

# Equality Impact Assessment

## EQUALITY SCREENING

### Policy Aim

#### 1. The title of the policy programme

Transforming Community Equipment and Wheelchair Services Programme – Phase 1

#### 2. What you are trying to achieve in this policy or part of the policy

Phase 1 will develop a radical new model of service delivery for community equipment and wheelchair services. Developed in collaboration with all key stakeholders the new model will put users and carers at its heart be supported by an outline business case and an indication of market appetite for change by February 2007.

#### 3. Which population groups the policy (or section) is intended to benefit and how

The model will support access to information and services to enable all people using statutory services as well as those who self-fund to make informed decisions about how they need to be supported in terms of equipment and wheelchairs.

#### 4. Related policy areas that may be affected by changes in this policy (or section)

It supports many key policy drivers including OHOCOS, 'Improving the life chances of disabled people' and the NSFs. It provides an opportunity to model how the modernisation of services might be taken forward. It specifically links to the ongoing work on personalisation of care through direct payments, the Individual Budget pilots and self assessment pilots.

## Screening

### Question 1

For each of the six equality categories, ask the questions in the table below.

	Age	Disability	Race	Religion and Belief	Gender	Sexual Orientation
1.a) Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	Yes	Yes	No	No	No	No
1.b) Is there potential for or evidence that the proposed policy will promote equality of opportunity for all and promote good relations between different groups?	Yes	Yes	Yes	Yes	Yes	Yes
1.c) Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	Yes	Yes	No	No	No	No
1.d) Is there public concern (including media,	Yes	Yes	No	No	No	No

academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?						
1.e) Is there doubt about answers to any of the above questions (for instance there is not enough information to draw a conclusion)?	No	No	No	No	No	No

If the answer to any of the above is “yes”, you will need to carry out an equality assessment in the relevant equality area(s).

## Question 2 Why have you come to these conclusions?

Write *short* notes to explain why you have drawn your conclusions including any evidence (of whatever type) that you have to support your assessment.

Community equipment and wheelchair services are already available to those who need support and meet the eligibility criteria. The assumption is that through FACS and children’s legislation the local authorities and NHS are delivering a service which meets equality legislation needs. The models that have been developed collaboratively with stakeholders including people with complex needs, children and older people. They have met with overall approval from service users, providers, suppliers from the third and independent sectors and professionals. The deliverables are a first stage only, with theoretical models and outline data to support parts of the models.

With Ministerial agreement and funding to take this to the next phase we will continue to ensure that the range of needs and opinions are considered and an equality impact assessment will be undertaken..

The reason I have answered “yes” in response to certain of the screening questions is for the reasons outlined below:

- a) Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?*

Some groups have different health and social care needs than others. Although community equipment and wheelchairs are available to all groups, the range of need and complexity of solutions may vary with age. For example, many older people will often benefit from a number of relatively inexpensive items to ensure they maintain a level of independence at home. In the case of young disabled people and children their needs change rapidly as they grow and the equipment required is often more complex and specific to their needs, enabling them to attend school or work.

Though different groups may have different requirements in terms of their health and social care support there is no evidence that particular groups are specifically excluded from services. Indeed the evidence is that neither service serves people of any age well.

- d) Is there public concern (including media, academic, voluntary or sector specific interest) in the policy area about actual, perceived or potential discrimination against a particular population group or groups?*

There is a general awareness in the press, amongst users, user led organisations and those working in the field that these services do not meet peoples needs or expectations.

There are access issues across the board, but no specific data to show if this is exacerbated in particular groups such as older people, disabled children or people from BME communities.

**Based on the information set out above I have decided that an equality impact assessment is not necessary:**

This programme is only at an initial stage to look at market appetite and appetite for change to a new model of delivery. The collaborative process to date has taken into account issues from the full range of stakeholders but is not looking in sufficient detail at this point to warrant an equality impact assessment.

If the programme proceeds to Phase 2, (funding not identified) then this will be undertaken as part of the Full Business Case to implement significant change in delivery of services.

**Signed: Helen Tomkys**

**Business area: Older People and Disability Division**  
**Date: 01/02/07**

**EQUALITY IMPACT ASSESSMENT –  
where screening of policy undertaken and EQIA required.**

**Title:**

**Aim and purpose of this section of the policy**

Having decided that an Equality Impact Assessment is needed the next step is to determine the scope of the impact assessment. Answering the questions in the box will help decide what time, resource and expertise you will need and who should be involved. For instance, a proposed policy where the risk or potential for negative effects on equality is small may require only a documentation review or a workshop with the main interested parties to clarify what the risk is, identify mitigating action and decide what monitoring to do in the future. A policy area where the potential is assessed as high may need an extended period during which research is commissioned and a large number of people are engaged in discussion about potential risks and how they may be mitigated.

Involve the main interested parties from the outset, including external stakeholders, in scoping, planning and delivering the EQIA. It would be prudent to involve DH Gateway at this stage.

