Equality Impact Assessment (EqIA) Good Practice Guide for

CORNERSTONE
TOWER HAMLETS

COMMUNITY FUND

East London age UK

Limehouse Project

Women's Inclusive Team

Real Disabled people working together for real choices

elop LGBT mental health and wellbeing

TOWER HAMLETS INTER FAITH FORUM

account3

TOWER HAMLETS WOMEN'S NETWORK

thcvs Council for Voluntary Service

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Introduction to this good practice guide

The idea behind this Equality Impact Assessment (EqIA) Good Practice Guide was to create an accessible but detailed guide to conducting effective Equality Impact Assessments (EqIAs) for local authorities, the voluntary and community sector (VCS) and residents, with a view to it also being helpful for National Health Service (NHS) and other public service staff.

The aim is also to ensure local authority staff, when carrying out an Equality Impact Assessment, have more than their basic policy and procedure to help them consider what to do and how to approach some of the areas that, it seems, many staff find most challenging.

It is also to assist VCS staff and volunteers who are supporting residents, and other users of services, to understand the expectations of the EqIA process and how to ensure the service users' voices are heard.

This guide supports local authority (LA) and NHS staff wanting further information and guidance to undertake the process leading to the completion of an inclusive and effective EqIA.

This guide supports Voluntary and Community Sector (VCS) organisations wishing for further information to support a consultation or challenge an EqIA or equalities issues with a service.

This guide offers residents:
- An understanding of EqIAs - the process, their background and aims.
- An overview of how EqIAs feed into policy and services (we are focussed on local authorities) and how they can engage with the process.
- Information on how to challenge an EqIA and an equalities based failure in a service.

Summaries of sections (not all sections have a summary)

Case studies and personal input from Cornerstone members

Key Questions for those carrying out EqIAs

1 The Tower Hamlets Cornerstone Project

1.1 Introduction

The Tower Hamlets Cornerstone Project is a partnership between Tower Hamlets Council for Voluntary Service (THCVS)[1] and seven voluntary and community organisations (VCS):

1. East London Age UK
2. elop
3. Limehouse Project
4. Real
5. Tower Hamlets Interfaith Forum
6. Tower Hamlets Women's Network (facilitated by account3)
7. Women's Inclusive Team

The two year project is funded by The National Lottery with the aim of influencing more inclusive decision-making across public sector agencies in Tower Hamlets. This being achieved by creating a model for voluntary sector partnerships for public sector bodies who want to work with local communities to address inequalities within policy making services, both in Tower Hamlets and beyond to other councils and public sector bodies.

1.2 Project aims

- To create a partnership that brings together community organisations led by and representing people across the diversity of lived experiences in Tower Hamlets.
- To enable the partners to work together, and with public sector bodies, to create a good practice guide and resource for carrying out Equality Impact Assessments (EqIAs) across the borough.
- To raise awareness and improve the visibility and understanding of the different equalities issues and experiences across our communities through a practical, lived, understanding of intersectionality, and to demonstrate how this applies in Tower Hamlets.

1.3 Community representation - Resident Panel

Members of the community were recruited from each of the involved community groups and organisations, bringing their personal, intersectional experiences and helping the project to achieve it's aims, including the creation of this Good Practice Guide for carrying out Equality Impact Assessments (EqIAs).

The panel members attended regular meetings over the Year prior to this guide to help co-design the EqIA evaluation process. The Resident Panel has been a fundamental part of the development of this Guide.

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[1] *THCVS is the infrastructure organisation supporting the voluntary sector in London Borough of Tower Hamlets.*

1.4 Case study: Henrietta Cyrille writes on her experience of joining Cornerstone

During the pandemic I attended some online sessions with the Tower Hamlets Women's Network and this is how I learned about account3. Once things started settling down after lockdown, Cherifa Atoussi from account3 reached out and invited me in for a chat. She told me about their work, and I found myself really interested in what they were doing.

I started by taking part in their CV workshop and other activities, which helped me a lot. After getting to know Cherifa better, she invited me to join the Cornerstone Project. I was happy to say yes because I'd built such a good relationship with account3.

Before joining the project, I honestly had no idea what Equality Impact Assessments (EqIAs) were. Learning about them has turned out to be incredibly valuable, especially as I support my dad with his dementia care. What really struck me was realising how we often put people into single categories when thinking about equality - I'd never questioned this before. But through the project's training on intersectionality, I started seeing things differently. I began to understand how my dad isn't just affected by one thing - he's an elderly Black man with dementia and diabetes. Currently, different departments deal with each of these separately, rather than looking at how they affect him altogether.

I can see why it's tempting to focus on just one characteristic, like age, when thinking about EqIAs and the Equality Act but I've learned it's so important to look at the whole person. When organisations do this properly, it actually saves them time and money while providing better care and support for people who use their services. What I've also found really valuable is the co-production process itself. This is the first time I've been involved with a community project in Tower Hamlets and I've lived here all my life. I think it was great seeing different communities working together, building trust and opening up communication between residents, the council, organisations, and other stakeholders.

When people feel comfortable sharing their experiences and ideas, it leads to better understanding and more inclusive results. I felt that my input was truly valued, which made me want to get more involved with the project. I've noticed many others felt the same way, and it's helped build stronger connections in our community.

Through this experience, I've seen how co-production creates an environment where everyone can contribute their knowledge and skills, learn new ones, and find the confidence to share their experiences about what's happening in our borough. This approach has made the Cornerstone Project successful in my eyes - it's created real partnerships where everyone's voice matters.

Looking back, what started as an online session during the pandemic has led to something much more meaningful. I've learned so much about how we can work together to make services better for everyone in our community.

1.5 Brief overview of this guide and the EqIA process

Consider possible impact: Screening.
The person carrying out the EqIA considers each protected characteristic in turn in relation to the policy, procedure or service (see sections 2, 3 and 4).

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How have groups already been considered and what evidence is available?
The analysis of available data
(see sections 5 and 6).

↓

Consultation with residents and local groups.
(see sections 7 and 8).

↓

Identify actions.
In identifying any changes that need to be made, it is important to think again about all characteristics – could those changes negatively impact other protected characteristic groups.
(see section 9).

↓

Take action and monitor
(see section 10).

What happens if something goes wrong?
(See section 11).

Checklist (see section 12).

Glossary (see section 13).

2 Introduction to EqIAs

2.1 This is what we mean by an EqIA in this guide

When using the term Equality Impact Assessment, we are referring to an assessment process which ideally would be included in the design, development or review of:

- Services.
- Policies.
- Procedures and practices.
- Projects.
- Strategies.
- Functions.

The best practice would suggest at least a **'mental check'** of inclusion and access for all decisions made which affect those using services, as well as staff – no matter how small.

