural and urban), looked after children, veterans, sex workers and offenders	Positive impact	Negative impact	No impact	Impact not known
Detail:				

5. What evidence, research, data and other information do you have which will be relevant to this Analysis? What does this information tell you about each of the equality groups?

(This question needs to be answered by considering relevant data and research (including demographic data), information (including anecdotal), results of consultation and surveys, the results of equality monitoring data, analysis of complaints)

6. Have you consulted on this service, policy, project or proposal? Do the results of this consultation confirm any of the potential barriers identified at Q4. Outline any consultation undertaken and the outcomes below:

7. What key actions do you intend to take (or have you taken) to address the findings arising from this Analysis?

(Actions could include changes to service, policy, project or proposal, consultations with equality groups, taking steps to remove the barriers or to better advance equality, making reasonable adjustments and documenting risk and ensure it goes on the risk register where necessary)

Document the findings of the analysis and complete action plan setting out how you will mitigate the risk.

Action	By when	Responsibility of	Monitored through (by and when)

Assessed by:

Job title(s):
Directorate(s):
ate:

15. Appendix iii –Guide to answering question in the EIRA Screening for Equality Relevance Form

Q1. What are the Aims and Objectives of the policy?

Describe the aims, objectives and purpose of the policy. This will usually cover the process of what is being achieved by the policy. No jargon please - EIA's are public - think of external readers

E.g. the aims and objectives of a Bullying and Harassment Policy are to give a clear Trust stance, establish definitions and to establish the reporting process on the issue.

Q2 : Lead completing EIRA – Name and position, date and list of EIRA Team.

Q3. What outcomes are intended to be achieved from this policy?

An outcome is the end result or what you hope to achieve from the aims and objectives. This will help you focus on the key areas you want to look at and to consider whether they will fully meet the needs of those identified in question 3.

E.g. the outcome of having a Bullying and Harassment Policy is to support the elimination of bullying and harassment in the workplace.

Q4. Who does this policy affect? (E.g. specific patient or staff group)

Is the policy meant for everyone or is it for a specific group of people e.g. female patients, clinicians, managers, volunteers.

This will help you think about who makes up the group the policy's outcome is intended for.

Q5. How does the policy and the implementation of it take account of the needs of REGARDS?

This section gives you the opportunity to capture how you believe the policy and the implementation necessary to achieve the outcome may **already** take account of the needs of those identified in question 3. Don't worry if it doesn't, that's the point of the screening at this stage.

Not applicable?

It may well be that the policy is not relevant to some or all the different protected characteristics.

If it is not relevant to all the protected characteristics because there is very little 'human' element to it or its implementation it is likely it will not be relevant for further Analysis.

E.g. A policy and its implementation is very functional and prescriptive such as a waste management policy, policy for use of a piece of equipment or a policy for the use of other policies and guidance.

Q6. Are there any outstanding risks of potential inequality or barriers to protected characteristics in the implementation or outcome? *Please tick*

From a quick Analysis do you feel that there are still some areas of risk that some (or all) of the protected characteristics could experience any possible discrimination or barrier in achieving the outcome(s) the policy hopes to achieve?

If you answer yes or don't know then the policy is relevant to continue onto a full Analysis.

Q7. *If applicable* - Does the policy or its implementation:

Support elimination of discrimination, Promotion of equal opportunities and Promotion of good relations between different groups

If the policy is applicable to people's access, experience, etc then it will need to demonstrate that it fulfils these public duties. If it cannot it is likely to need a full Analysis.

Q8. *If applicable* - Are you confident that the policy or its implementation does not contravene the Human Rights Act. *If no continue to a full Analysis?*

If the policy is applicable to people's access, experience, freedom etc it is essential to ensure that policy decisions have considered the potential impact on Human Rights. If it cannot it is likely to need a full Analysis

See appendix xiii for list of Human Rights most applicable to health care settings.

Q9. Is the policy going to a full Analysis?