<b>Scoping Questions</b>	
1. What evidence have you used to support the conclusions drawn in screening questions 1a – 1e?	
2. What is the strength of this evidence - for instance a) well established and validated? b) strong evidence, but a few gaps? c) some evidence, but considerable gaps? d) anecdotal?	
3. If the evidence is not sufficient, what other information is needed?	
4. In particular, are there people who may be affected by the policy area whose views and experiences should be sought?	
5. Does the policy area:	<b>Yes/ No</b>
<ul style="list-style-type: none"> <li>• Affect a large number of people (for instance it covers service provision such as primary care)</li> <li>• Have risks <i>or</i> potential attached to its implementation/ delivery in relation to equality because for instance it relates to               <ul style="list-style-type: none"> <li>○ strategies or services specific to a particular group like older people, pregnant women or mental health services for deaf people</li> <li>○ or to a disease or service area where a disproportionate number of some population groups are affected such as CHD, HIV or ophthalmic services)</li> </ul> </li> </ul>	

6. What is the <i>probability</i> of adverse or beneficial effects?		
• Risk of adverse effects on equality (indicate one)?		
Highly likely to have adverse effect on equality <i>High risk</i>	May possibly have adverse effect <i>Moderate risk</i>	Probably will not have adverse effect <i>Low risk</i>
• Potential for benefit? (indicate one)		
Highly likely to promote equality of opportunity and good relations <i>High potential (low risk)</i>	May have the potential to promote equality and good relations <i>Moderate potential (moderate risk)</i>	Probably will not promote equality or good relations <i>Low potential (high risk)</i>
7. If the risks came to pass how substantial would these be (in terms of the number of people affected and the severity of the problem)?		
Lots of people from different groups may be affected to some extent	A few people may be adversely affected to some extent	
A few people may be affected but the effect on them will be highly adverse	A lot of people may be severely affected	

## Next steps

### 1. The availability and strength of evidence

- Based on answers from the scoping work clarify for each area of the policy and population group that may be affected:
  - the quality and extent of information available
  - what are the gaps in knowledge
  - what can be done to fill the gaps, such as;
    - commissioning new research
    - literature review
    - rapid appraisal
    - convening of expert panel
    - requesting information collected by other organisations
    - anything else
- Commission or undertake further intelligence gathering as needed.
- Make the information available to interested parties. Make sure you feed back the findings to those who have contributed.

## 2. Follow up and engage other interested parties

- Ensure potential stakeholders are aware of the proposals and the EQIA process and are given the opportunity to participate

## 3. Forming a judgement on the information – the impact assessment

- The heart of the impact assessment is what conclusions can be drawn from the evidence. For each area of policy and for each population group that may be at risk it is useful to consider:

- *What is the situation now?*

The extent of existing disadvantage or discrimination experienced by a population group in the area that this policy is intended to influence (for instance disproportionate burden of illness or documented poorer access to a service).

Information gathered on this topic should help answer the question “do different groups have different needs, experiences, issues and priorities relation to the proposed policy?”

- *The risks and potential in the proposed policy*

This section needs to cover for each population group the:

- potential for unlawful discrimination
- potential for adverse impact on equality of opportunity and good community relations
- risk of not “narrowing the gap” in existing inequality
- potential for narrowing the gap in existing inequality
- potential for promoting equality of opportunity and good community relations.

- *What outcomes do we want to see?*

What would a successful outcome look like (for instance access to a service on the basis of illness prevalence in the population, a risk of illness no greater than the population average, a reduction in assumptions and cultural stereotyping by staff)?

- *How can we bring those outcomes about?*

These can be looked at under headings such as;

- action needed for potentially unlawful areas
- measures needed to target and redress existing disadvantage (to narrow the gap)
- measures needed or possible alternatives to ensure a group or groups are not disadvantaged by the policy

as well as

- measures that will build on potential for promoting equality and good relations between different groups

- are measures suggested to promote equality of opportunity or to redress disadvantages lawful?

Information and ideas gathered and discussed under this heading should help determine mitigating action that is needed, how effective this action might be and whether additional strategies or policies may be needed to support mitigation.

- *What will we do?*

It is useful to summarise who will need to take forward actions, and an idea of the practicalities, as this will be helpful in the consultation and final report and encourage people to be realistic in their discussions and proposals.

This should include what NHS organisations need to do when they implement the policy, particularly in relation to local impact assessment and monitoring for unforeseen adverse consequences.

- *Measuring progress*
  - What monitoring will be needed in the future to check that the desired outcomes are achieved for each population group?
  - How could this happen? Who will measure what and when?
  - Are you proposing new data collections? If so, you should contact Gateway/ROCR for advice at the earliest opportunity.

This should include suggestions as to what NHS organisations will need to monitor, performance monitoring and other reporting

- *Reporting on findings/ deliberations*
  - this is what needs to be done for any consultation document

#### **4. Consultation on the findings of the EQIA**

- The purpose, method, findings, conclusions and preliminary recommendations of the EqIA should be disseminated for comment. Make sure you have thought through how to facilitate engagement from potential stakeholders.
- If there has been effort and imagination given to ensuring interested parties have been engaged throughout, then a consultation is the opportunity to feedback to these people and to check for consensus. It is a further opportunity for interested parties to get involved and for the wider public to find out and comment on findings.
- Any additional findings or comments from the consultation should ideally be considered by the original project group/ advisory panel and form part of the final report with a response.

#### **5. Decision**

- Decisions on changes and the final policy should go into the final Equality Impact Assessment

#### **6. Publication of EQIA**

- An EqIA could be published as part of the policy white paper or as an appendix to a policy statement or separately. Whatever approach is chosen, an EqIA should be identifiable as an EqIA.

## HUMAN RIGHTS

The Human Rights Act, which came into force in October 2000, incorporates into domestic law the European Convention on Human Rights to which the UK has been committed since 1951. Section 6 of the Human Rights Act makes it unlawful for a public authority to act in a way, which is incompatible with a Convention right. The underlying intention the Act is to create a Human Rights culture in public services.

If you think that the policy may have Human Rights implications, you may wish to consider the following questions.

- will it affect a person's right to life?
- will someone be deprived of their liberty or have their security threatened?
- could this result in a person being treated in a degrading or inhuman manner?
- is there a possibility that a person will be prevented from exercising their beliefs?
- will anyone's private and family life be interfered with?

If the answer is “yes” to any of these questions, can the policy be amended to avoid impacting upon Human Rights? If not, seek legal advice before proceeding.