In this Guide, the phrase 'policies and services' will be used at various points to incorporate all of the above.

2.2 Background

An **equality impact assessment** (EqIA) is an evidence-based approach designed to help organisations ensure that their policies, practices, events and decision-making processes are fair and do not present barriers to **participation**, or **disadvantage** any **'protected groups**' (see section 2.7 below). This expectation covers both strategic and operational activities.

EqIAs were introduced to ensure public sector bodies proactively consider the needs of diverse communities when developing policies or services, and to help them comply with their legal duties. This tool encourages the identification and **mitigation** of potential discrimination or disadvantage before new or updated policies, services or strategies are implemented, and therefore should, where **adverse impacts** are identified, minimise or omit them altogether. For the **voluntary and community sector (VCS)**, EqIAs provide a **framework for inclusive practices**, ensuring that decisions reflect the needs of all residents, especially groups underrepresented within the organisations who are making the decisions.

EqIAs can also increase the organisation's knowledge of residents', customers', and users' needs, experiences, and views, as well as increase understanding of the **barriers** to access, **participation**, and **engagement**.

Further, EqIA's can present organisations with new opportunities to increase their knowledge of:

- Specific community views both positive or negative.
- Unintentional impacts.
- Barriers to participation.
- What is considered to be robust evidence.

In addition, EqIAs can address discrimination and enhance both safety, effectiveness and performance to improve delivery for current and future residents, customers and users of services.

An EqIA resembles a risk assessment; it is a process that:
- Identifies any impacts a project and/or policy might have on people with specific protected and personal characteristics.
- Evaluates the level of the impact and associated risks.
- Allows the creation of a plan to mitigate or remove the identified impacts and risks.

This section and guide, provides a clear understanding of what EqIAs are to ensure that both professionals and those not involved in the formal process can understand their roles effectively.

What EqIAs are not:
- A tick box exercise.
- Solely about legal compliance.
- A one-off / stand-alone assessment.
- Restricted to public bodies.
- Just about Race or Disability.
- Restricted to internal policies.

2.3 The murder of Stephen Lawrence

Equality Impact Assessments were introduced in 1999 (and implemented in 2000) after the enquiry into the murder of Stephen Lawrence. This was because the enquiry found that the Metropolitan Police were institutionally racist. Which led to heightened interest in ‘institutional’ or ‘systemic discrimination’.

The idea behind the Public Duty and Equality Impact Assessments was to help deal with institutional racism initially, then institutional discrimination across the **protected characteristics** (see section 2.7) below.

The importance of EqIAs lies in their ability to challenge existing inequalities, prevent discrimination, and build trust between service providers and the communities they serve. They provide a structured way for residents and VCS organisations to engage with decision-makers, influencing outcomes that reflect the needs and priorities of all community members and residents.

2.4 Tick-box?

Some believe that EqIAs are merely bureaucratic tasks to satisfy legal or organisational requirements - a tick-box exercise. They are much more than formalities and should be (appropriately) in-depth assessments aimed at ensuring policies and decisions actively reflect diverse views - helping to create inclusive policies and services.

Completing an EqIA without real consultation or data analysis undermines its purpose. A true EqIA challenges assumptions and leads to informed, equitable decisions. While EqIAs do help organisations meet their legal duties, their value goes beyond compliance. EqIAs aim to enhance policy and service design, not just prevent legal challenges. E.g. A local authority conducting an EqIA on housing services would use findings to actively improve access, such as for disabled residents, not just to avoid accusations of discrimination.

EqIAs are sometimes considered, both internally and externally, to be relevant only to internal organisational policies or procedures. EqIAs also need to be applied to external-facing policies and services that impact communities or customers. For example, a voluntary organisation should conduct an EqIA when designing outreach services, ensuring they are as accessible as possible for all groups, including people who do not speak English.

Simply completing an EqIA without real consultation or data analysis undermines its purpose. An efficient EqIA challenges assumptions and leads to informed, equitable decisions. Where an EqIA identifies that a project, policy, plan or decision discriminates against one or more groups of people, then ‘reasonable adjustments’ should be considered and made to mitigate the identified discrimination.

If you consider the murder of Stephen Lawrence and the aims of equality impact assessment to deal with the consequences of institutional racism, and later broader institutional discrimination, the need and expectation to take it seriously is considerable.

2.5 Ongoing review

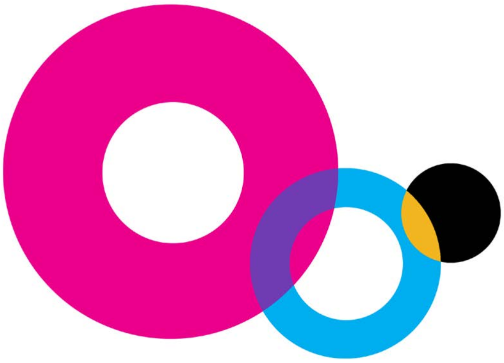
EqIAs are part of a continuous process that should be revisited at various stages of a project or decision-making cycle. An ongoing review ensures that any unintended consequences can be addressed as the project develops and changing circumstances or data are accounted for. While public sector bodies and those carrying **out public functions** have a legal duty to conduct EqIAs, the private sector, voluntary organisations, and community groups can also benefit from using EqIAs to improve service delivery, enhance inclusivity, and avoid unintended discrimination. E.g. A charity providing services to older people can use an EqIA to assess whether its activities are accessible to all older people, such as those with language barriers or who are disabled people.

2.6 Significance

The significance of EqIAs lies in promoting equality by ensuring that policies, procedures, and services do not disproportionately affect often excluded and ignored groups. EqIAs serve as a critical tool for ensuring that decisions do not inadvertently harm or further exclude already frequently excluded groups, or exacerbate existing inequalities and allow organisations to scrutinise their own decisions and hold themselves accountable for advancing equality and reducing discrimination.

EqIAs were also intended to strengthen community involvement in decision-making processes, allowing residents to raise concerns or challenge policies and services that fail to meet the expectations of the equality duty (see section 3). Moreover, EqIAs promote transparency and accountability in decision-making, encouraging organisations to consider the wider societal impact of their actions. This transparency fosters trust and encourages collaboration between local authorities, NHS staff, all relevant public sectors organisations and the communities they serve.

EqIAs embed equality principles into the fabric of decision-making, promoting sustainable, equitable solutions across sectors like the NHS, local government and the voluntary sector. By involving the community in the process, they help build more inclusive policies and services that better serve the diverse needs of local populations.



2.7 Protected characteristics ++

EqIAs encourage organisations to take a proactive approach in considering how decisions might affect different protected characteristics, there are nine under the Equality Act 2010.