Tick NO- If you are confident that the policy is either not relevant to equality Analysis or that it already encompasses all the possible needs of those with protected characteristics.

Tick YES - If you are not confident or possible risks have been identified in question 5 and carry on to the full Analysis

Q10. EIRA Review date

If you answered **No to Question 8** then please put in the review date already agreed for the policy (usually 3 years)

If you answered **Yes to Question 8** put in the date at which you will be starting the Full Analysis

Appendix v - Guide to answering the questions in a Full Equality Impact Analysis / Analysis

Q2. For the policy and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into key areas)

a) Using data and supporting information, what issues, needs or barriers could the following groups experience with the policy or its implementation?

Here you are being asked to collate data on all the potential issues, needs and needs that may be faced by each of the protected characteristics in relation to the design and implementation of the policy.

Please note that it is more likely that it is in the implementation of the policy or process where issues of equality will be relevant.

E.g. Will all protected groups feel able to report bullying and harassment and use the procedure effectively or will some find it easier than others? Is there a skill or confidence barrier that may effect some? Are managers well equipped to implement the policy for all groups?

b) What is already in place in the policy or its implementation to meet these needs and overcome these barriers?

From the list of potential issues identified in **a)** please capture how you think the policy or implementation plan will already meet these. This is a great opportunity to capture good practice that may already be in place.

c) Please state any barriers that still need to be overcome or additional information needed.

From the list in **a)** any issues, needs or barriers not already being met in **b)** should then be captured here with recommended ways to overcome the issue or meet the need. This will give you an idea of what actions you will need to put into place either in the design of the policy or its implementation.

Please then use this list to formulate you action plan – Q6.

Q3. If applicable: How will general equality act and human rights issues be taken account of (i.e. applicable to all strands)?

Please refer to the equality act on page 4 and the human rights principles found in appendix xiii to check whether you feel it is applicable and the policy takes account of these legal requirements.

E.g. The policy may have issues relating to patients liberty?

Q4. What consultation have you carried out?

If you are conducting a full Analysis it is necessary to have carried out some sort of consultation to support both the collection of needs, issues and barriers (2a) but to also establish the possible solutions to these (2c).

This should not be generic consultation but consultation with people from those protected characteristics you have identified in the screening stage as potential facing risk of inequity. Please list the groups you have consulted.

Q5. What data or information did you use in support of this EIRA?

Please capture your data sources e.g. PALS data, national research, user satisfaction surveys

Q6. What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that policy and its implementation is not discriminating against any groups

Please list how you are going to meet the issues identified in 2c, by whom and over what time period.

E.g. An issue was identified that BME staff may not be confident in reporting there is insufficient data to formulate a good solution. Over the next 6months a survey will be carried out asking staff about the implementation of the policy. Also a review will be made in 12months time to look at numbers of reported cases and from which protected characteristics.

Q7. Review date

Set a date to review the EIRA and ensure that actions have been implemented.

16. Appendix iv - Guide to answering the questions in a Full EIRA for services/strategies/functions

Q1. What are the Aims, Objectives or Purpose of the service/ strategy/function

Describe the aims, objectives and purpose. No jargon please - EIA's are public - think of external readers

Q2 : Lead completing EIRA – Name and position, date and list of EIRA Team.

Q3 What outcomes do you want to achieve from this service/strategy/function?

An outcome is the end result or what you hope to achieve from the aims and objectives. This will help you focus on the key areas you want to look at and to consider whether they will fully meet the needs of those identified in question 3.

Q4. Who is intended to benefit from these aims, objectives and outcomes? (e.g. specific employee, patient, public group)

Is it meant for everyone or is it for a specific group of people e.g. female patients, specific conditions, clinicians, volunteers. Name all that are relevant.

This will help you think about who makes up the group the outcome is intended for and help identify issues and who to consult with.