The protected characteristics are:
1. Age.
2. Gender reassignment.
3. Being married or in a civil partnership.
4. Being pregnant or on maternity leave.
5. Disability.
6. Race including colour, nationality, ethnic or national origin.
7. Religion or belief.
8. Sex (and gender).
9. Sexual orientation.
10. **Care experience** (Tower Hamlets includes this as the 10th protected characteristic).

Other common areas service providers consider are:
- Class.
- Education.
- Neurodivergence.
- Parents and carers.
- Socio-economic status.

The primary purpose of the EqIAs is to assess the potential impact of policies and practices on people in relation to protected characteristics and ensure that public bodies comply with the Public Sector Equality Duty (PSED), see Section 3.

This helps identify unintended consequences and provides recommendations for making policies and services more inclusive. For local residents and VCS organisations, EqIAs offer a mechanism to voice concerns and advocate for more equitable services. They act as a safeguard, ensuring that the needs of vulnerable and marginalised groups are considered at every stage of policy development especially communities who might otherwise be overlooked in policy development. This is particularly relevant for local residents and VCS organisations, as EqIAs provide a platform to challenge discriminatory policies and promote equality in public services.

By embedding equality considerations into the policymaking process, EqIAs contribute to the creation of a fairer and more just society.

2.8 Intersections and intersectionality: We are not just one thing

EqIAs are helpful when individual characteristics are considered. However, they are most effective when they adopt an intersectional approach, exploring the more nuanced nature of individuals' identities.

Intersectionality recognises that people's experiences are shaped by multiple, overlapping social characteristics such as race, gender, disability, age, and socio-economic status. These intersecting identities can compound inequalities and create unique barriers that may be overlooked if we assess each characteristic in isolation. When EqIAs fail to consider intersectionality, they risk homogenising groups, leading to bias and inadequate policy and practice. For example, a policy that addresses the needs of women without also considering race or disability may benefit white, non-disabled women but is likely to leave disabled women of colour excluded or disadvantaged. This creates adverse impacts, such as reinforcing existing inequalities or inadvertently discriminating against those with more complex, layered experiences of disadvantage.

To avoid this, EqIAs must look at the whole identities of individuals, understanding how the intersection of different characteristics shapes their experiences and needs. Failing to do so exacerbates homogeneity bias, which assumes all individuals within a group that is different to 'us', are all similar and face the same challenges. This not only undermines the inclusivity of policies but also can deepen social inequalities.

In subsequent sections of this Guide, we will explore how EqIAs can effectively incorporate intersectional analysis to ensure a truly inclusive approach that addresses the diverse needs of all communities.

2.9 Desired impact – Responsibility in relation to residents

By conducting EqIAs, organisations can create policies and services that are more responsive to the needs of their entire community. The overall goal of conducting an EqIA is to ensure that policies and decisions do not disadvantage any particular group and instead, support greater participation to achieve equality and inclusion.

The desired impacts include:

- **Reducing unfair discrimination:** Ensuring that no community is unfairly excluded or affected by decisions.
- **Promoting inclusive practice:** Encouraging policies that are inclusive of all residents and others using the services being provided.
- **Enhancing participation:** Increasing the involvement of underrepresented groups in shaping decisions that affect them, empowering them to take on a more active role.
- **Improving outcomes for communities:** Ensuring that policies and services benefit all groups fairly, with the hope that this also improves overall social cohesion.

When carried out effectively, EqIA's can shape individual and organisational thinking, amplifying frequently marginalised voices and ensuring that protected groups are genuinely heard.

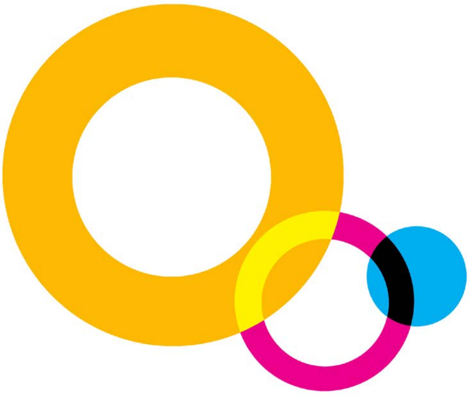
EqIAs aim to give a voice to underrepresented or vulnerable communities, ensuring their concerns are understood and addressed in policy-making processes. They offer a vital opportunity for residents and communities to have a voice and a presence around the decision-making table, allowing community influence on policies and services that affect lives.

By actively engaging these groups in the EqIA process, particularly in the early stages, organisations ensure that diverse perspectives are heard and considered, which lead to more inclusive and equitable outcomes.

EqIAs could, in an ideal world, create inclusive service delivery, ensuring universal accessibility, particularly those who face (multiple) barriers due to their socio-economic background, ethnicity, or other protected or **personal characteristics**.

2.10 Questions to consider in an EqIA:

1. How might this policy/decision impact underrepresented/ marginalised/ excluded groups in the community?
2. Are there any barriers that could prevent any group from benefiting equally with others?
3. How can communities who are often not engaged with in these processes, be involved most effectively in shaping this policy or service?
4. Does this decision promote equality and inclusion for everyone who may want to use our services?
5. How will the policy impact people with protected (and personal) characteristics?
6. Are usually underrepresented groups meaningfully involved in the decision-making process?
7. How are inequalities identified, and what actions are taken to address them?
8. What steps are taken to ensure inclusive service delivery for all communities?



3 The Equality Duty and why it matters

3.1 Summary

The Equality Act (2010) introduced the Public Sector Equality Duty (PSED), which mandates public bodies to consider how their policies and practices impact individuals with protected characteristics. Equality Impact Assessments (EqIAs) are key tools that help organisations meet the PSED's objectives by ensuring their actions eliminate discrimination, promote equality, and foster positive relations across diverse communities. EqIAs play a crucial role in highlighting inequalities that might otherwise go unnoticed and help to ensure that decision-making is fair and inclusive.

The PSED ensures that public authorities and those delivering public services are required to think about how they can change potentially unfair systems and promote equality. They must regularly evaluate how they integrate equality into decision-making, policies, service provision, procurement, and workforce management processes, such as recruitment and promotion. This approach enables organisations to design policies and services that are responsive to the needs of the entire community. They provide opportunities for residents, particularly those from marginalised backgrounds, to engage in the decision-making processes that directly affect them.

When conducted properly, EqIAs can transform both individual and organisational perspectives, amplifying the voices of those often marginalised and ensuring they have a say in decisions that shape their lives. This process helps to foster a culture of fairness and inclusion, ultimately improving outcomes for all groups.

3.2 The law

The Equality Act (2010) consolidated previous anti-discrimination laws and enhanced the Public Sector Equality Duty (PSED), which requires public bodies to consider the impact of policies on protected groups. The enhancement of th EqIA in the Equality Act went alongside combining the majority of responsibilities, such as not discriminating, in all protected characteristic areas.

The PSED, Section 149 of the Equality Act 2010, requires public bodies and those carrying out public functions in the UK to actively consider how their policies and practices impact people in relation to the protected characteristics.

It has three key aims:

- **Eliminate unlawful discrimination, harassment, and victimisation** - Ensuring that public sector actions do not discriminate against individuals based on protected characteristics (e.g. race, gender, disability).

- **Advance equality of opportunity** - Ensuring policies help to reduce disadvantage, meet different needs, and encourage participation from underrepresented or marginalised groups.
- **Foster good relations between people** - Promoting understanding and reducing conflict between different groups, which could include efforts to challenge prejudice and promote understanding.

Specific and general duties (brief overview)
The purpose of the PSED is to make sure that **public authorities**[2] and organisations carrying out **public functions**[3] think about how they can improve society, make their systems fairer and promote equality in every aspect of their day-to-day 'business'.

This means that they must consider, and keep reviewing, how they are promoting equality in:
- Decision-making.
- Internal and external policies.
- Procuring goods and services.
- The services they provide.
- Recruitment, promotion and performance management of employees

The PSED has two parts – the general duty and specific duty.

The general duty requires decision-makers to have due regard to the need to eliminate conduct prohibited by the act, advance equality of opportunity, and foster good relations in relation to activities.

The specific duty help decision-makers to perform the general duty more effectively.

In relation to EqIAs, it's important for organisations to understand their legal obligations under the Equality Act 2010, ensuring that their policies and services do not disadvantage people with protected characteristics. This aligns with the broader equality, diversity and inclusion (EDI) focus, where organisations are encouraged to actively consider how they can address inequalities and promote inclusion in their operations, including decisions made about service delivery, funding allocation and recruitment practices.

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2 Public authorities are organisations that work for, or provide services for, the public. For example, local councils, schools and education bodies, health providers, police, fire and transport providers, and government departments. (Equality and Human Rights Commission (EHRC).
3 Organisations carrying out public functions are private businesses or volunteer organisations that are contracted to work on behalf of public authorities (EHRC).

The guidance from organisations like the National Council for Voluntary Organisations (NCVO) stresses the need for boards and charities to reflect on their diversity and inclusion practices, which can include assessing the impact of decisions on different groups within the community. NCVO promotes the importance of addressing imbalances in power and perspective, key elements that EqIAs help identify in policies or services that might unintentionally marginalise certain groups.

3.3 The commitment to residents and those using services

Giving communities a role in the EqIA process is personally empowering for a lot of people. It enables groups and individuals to contribute their lived experiences, highlight potential barriers, and suggest meaningful changes.

Tower Hamlets:
Tower Hamlets (TH) council has a priority ‘to create a council that listens and works for all communities’, as outlined in their strategic plan and community engagement strategy (2022-2026).

The Tower Hamlets strategy states the following:

- A joined-up approach to co-ordinating and planning community engagement leads to better outcomes.
- We work together with the community to make decisions that improve the borough.
- We know how to reach the community and make sure seldom-heard groups can fully take part in community engagement.
- The community understands how their involvement has influenced decisions.
- Our staff have the knowledge, skills and resources needed to engage with the community effectively.

TH have committed to monitoring impact annually via a strategy delivery group, annual residents survey and a resident survey with 100 residents each year.

The NHS:
The NHS, through the Accelerated Access Collaborative (AAC), actively engages communities and the public in shaping healthcare innovations and research priorities. Their Patient and Public Involvement Strategy (2021-2026) aims to ensure that a diverse range of voices, ‘particularly those with lived experience, influence the direction and delivery of healthcare programmes’. This strategy focuses on addressing equality and inclusion, fostering collaboration across health systems, and embedding patient involvement throughout AAC initiatives.

Key activities include involving patient partners in decision-making, co-designing patient resources, and co-delivering training for healthcare professionals. By prioritising patient input, the NHS aims to create more inclusive and effective services, reduce health inequalities, and ensure healthcare innovations are aligned with community needs.

Commitment to communities:
Both Tower Hamlets Council and the NHS have demonstrated a commitment to empowering communities by integrating their voices into decision-making processes. Through their respective engagement strategies, these organisations prioritise lived experiences, particularly from groups whose voices are often marginalised, to shape policies and services that are more inclusive and effective.

By fostering collaboration, transparency, and accountability, both the council and the NHS ensure that communities see tangible outcomes from their involvement, strengthening trust and ownership.

This approach not only leads to better outcomes but also addresses inequality by ensuring seldom-heard voices are part of the conversation. Moreover, it helps to build accountability within organisations, ensuring that decision-makers are responsive to the real needs of residents and others using the services provided.

4 Intersectionality

4.1 Summary

All of us are more than a single characteristic or trait, and this determines not just how we relate to the world, but also how the world relates to us. For example someone might present as male and enjoy certain privileges and advantages in life, but if you are a black male then those privileges are significantly altered. Add to the mix a disability, a religious practice or a class position and your lived experience is transformed once again.

We talk about where these characteristics overlap as intersecting - life/treatment is very different for a white man and a white woman, but where we find intersectionality and good EqIA's understand this not as an academic concept but as a social reality.

Good EqIA's recognise that societies and individuals are complex and that we need to consider all aspects of group's and individual's many characteristics (both protected or otherwise) into account in order to ensure that an organisation can mitigate at the least the main negative or adverse impact which can be at work in any given case.

4.2 What is intersectionality?

Intersectionality is a sociological concept created and defined in 1989 by the then Harvard Law Professor Kimberlie Crenshaw.

Quote from Kimberle Crenshaw:
'Intersectionality can be defined as the study of overlapping or intersecting social identities and related systems of oppression, domination, or discrimination.'

Merriam Webster dictionary defines intersectionality as:
'The complex, cumulative way in which the effects of multiple fo iscrimination (such as racism, sexism, and classism) combine, overlap, or intersect especially in the experiences of marginalized individuals or groups.'

In simple terms, intersectionality is a concept that recognises that as human beings, we are more than a single characteristic of trait, and specifically, as researched by Kimberle Crenshaw, that when specific characteristics come together and interact with systemic (institutional) discrimination, it can be particularly negative for certain groups. Kimberle Crenshaw looked at Black women in the US in relation to the criminal justice system.

Here in the UK, we are using the term intersectionality to describe any 'overlap' of characteristics but need to be mindful that some intersections do have a particular impact and carry historically negative associations and assumptions.

As an example, a Black woman might be seen only in terms of her colour, but her gender and class (and other aspects of her) will also shape how she is seen, considered and treated. The intersections cannot be separated from the treatment she will receive, which will be different to a black man or a white woman.