Q5. Breakdown each area or element of the service/strategy/function and consider against each Equality strand the questions a – c below

It is likely that what you are assessing could be made up of a number of key areas or elements. For example a service would be made up of appointments, reception, clinic times, etc. A function such as a website would be made up of access, information, navigation, content etc. It is useful although not necessary to break these down and evaluate each against the needs, barriers or issues for the protected characteristics. Add as many areas or elements as necessary.

a) Using data and supporting information, what issues, needs or barriers could the following groups experience with the policy or its implementation?

Here you are being asked to collate data on all the potential issues, needs and needs that may be faced by each of the protected characteristics in relation to the design and implementation of what you are assessing.

E.g. Will all protected groups feel able to use the website/ book appointments or will some find it easier than others? Is there a skill or confidence barrier that may effect

some? Is the service/function well equipped to implement the outcomes for all groups?

b) What is already in place in the policy or its implementation to meet these needs and overcome these barriers?

From the list of potential issues identified in **a)** please capture how you think what is being assessed and its implementation will or already does meet these. This is a great opportunity to capture good practice that may already be in place.

c) Please state any barriers that still need to be overcome or additional information needed.

From the list in **a)** any issues, needs or barriers not already being met in **b)** should then be captured here with recommended ways to overcome the issue or meet the need. This will give you an idea of what actions you will need to put into place either in the design of the policy or its implementation.

Please then use this list to formulate your action plan – Q9.

Q6. What consultation have you carried out?

If you are conducting a full Analysis it is necessary to have carried out some sort of consultation to support both the collection of needs, issues and barriers (4a) but to also establish the possible solutions to these (4c).

This should not be generic consultation but consultation with people from those protected characteristics you have identified in the screening stage as potential facing risk of inequity.

Q7. What data or information did you use in support of this EIRA?

Please capture your data sources e.g. PALS data, national research, user satisfaction surveys, access data

Q8. Are you confident that the service/strategy/function and its implementation: Eliminates discrimination, Promotes equal opportunities, Promotes good race relations

Please tick yes or no as to whether you have confidence. Please refer to page 4 regarding the equality act.

Q9. Are you confident that the service/strategy/function or its implementation does not contravene the Human Rights Act 1998?

Please tick yes or no as to whether you have confidence. Please refer to appendix xiii regarding the Human Rights Act.

Q10 What future actions needed to be undertaken to meet the needs and overcome barriers of the groups identified or to create confidence that policy and its implementation is not discriminating against any groups

Please list how you are going to meet the issues identified in 4c, by whom and over what time period.

E.g. An issue was identified that disabled patients may have difficulties with the appointment process. A review of how to improve appointment letters, length of appointments and different ways to make and cancel appointments will be implemented in stages over the next 6months.

Q11. Review date

Set a date to review the EIRA and ensure that actions have been implemented.

17. **Appendix v - Guide to carrying out all Full Equality Impact Analysis.**

Below are some simple guides to make it easier to carry out a full Analysis

1. Create a group to support the full Analysis - This would be colleagues involved in some way in what is being assessed or who you feel have knowledge that could contribute to the Analysis.

Do not carry out an Analysis on your own!

2. Collate some information and data – It is extremely important that there is clear evidence for the decision on whether what is being assessed has any differential impact on any group or groups. It is also important to be able to explain and justify any judgment made as to whether changes are or are not made. This cannot be done without data and information collection.

This may be captured through a range of different methods

Possible sources of evidence might include:

- Knowledge - e.g. about the culture or needs of a particular group;
- Trust or department/service data – i.e. what is the diversity make up of the employees or patients
- Access or performance data – e.g. disparities in Did Not Attends from particular groups;
- Inspection/audit/ Analysis – e.g. score ratings, comments, feedback reports;
- Comments and Complaints – e.g. predominantly from a particular minority group;
- Anecdotal evidence – e.g. from staff or patient experiences;
- Consultation and involvement – e.g. staff networks, local groups and community engagement exercises;
- Demographic and other statistical data – e.g. census findings
- Up-to-date research – e.g. studies of deprivation
- Comparisons between similar policies and functions
- In-house expertise – e.g. advice from the Equality and Diversity team.