Another example: People within Muslim communities are often viewed as having an identity linked only to religion; this view ignores the way in which other personal and protected characteristics shape the lived experience of, for instance, Muslim women or Muslim people who are disabled people. Without recognising the additional impact of the overlapping characteristics, the discrimination or adverse impacts are compounded.

It is often not taken into account that Muslim women will be treated differently and have very different life experiences to a Muslim man or women of other religions (or no religion), due to the combination of gender, dress (appearance) and race.
Within an EqIA, the simplistic approach of listing of nine protected groups makes it easy to forget that we are considering 'whole' human beings, and the whole human will be intracting with the services or policies. Characteristics such as socioeconomic status, refugee status and caste (for example), that do not often get discussed in relation to policy, process or in strategic and departmental discussions will also need to be considered.

This is where knowing the local community beyond the expertise acquired by the local authority is invaluable (see Section 5). However, we cannot understand these intersections without recognising that we may not realise the impact of their **privilege** and bias (see 5.4 below).

4.3 Case study: Closure of Black Elders Project

An elders project aimed at the African-Caribbean community is earmarked for closure by the local authority. The service provides advocacy, care, drop-in, transport, and food.
The intention is to use other mainstream services located around the city.
Questions that might need to be asked could be:
a) How many elders are likely to be affected?
b) What other options have been considered that can keep them in their locality and support systems e.g. faith groups?
c) Will the mainstream services have culturally trained staff?
d) Will they have access to culturally appropriate food?
e) How will they get to the new service?
f) Will there be other black elders that they know there?
g) How will their emotional health and well-being be managed should there be change?
h) Will festivals / special days be observed?

i) Is the new locality multi-cultural?
j) Will religious / spiritual needs be understood?
k) Has the community been consulted?
l) Will potential health needs specific to Black communities be understood and met e.g. Sickle Cell / Thalassemia?

Intersectionality might make the production of Equality Impact Assessments much more daunting a proposition, but they are not insurmountable.

What it requires is a more holistic approach that depends on effective consultation, good local knowledge, good data from a variety of sources as well as an ability to read and understand the data presented - all of which will undoubtedly require effective partnership working (see section 7).

4.4 Intersections and privilege

Intersectionality cannot be separated from privilege. Merriam Webster dictionary defines privilege as: ***'A right or immunity granted as a peculiar benefit, advantage, or favour'.***

In other words, privilege is the unearned benefits we acquire in a society, based on a characteristic or characteristics that we may hold.

For example, we might get special or favourable treatment based on our race, gender or class. In terms of the way UK society (and most of the world) is currently working, this means that white, middle and upper-class males, particularly if non-disabled, cis-**gendered** and **heterosexual**, are likely to experience little or no discrimination or negative prejudgement when accessing services or going about their daily lives. The majority of the systems we are working with and under, have been set up by individuals in a similar situation and therefore the privilege of having those attributes means there is often little thought relating to exclusion, particularly in the delivery of services, education or the likelihood of getting a job.

This being very different to, for example, a Bangladeshi woman for whom English is not her primary language.

In short, it is argued that society actively places a higher value on people with white/lighter skin than it does darker-skinned people, or women or disabled people - this is one aspect of privilege, and intersectionality means individuals holding more than one of these characteristics have very different experiences and outcomes in the systems (policies, procedures) which are already established.

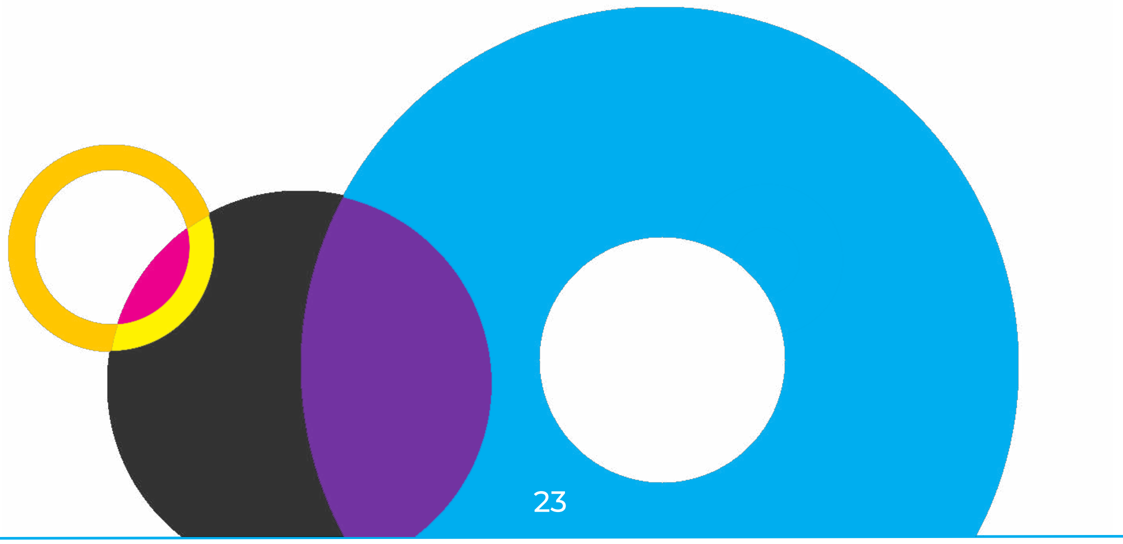
4.5 Bias as a determining factor in our decision-making

Bias: An inclination or prejudice for or against one person or group, especially in a way considered to be unfair (Oxford Languages).

Bias is a critical component of our value systems and the decisions that we make.

This is often highlighted in strategic Equality Impact Assessments created at the time of budgets being set (for example, in local authorities or the NHS), and when the impact on different communities is either scrutinised or ignored.

It is not uncommon that the groups adversely impacted are Black, Asian and Minority Ethnic, disabled people and older people, as these groups are often considered less valuable in our society. The way in which these various might intersect are reflected in the real-life case study in section 4.3 above.



5 Data Collection

5.1 Summary

Data collection is crucial in EqIAs as it provides the evidence needed to understand the effects of policies on different groups. It allows for informed decision-making by identifying inequalities, assessing fairness, and revealing gaps in participation.

Collecting both qualitative (e.g. surveys, questionnaires, statistical data) and quantitative data (e.g. interviews, focus groups, case studies, etc.) ensures an informed and comprehensive picture, leading to more inclusive policies. This process also increases transparency and accountability, as organisations can be held responsible for the impacts of their decisions. Gaps in data can obscure hidden inequalities, so comprehensive data sources are crucial.

Additionally, thorough and intersectional data collection helps address the needs of diverse and often marginalised groups by capturing nuanced and lived experiences.