It would help to see whether an EIRA on what you are assessing has been carried out elsewhere in the Trust or at other Trusts. Please use the intranet to see existing DHCFT EIRAs. As it is a legal requirement to publish EIRAs many other Trusts will have published their results on the internet (please note EIRAs are often called EIAs or EqIAs).

3. Break down the Analysis into areas - It is useful to breakdown whatever is being assessed into its component areas or elements. For a service this could be done by looking at key stages of patient journey

For example if you are looking at a service you might want to look at

- Advertising and information about the service
- Appointment process and times
- Access issues
- Communication (verbal and written)
- Follow up appointments
- Discharge

To support this in Question 4 of the EIRA form it asks you to state the area or element being assessed.

4. Group Work - Using the data and information collated have an initial brainstorm with your EIRA group to look at each area or element.

Against **each** element or area you should be considering whether each protected characteristic of **REGARDS**:

a) Has or could have any issues, needs or barriers to overcome?

For example: A service is looking at its appointment process and realises from complaints and levels of DNA there could be barriers and specific needs to consider for older people, carers, disabled people and people with chaotic lives.

b) What is already in place or planned to be in place to meet these needs and overcome these barriers?

For example: The service has already set up a system that assesses whether it is possible for the individual to make an appointment e.g. avoiding early morning appointments for those relying on patient transport or carers to get them to the hospital

c) Identify any barriers that still need to be overcome or additional information that is needed

For example: The service needs more evidence about how to make appointments more accessible for people with chaotic lives and wishes to carry out some consultation.

5. Action planning - Once you are confident that you have been able to answer questions a – c you need to consider the next steps. Next steps could include finding out more information and making changes or additions to what has been assessed. These next steps will formulate the action plan on Question 9.

The real value of completing an equality impact Analysis comes from the actions that will take place and the positive changes that will emerge through conducting the Analysis. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action be attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- Any cost implications and how these will be addressed.

The action plan should include realistic and achievable actions or activities likely to have an impact. This should not be a comprehensive list of all the possible things that might help. It is unlikely that any implementation plan will have less than four activities, but an implementation plan that rolls over to six pages is unlikely to be providing sufficient focus for most activities.

6. Consultation - For a full Analysis to be effective there needs to be a level of consultation with those who have been identified as benefit from the aims, objectives and outcomes of what has been assessed.

From the consultation it will be possible to look both at issues, needs and barriers that may have been overlooked, challenge assumptions that may have been made and assess whether the systems either already in place (answer to b) or that are being suggested (answers to c) actually overcome the problem identified.

Please see appendix 4 for carrying out consultation

7. Form completion - Once you completed the group work fill in all the fields in the full Analysis form (stage 2 for policies)

8. Review - To ensure that the EIRAs action plan has been implemented it will be necessary to plan in a review date.

Monitoring and review arrangements—the EIRA should not be considered as a one off exercise. The actual impact will only be realised when it has been put in practice and a review date should be planned as practicable to see how the function, policy or procedure or service is working in practice. Checking for and reporting for any potential for adverse impact in the future is a crucial element of the EIRA process. Such exception reporting can be used within existing performance management processes. An entire review of the EIRA must be undertaken within three years or in the event of a major change to the policy or service

18. Appendix vi - Carrying out consultation

The starting point should always be to examine what you already know from feedback you have from service users and communities. You need to consider whether there is enough information to provide you with an indication about what they think of the policy or service.

Please note: You may wish liaise with the Public Patient Participation Unit regarding any consultation you are planning.

Here are some questions to help you decide on the consultation process

- Is there enough information from recent consultation to give you the information you need?
- Does the service have ongoing communication with relevant interest or user groups?
- Who do we need to talk to?
- What groups or individuals have legitimate interests?
- How do you make sure they are part of the consultation?
- What methods are you going to use?
- How can you make it accessible?
- What resources are available?