5.2 Importance

Data collection is critical in EqIAs as it provides the foundation for identifying potential disparities and allows organisations to assess the impact of policies on different groups and by providing measurable evidence. Data collection is important for EqIAs because it helps to:

- **Identify inequality:**
  Data collection can help identify inequality and disproportionate impacts on different groups. This helps in recognising where policies may disproportionately affect certain groups, allowing for targeted interventions specific areas of focus within the policy or strategy.

- **Establish an evidence base:**
  Data collection helps to establish an evidence base for policies and practices. It allows for informed decision-making, where adjustments are made based on factual insights rather than assumptions. Without a solid evidence base, policies may lack the depth needed to recognise and address adverse impact(s) and will be more open to challenge.

- **Assess fairness:**
  Data can help assess whether policies and practices are equitable and fair. Evidence helps track the impact of policies on different groups and highlights any unintended consequences or biases that may have been overlooked.

- **Identify gaps:**
Data collection helps identify gaps in participation, performance, and representation. By continuously collecting and evaluating data, organisations can uncover areas where specific groups may be underrepresented or underserved. This information is key for adapting approaches and ensuring inclusivity.

- **Design and Adapt Policies:**
Data is essential in the design and adaptation of policies and services. By evaluating the impact of existing policies on different groups, decision- makers can fine-tune or redesign initiatives to better serve all demographics, especially those most affected. Data acts as a test for the appropriateness of policies, ensuring they are robust and relevant.

- **Increase transparency and accountability:**
Publishing the results of an EqIA can increase transparency and accountability by enabling the publication of findings. Organisations can be held accountable for their decisions (see section 11). This openness not only fosters trust but also drives improvement as stakeholders can see the impact of policies and advocate for necessary changes.

The importance lies in gathering accurate and diverse types of information that reflects the experiences of all relevant demographic groups, ensuring that decisions are as fair and equitable as possible, assuming that information is then taken into account.

When conducting an EqIA, it is important to consider groups beyond protected characteristics, such as socioeconomic background, parents and carers and wider stakeholders as well as those who are most affected by the policy now, or who will be affected by the proposed changes.

5.3 Overview

You will nearly always need to involve and consult a wide range of stakeholders to assess the potential impact of policies or proposals on different groups. This process should involve both internal and external stakeholders, including individuals and groups representing a range of protected and **personal characteristics**, as well as diverse groups and individuals living in the area or using the services.

The extent of engagement and consultation will depend on the nature of the policy or change being considered. It is essential to document who was involved in the process and ensure that the representation reflects the diversity of the communities affected by the proposal. This can involve interest groups, i.e. disability forums, women's groups, LGBTQI+, race and religious-focused groups.

If referring to 'community leaders', you also need to consider the diversity in that 'group', as they can often be self-elected, male, and/or representative of a particular life experience, interest, issue or perspective. While their input can be valuable, they may not reflect the diverse views of the wider community. This may not mean automatic elimination from your list, but it will not give you the range of perspectives you ideally want to hear. You won't be able to get every perspective, but it is crucial to ensure broader engagement with diverse voices to capture a more representative and inclusive picture of the community as a whole.

5.4 Qualitative and quantitative data

When conducting community consultations or undertaking EqIAs, both quantitative and qualitative methods are helpful in capturing a comprehensive understanding of the potential impacts on different groups. Below are examples of each:

Quantitative Methods:

1. **Surveys and Questionnaires:** These can be distributed to a wide audience to gather numerical data on people's experiences, views, and needs. Questions can be designed to quantify the potential impact on different groups, including protected and personal characteristics such as age, gender, race, socio-economic status, etc.

2. **Demographic Data Analysis:** Analysing existing data sets (e.g., census data, employment statistics) to assess representation and identify trends in how different groups might be affected by a policy or change.

3. **Benchmarking:** Using statistical data to compare the representation of certain groups within an organisation or community against national or local averages to identify inequalities or gaps.

4. **Equality Monitoring Forms:** Collecting quantitative data on participants' protected characteristics during consultations to ensure diverse representation and to identify groups who are not represented.

Qualitative Methods:

1. **Focus Groups:** Engaging small groups of individuals from diverse backgrounds to explore in-depth experiences and perspectives regarding the policy or change under review. These discussions allow for insights into how different groups might be impacted.

2. Interviews: One-on-one or group interviews with key stakeholders, community leaders, or individuals from underrepresented groups to gather detailed, personal accounts of their experiences and concerns.

3. Workshops: Facilitating interactive sessions where participants can discuss, debate, and provide feedback on potential impacts, allowing for collaborative problem-solving and diverse viewpoints to surface.

4. Case Studies: Conducting case studies relating to similar policies or changes in other areas to gather qualitative data on their impacts, particularly on vulnerable or usually unrepresented groups.

Both methods complement each other, with quantitative data offering a broad overview and qualitative insights adding depth and context, ensuring that EqIAs are rigorous and inclusive.

Local authorities and the NHS typically collect data on protected characteristics such as age, disability, sex (gender), ethnicity, and religion. Quantitative data, often statistical data, like demographics, monitoring data and service use statistics, is paired with qualitative insights such as service user experiences gathered through surveys, focus groups, user panels, feedback or consultations.

Community and voluntary groups are often well-positioned to provide detailed insights into the specific issues affecting the communities they support and work with. Their close engagement with these groups allows them to offer valuable qualitative data on the lived experiences, challenges, and needs of a diverse populations.

This dual approach captures both broad trends and specific, in-depth perspectives, leading to more inclusive and equitable decision-making.

5.5 Thoroughness

Thorough data collection ensures that all relevant characteristics protected under the Equality Act 2010 (such as race, sex (gender), disability, and age) are considered, as well as how such characteristics may collude and create multiple disadvantages, which need to be considered. This means gathering both breadth and depth (a wide variety and detailed) data to identify potential unintended consequences or inequalities. Gaps in data can obscure hidden inequalities, so comprehensive data sources are crucial.

These could include:

- Surveys, questionnaires, (existing) demographic data analysis, monitoring forms (quantitive methods).
- Interviews, focus group.

One way of improving diligence could include having a '**Quality Assurance Feedback**' phase. This can, for example, mean the complete EqIA, before sign-off, is sent to the equality and inclusion team or your EqIA lead, who will provide quality assurance feedback. The quality assurance process (feedback) will include assessing the following:

- Is the purpose of the proposal / policy clearly set out?
- Has the assessment considered all the available evidence?
- Has the assessment identified gaps in data which would be useful in future assessments?
- Have those likely to be affected been engaged?
- Have positive and negative impacts been identified?
- What course of action does the assessment suggest? Is the action justifiable?
- Are there plans to alleviate any negative impacts?
- Are there plans to monitor the impact of the proposal/policy?