Consultation is a very useful tool and can help us to get things right. It is really important though that you do feedback to the people you have consulted with, so that they feel valued and that their comments have been taken seriously.

How much to consult?

It is recommended that the concepts of **proportionality** and **relevance** be used when deciding how much to consult on a policy. This means that the amount of consultation undertaken should be in proportion to the equality relevance of what is being assessed. For instance if you feel that a service has an impact on a wide range of people and that there is a risk of there being a number of highly negative impacts (barriers, lack of need being met etc) then some extensive consultation would be advised. Whereas if there is only a small group of people at risk and that risk does not seem to be significant then some limited engagement (e.g. a survey) could be sufficient.

19. **Appendix vii – Sources of data to support the EIRA process**

Remember, it is vital to concentrate on the main objectives of the equality impact Analysis and not lose sight of the goals, know when to stop! Look for practical outcomes and focus on identifying gaps in the current provision. If it is not possible for you to get data easily or immediately, this should be highlighted in your final action plan.

- PAS analysis (equality monitoring collection and analysis)
- TPP analysis (equality monitoring collection and analysis)
- The knowledge and experience of the people assisting in the service.
- Local demography
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Staff Forums (especially staff diversity forums)
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits
- Census data
- Academic, qualitative and quantitative research
- Other Trust EIRAs (alternatively known as EIRAs, EqIAs or Equality Assessment or Analysis).

20. Appendix viii - Frequently Asked Questions

Q. Can we never discriminate? – Acceptable discrimination?

There are times when we may deliberately make a justified decision that could exclude a particular group, where a particular group may be negatively impacted or alternatively where a group could be positively impacted upon.

Deliberate exclusion – Examples could be a service or policy which is specifically aimed at one group to the exclusion of others, e.g. women's or children's services.

Negative impact – This is where a decision had been made for reasons of resource or ethics which could have a direct negative impact on a group. E.g. IVF treatment due to age, restrictions to dress code based on infection control evidence.

Positive impact – We may choose to deliberately write a policy or design a service that gives preferentially treatment or positively discriminates in favour of one group over another. E.g. we will give disabled people more opportunities and flexibility regarding our car parking arrangements than non-disabled people.

Q. Who is enforcing the EIRAs?

Monitor, CQC and the Equality and Human Rights Commission all require evidence that EIRAs have been carried out and their results published. Monitor and CQC specifically scrutinise the Trust on an annual basis to ascertain whether we are meeting this legal obligation. In addition members of the public or local groups can (and have) asked for copies of Analysis carried out.

Q. Can I build the EIRAs into my existing systems and processes?

Yes. It's important that the process starts at the point where the aims and objectives are being decided. Time needs to be factored into the development of any policy, function or service for undertaking an impact Analysis. This will ensure that the potential for impact on the equality groups is considered from the outset.

Q. How will EIRAs help me improve my service?

EIRAs will help you deliver excellent services that are accessible and which meet the varied needs of their staff, patients and service users. In its simplest form the EIRA process can be seen as a foundation tool for measuring the effect of the service, function or policy on people and should encourage greater transparency about decision making. Assessing a service, function or policy will help to identify if it has the potential to impact on certain groups negatively and give you the opportunity to adapt it.

21. Appendix ix – Definitions

Barriers

Structures or factors (whether physical, social or psychological), which make it difficult for people to make progress or achieve an objective. In equality terms they are the factors that prevent individuals, or groups of people, gaining access to employment, or services, or from reaching their potential in society.

Examples of barriers can include poor arrangements for access to buildings, lack of information, bias in recruitment and selection procedures, lack of transport, poor educational provision and training, absence of role models, and general prejudice and discrimination against particular groups.

Belief

The acceptance of a fact, opinion, or proposition as true, without the full intellectual knowledge to know it's true. Belief is associated with religion in the Employment (Religion or Belief) Regulations 2003. Religion or belief is currently defined as 'any religion, religious belief or philosophical belief'. Whether a particular belief comes within the scope of the Regulations will be for individual tribunals and courts to decide. In determining whether the belief is protected, it is likely that they will consider, among other things, such factors as collective worship, whether there is a clear system of belief, and the profundity of the belief in affecting a way of life or view of the world.

'Philosophical belief' covers not only non-religious beliefs, such as atheism, along with the absence of religious belief, but potentially beliefs that amount to a "world view or life stance". House of Lords debates concerning the latter point indicate that further clarification on this

Black and Minority Ethnic (BME)

A broad term used to distinguish non-white and culturally distinct minority groups and individuals within British society. Sub-categories of this summarised term include a wide range of different race groups as defined within the 2001 Census. Minority ethnic describes people of an origin or country who may or may not be black, but are statistically and visibly fewer in number than the majority white population, either locally or nationally

Colour Blindness

A term used to describe the failure to see or acknowledge racial or cultural characteristics that are different from one's own. Often used to criticise the way in which public policies/services have been developed without reference to the needs of black and minority ethnic individuals or groups.

Direct Discrimination

Direct discrimination occurs where one person is treated less favourably than another, has been or would be treated in a comparable situation on any of the grounds of discrimination covered by law. In other words discrimination means a difference of treatment simply because of a person's age, ethnicity, sexual orientation, religion or belief or disability rather than for example a person's competence to do a particular job

Dignity

The human quality of being worthy of esteem or respect. Dignity at work refers to a set of principles, values and practices which seek to ensure that all individuals are treated with dignity and respect by others, in an environment free from all forms of harassment and bullying

Disability (Legal Definition)

The Equality Act (2010) defines disability as 'a person is considered to be disabled (and is therefore protected from discrimination) if s/he has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities'.

Long-term effects are those which have lasted longer than 12 months, or are likely to last at least 12 months or for the rest of a person's lifetime. A recurring condition is also considered to be a disability if it is likely both to recur, and to do so at least once beyond the 12 month period following the first occurrence. A 'substantial' adverse effect is a relatively low threshold and has been defined in case law as an effect that is greater than minor or trivial.

People who have had a past disability are also protected from discrimination under the EA 2010, as well as anyone who has a diagnosis of HIV, cancer or multiple sclerosis.

Disability (Social Model)

A model that diverts attention away from 'individual deficit' towards external barriers. In the social model disability is defined as a problem created by society - specifically the way in which organisations, services and systems are designed or organised - historically taking little or no account of the needs of people who have impairments. People with impairments are therefore frequently 'disabled' by society and excluded from mainstream activities. Thus 'disability' is not about medical terminology, but instead the barriers (physical, social, attitudinal and environmental) that result from the way society is organised and how people with impairments are viewed. In the social model, disability is distinguished from impairment and ill health and should be seen as disadvantage experienced by an individual as a result of the barriers to independent living or educational, employment or other opportunities that impact on people with impairments and/or ill health.

Diversity

The differences in the values, attitudes, cultural perspectives, age, gender, religion/beliefs, ethnic origin, sexual orientations, skills, knowledge and life experiences of each individual in any group of people. Embracing Diversity requires an appreciation that everyone is different in a variety of visible and non-visible ways, and that those differences are to be recognised, respected and valued.

Equality

A revised term for 'equal opportunities' based on the legal obligation to comply with anti-discrimination legislation. Equality protects people from minority groups from being discriminated against and gives people the same opportunities regardless of their group membership, i.e. sex, race, disability, sexual orientation, religion or belief, or age.

Equality and Human Rights Commission (EHRC)

A non-departmental public body established under the Equality Act 2006 (accountable for its public funds, but independent of government), which took over the responsibilities of the Commission for Racial Equality, Disability Rights Commission and Equal Opportunities Commission. It is the independent advocate for equality and human rights in Britain and aims to reduce inequality, eliminate discrimination, strengthen good relations between people and promote and protect human rights.