Essentially, rigourous and reflective data collection ensures you have consulted and involved the right people at the right time.

5.6 Consistency

Consistency in data collection is essential for ensuring that the information gathered is reliable, comparable, and actionable. Consistent practices and **data points** allow for accurate monitoring of trends i.e. changes and impact over time.

Best practice in EqIAs requires that data is collected in a uniform manner agreed across different services, departments, and partners, such as local authorities (LAs), the NHS, and voluntary organisations, ensuring data comparability, particularly when collaborating with partners. This uniformity allows for more accurate comparisons and trend analysis, making it easier to track disparities over time and across sectors. For instance, if a local authority is evaluating the impact of a housing policy, it can compare demographic data from different wards or neighbourhoods. If the data is consistent, any variations in impact between groups can be attributed to the policy rather than differences in data collection methods. Changes in inequality or disadvantage may not be immediately evident, but consistent, long-term data collection helps identify trends and monitor the progress of interventions aimed at addressing inequalities.

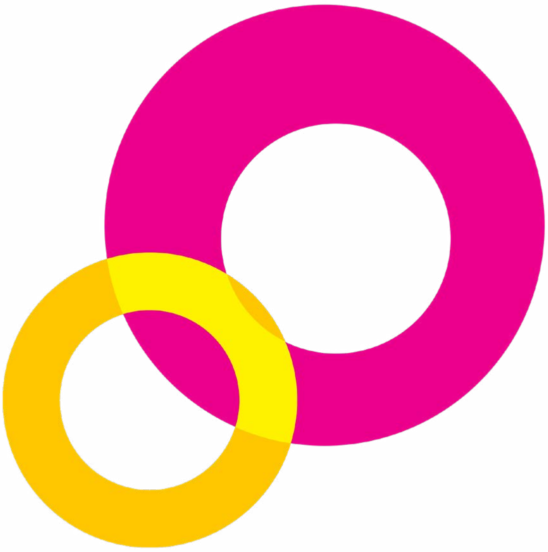
By ensuring consistency in data collection, organisations can build a more accurate, comparable, and holistic picture of how policies impact diverse groups, enabling more effective and equitable decision-making.

5.7 What is currently collected

a) By the local authority, NHS or other partners.
Tower Hamlets Council gathers data from various sectors, including education, housing, health, and ward demographics. For instance, the council collects satisfaction data from tenants and leaseholders, publishing the findings annually. The latest round of data collection for the 2023/24 report was completed in March 2024. This information helps assess housing services' performance and provides evidence for identifying potential inequalities affecting residents.
https://www.towerhamlets.gov.uk/lgnl/housing/How-we-are-performing-as-a-landlord.aspx)

b) Local ongoing collection - through ongoing relationships in different departments - neighbourhood watch, local resident groups.
In addition, ongoing local data collection is conducted through relationships with various departments and community groups. Social services, neighbourhood watch, and local resident groups contribute qualitative insights through engagement with residents. These insights are particularly valuable for highlighting neighbourhood-specific challenges and needs that may not be captured in broader datasets. Approaching departments like housing services, schools, community safety teams, and neighbourhood police can yield important context-specific data that enrich EqIA findings.

The NHS, similarly, collects data across healthcare services, including patient demographics, service usage, and health outcomes, allowing for the assessment of how different population groups access and benefit from services. This is particularly important in identifying differences in health provision and outcomes between various demographic groups.



5.8 Intersectionality

Intersectionality refers to how different aspects of a person's identity, interact to influence their experiences in systems and services, as well as in every day life (see Section 4). Intersectionality is vital when considering data, because different groups are more likely to be affected by their 'intersections' than others. For example, a disabled woman of colour may face different and compounded forms of inequality compared to a disabled man or a non-disabled woman.

Ideally, data collection should capture intersectional experiences, as these can reveal compounded inequalities that single-dimension data may miss[4]. If intersectionality is overlooked, significant inequalities can remain hidden. Policies or practices may seem neutral or even beneficial when assessed against single characteristics, but in reality, they may disproportionately harm individuals with multiple marginalised identities.

Incorporating intersectionality helps public bodies in the UK, such as local authorities (LAs) and the NHS, understand the **combined** impacts of policies or services on all groups within the wider communities that are often considered to be the same. This ensures that the EqIA captures a fuller picture of how policies may create or exacerbate inequalities, preventing decisions that inadvertently harm certain groups (for example, services for disabled people, older people, or survivors of family violence).

This means thinking about the reach and depth of impact of the policy or service when considering whether its impact is 'significant' within the EqIA process. Some policies, programmes or services may have a small impact on most of the community, but a major impact on health, wellbeing, social, environmental, economic or cultural outcomes for a specific group or groups (for example, access to services for Muslim women or safety of LGBTIQ+ young people).

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4 This can be done if equality monitoring data is being collected. For example, if data is coolected on race and sex/gender, it is often possible to report on combinations, such as black women compared to black men or white women.

5.9 Best practice for intersectionality in EqIAs

Best practice in the UK, according to the Equality and Human Rights Commission (EHRC), requires that public bodies consider intersectionality when conducting EqIAs.

This involves:

1. **Disaggregating data:** Breaking down data not just by one characteristic (e.g., race) but by multiple factors (e.g., gender, disability, etc.), to uncover how different groups experience policies.

2. **Engaging with a range of groups**: Consulting with groups representing intersecting identities, such as organisations working with black disabled women or LGBTQI+ refugees, to understand the unique challenges they face.

3. **Tailoring solutions:** Ensuring that policies are responsive to the needs of people with multiple, typically marginalised identities rather than treating groups as if everyone in them is ‘the same’.

5.10 Key questions

1. Are we collecting data from all relevant demographic groups, including those with intersecting identities?
2. Have we identified which groups the policy may impact?
3. How do our data collection methods ensure that both quantitative and qualitative insights are captured?
4. What steps are in place to address gaps in the data we collect? How will we address these gaps to ensure no key group is left out or misrepresented?
5. How will we use this data to adapt policies to ensure fairness and inclusivity?
6. How will we check that the data we collect is accurate and not biased towards particular outcomes or views?
7. Are we using case studies, personal narratives, or focus groups to collect nuanced, intersectional data?

6 Data Analysis

6.1 Summary

Data analytics in (EqIAs) involves examining both qualitative and quantitative data to identify patterns, trends, and disparities across various population groups. This analysis helps reveal inequalities that may not be immediately obvious, such as specific subgroups being disproportionately affected by policies that seem beneficial to the majority.

Analytical methods include cross-tabulation (comparing variables like gender and employment outcomes) and trend analysis (tracking policy impacts over time), while qualitative analysis focuses on identifying recurring themes from interviews or focus groups. Interpretation of this data turns insights into actionable findings, which inform decision-making and help ensure policies are fair and inclusive.