The Commission enforces equality legislation on age, disability, gender, race, religion or belief, sexual orientation or transgender status, and encourage compliance with the Human Rights Act and international treaties. It also gives advice and guidance to businesses, the voluntary and public sectors and individuals.

For more information, please visit: www.equalityhumanrights.com

Ethnic

A term used to describe the classification of individuals into groups according to their shared attributes. This may be on the grounds of their racial, religious, cultural and/or linguistic similarities or differences

Gay

A colloquial term adopted and used by a person who has an emotional and/or sexual orientation towards people of the same sex.

Gender Reassignment

A term used to describe the medical treatment an individual receives that enables him or her to alter their bodies to match their gender identity. The extent of any surgical procedures will vary according to the needs of the individual. A person does not have to undergo gender reassignment in order to transition fully from one sex to another. Furthermore, someone may have Gender Dysphoria but not want to transition fully.

Gender Dysphoria is an essential legal prerequisite for obtaining a Gender Recognition Certificate (GRC), a legal document which affords them all the rights and responsibilities appropriate to the acquired gender. If their birth was registered in the UK they will receive a new birth certificate.

Human Rights

The term used to describe an individual's rights to protection against encroachment and mistreatment by the state. The concept of international human rights acknowledges that every single human being is entitled to enjoy his or her human rights without distinction as to race, colour, sex, language, religion or political or other opinion, national or social origin, property, birth or other status.

Indirect Discrimination

An organisation must not have selection criteria, policies, benefits, employment rules or any other practices, which, although they are applied to all employees, have the effect of disadvantaging a particular minority group. Indirect discrimination is unlawful whether it is intentional or not.

Prejudice

A negative judgement formed and expressed about others on the basis of inadequate information. Once a prejudicial thought is translated into a deed it becomes an act of discrimination and is therefore unlawful

Reasonable Adjustments

Under the Equality Act 2010 an employer or service provider has a statutory duty to make 'reasonable adjustments' where arrangements or physical premises place the disabled person at a substantial disadvantage in comparison with persons who are not disabled.

22. Appendix x – Human Rights relevant to health care

Human Rights Act 1998 - The key articles relevant to the delivery of health services within the Human Rights Convention include:

- **Article 2** - Everyone has the right to life, except in very limited circumstances, e.g. defending oneself or someone else from unlawful violence.
- **Article 3** - No one shall be subjected to degrading or dehumanising treatment
- **Article 5** - Everyone has the right to liberty and security of person
- **Article 7** - No Punishment without Law an absolute right
- **Article 8** - Everyone has the right to respect for their private and family life, home and correspondence
- **Article 9** - Everyone has the right to freedom of thought, conscience and religion ... subject only to such limitations as are prescribed by law and are necessary in a democratic society in the interests of public safety, public order, health, morals, or the freedoms of others
- **Article 10** - Everyone has the right to freedom of expression (subject to the same requirements as Article 9), but the exercise of those freedoms carries duties and responsibilities to the rights of others
- **Article 11** - A person has the right to assemble with other people in a peaceful way. They also have the right to associate with other people, including the right to form a trade union. These rights may be restricted only in specified circumstances
- **Article 12** - Right to marry and found a family
- **Article 14** - Prohibition on Discrimination. The enjoyment of the rights and freedoms set forth in the convention shall be secured without discrimination on any ground such as sex, race, colour, language, religion, political or other opinion, national or social origin

Examples to consider whether a policy or a procedure likely to invoke a Convention right – questions to consider

- **Is a hearing, review or investigation involved?** - ARTICLE 6 & ARTICLE 7 e.g. complaints procedures, grievance procedures, sectioning of patients, litigation, investigations
- **Is a person's mental or physical well-being affected?** - ARTICLE 2, ARTICLE 3 & ARTICLE 5 e.g. resuscitation orders, experimental treatment, palliative care practice
- **Is a person's family or private life affected?** - ARTICLE 8 & ARTICLE 12 e.g. medical records, decisions re fertility, consent to treatment, parental access, data collation, reputations
- **Are you impacting on the freedom of thought, conscience or expression?** - ARTICLE 9 & ARTICLE 10 e.g. multi faith chapels, interpreters, multi language pamphlets, criteria for fertility treatment, parental involvement in contraception
- **Is there a risk of discrimination?** - ARTICLE 14 E.g. Sex, race, colour, language, religion, political

For more information please visit <http://www.nhsla.com/HumanRights>

23. Appendix xi – Useful links and further reading

Gender

EOC Annual Report 2003-2004

<http://www.eoc.org.uk/cseng/abouteoc/annualreport2004.pdf>

Religion/Faith

ACAS Religion Or Belief In The Workplace A Guide for Employers and Employees

http://www.acas.org.uk/publications/pdf/guide_religionB.pdf

Disability

DRC 2004 What It Means to You A Guide For Disabled People

<http://www.drc->

[gb.org/publicationsandreports/publicationdetails.asp?id=143§ion=0&all=1](http://www.drc-gb.org/publicationsandreports/publicationdetails.asp?id=143§ion=0&all=1)

DRC 2004 What It Means To You A Guide For Service Providers

<http://www.drc->

[gb.org/publicationsandreports/publicationdetails.asp?id=148§ion=0&all=1](http://www.drc-gb.org/publicationsandreports/publicationdetails.asp?id=148§ion=0&all=1)

DRC Improving Disabled People's Access To Health Provision

<http://www.shstrust.org.uk/pdf/drcreport1.pdf>

DRC Inclusive Design Products That Are Easy For Everybody To Use

<http://www.drc->

[gb.org/publicationsandreports/publicationdetails.asp?id=154§ion=0&all=1](http://www.drc-gb.org/publicationsandreports/publicationdetails.asp?id=154§ion=0&all=1)

DRC Making Access And Goods And Services Easier For Disabled Customers

<http://www.drc-gb.org/open4all/publications/publicationdetails.asp?id=318§ion>

Age

Institute for Public Policy Research Various Age Equality Research Documents

<http://www.ippr.org.uk/research/index.php?current=19&project=185>

Sexual Orientation

ACAS Sexual Orientation in the Workplace A Guide For Employers and Employees

http://www.acas.org.uk/publications/pdf/guide_sexualO.pdf

Stonewall – Info on LGBT health issues

http://www.stonewall.org.uk/information_bank/health/default.asp

Local Organisations:

There are a large number of local organisations providing services, undertaking research and campaigning for the right of diverse groups. For information on all local voluntary organisations please contact

Community Action

Their website can be found at <http://www.communityactionderby.org.uk/>
4 Charnwood St, Derby. Tel 01332 346266

National Organisations:

Equalities and Human Rights Commission

Their website can be found at <http://www.equalityhumanrights.com/>

Age Concern

Their website can be found at www.ageconcern.org.uk
Tel: 020 8765 7200. E-mail: ace@ace.org.uk

Council of Ethnic Minority Voluntary Organisations

Their website can be found at www.emf-cemvo.co.uk
Tel 020 8432 0000

Equality & Diversity Forum

Their website can be found at www.equalitydiversityforum.org.uk
Equality & Diversity Forum Telephone: 020 7843 1597

Stonewall

You can find their website at <http://www.stonewall.org.uk>
Lesbian, Gay, Bisexual and Transgender campaign and education organisation.
Telephone: 020 7881 9440. Email: info@stonewall.org.uk.

Men's Health Forum

The Men's Health Forum is looking at how services can be developed and made accessible for men in the UK. Their website forms part of the UK's Men's Health Forum website which can be found at www.menshealthforum.org.uk. Tel 020 7388 449

Royal National Institute for the Blind

You can find their website at www.rnib.org.uk .
Tel: 020 7388 1266

Royal National Institute for the Deaf

The Royal National Institute for the Deaf' website can be found at www.rnid.org.uk.
Telephone: 020 7296 8000