Identifying and addressing data gaps is crucial, as missing or skewed data can lead to incomplete conclusions and biased policies, particularly for marginalised communities. Local authorities and organisations must proactively identify underrepresented groups in their data to ensure comprehensive EqIAs. Scrutinising EqIA results for robustness and comprehensiveness is essential to making informed, equitable decisions that represent all groups effectively.

6.2 Importance – Using a range of sources

Data analysis is a critical component of (EqIAs), enabling organisations such as local authorities (LAs), the NHS, and VCS partners to evaluate the impacts of policies on various population groups. Data sources can draw upon resident surveys, service/ user/employee complaints, population statistics (such as from the Office of National Statistics), and minutes from local authority scrutiny panels and forums on specific issues such as Special Educational Needs, housing, crime and community safety, race, and disability. Analysing these data sources ensures a comprehensive and evidence-based understanding of issues.

By using all available data, organisations ensure a thorough examination of potential inequalities. For example, Tower Hamlets Council collects satisfaction data from housing tenants and leaseholders to assess service delivery, while NHS England gathers data on patient outcomes and service usage by **protected characteristic** based groups. Additionally, local engagement efforts through neighbourhood watch groups and resident associations can offer valuable qualitative insights into community-specific issues.

Local authorities will often have this information in their Local Plans (both quantitative and qualitative data), and other data areas and sources could include:

- Process maps – (e.g. review patient's journey through the service (NHS).
- Complaints and comments.
- Patient satisfaction surveys.
- Knowledge of staff (monitoring data).
- Knowledge of patients (monitoring data, NHS).
- Feedback from focus groups and consultations.
- Online Divisional Activity Reports – in-patients & out-patient activity (NHS
- Inclusion and diversity annual monitoring reports.
- National and local statistics and audits.
- Existing research.
- Anecdotal evidence.

6.3 Data analytics and interpretation

Data analytics involves examining both qualitative and quantitative data to identify patterns, trends, and disparities among different population groups. Interpretation is the process of making sense of this data by understanding what it reveals about the impact of a policy, decision, or service on people with protected characteristics.

Data analysis helps reveal inequalities that may not be immediately apparent. For instance, while a policy might appear to be beneficial for the majority population, analytics could show that specific subgroups (such as black women or disabled young people) are disproportionately affected in a negative way. Intersectionality, as discussed earlier, can be particularly important here, allowing for the identification of specific impacts.

Data analytics can include analysing tables, charts, and diagrams, and comparing via cross-tabulation (comparing different variables, such as gender and employment outcomes) or trend analysis (tracking how a policy affects different groups over time).

On the qualitative side, the analysis might involve identifying recurring themes in interviews or focus group discussions to understand how policies are experienced by often marginalised communities. Interpretation turns these insights into actionable findings that inform decision-making and draw meaningful conclusions.

For instance, the NHS tracks health outcomes by ethnicity and socio-economic status to assess whether health interventions are closing or widening gaps in service accessibility or health outcomes for often excluded communities. By analysing this data, they can identify trends, such as poorer health outcomes among some communities. Data-analysis during the COVID-19 pandemic, for example, revealed that Black and Asian populations were disproportionately impacted by the virus, both in terms of infection rates and mortality. This led to targeted interventions, such as vaccination campaigns and culturally sensitive public health messaging, to mitigate these negative effects.

6.4 Identifying gaps

Gaps or missing data in data sources are problematic because they can lead to incomplete or skewed findings, which misrepresent the experiences of certain groups and can be a sign of exclusion or biased thinking. This can result in biased policies that fail to address the needs of all groups, particularly frequently marginalised communities. For instance, if data on the experiences of disabled individuals or marginalised communities is missing, it could mask or increase inequalities, leading to decisions that inadvertently harm these groups.

A critical part of the analysis process is recognising where data is missing. For instance, local authorities and NHS organisations may find underrepresentation of certain communities (e.g., minority ethnic groups or disabled people) in their datasets. Identifying these gaps is essential for ensuring that EqIAs are fully inclusive, Decisions informed by relevant local and national information about equality are better quality decisions and capture the experiences of all groups, but it important to actively think about it and notice if there are gaps - in a number of situations looking at data, there appared to be gaps in data relating to disabled people.
Are any groups under-/over-represented, or are there barriers to their access potentially resulting in exclusion?

Relevance and proportionality are key, and the extent of evidence gathering, involvement and consultations should be proportionate to the size and resources of organisations and the significance of the issue. A lack of evidence should never be used as a reason for inaction, as unaddressed data gaps can lead to policies that perpetuate or worsen existing inequalities.

6.5 ‘Filling’ the gaps

Filling gaps in data collection, analysis, and findings is essential for producing comprehensive EqIAs. A gap analysis, systematically reviewing missing data can help identify where further research is required. This is often followed by a feedback loop to refine the data collection process.

Addressing these gaps involves a strategic approach. This may include commissioning additional research, conducting focus groups, or engaging further with underrepresented communities. Collaboration with local organisations and the VCS can help reach populations not often involved in research processes
or rarely specifically asked for their opinion.

Additionally, improving data collection methods - such as revising surveys or consultations - and combining both quantitative and qualitative data (e.g., statistics with interviews) ensures a more inclusive and thorough dataset.

It is important to proactively seek input from marginalised or excluded groups often underrepresented in general consultations (e.g., racialised minorities, disabled individuals, LGBTQI+ people). When internal data is insufficient, using external resources such as national or regional datasets (e.g., ONS, NHS) can provide valuable supplementary insights. For instance, in the absence of local health data, national health inequality statistics can help identify potential disparities, but be mindful of the local population when using national data. For example, people in the most **deprived** areas of England in 2020 were still 2.1 times as likely to die early from cancer than people in the least deprived areas (www.gov.uk).

Finally, as stated before, it is critical not to assume that a policy will universally benefit everyone. Specific actions may be required to address existing disadvantages or meet the diverse needs of different groups. Decision-makers must scrutinise EqIA results to ensure the assessment is thorough, representative and provides sufficient information for informed decision-making.

6.6 Key questions

1. Are there any trends or disparities emerging from the data that indicate potential inequality?
2. What data gaps exist, and how can they be addressed to ensure comprehensive analysis?
3. How are intersectional experiences being considered in the data analysis?
4. How do we ensure that the insights gained from data analysis lead to actionable improvements in policy and practice decisions?
5. Is the data collected representative of the community or group accurately?
6. Was the process of the EqIA explained to residents and service users clearly, and in a way that was easy to understand?
7. Were the results of the EqIA shared appropriately?

If the answers to all, or many, these questions is ‘yes’, there can be a level of confidence that recipients will feel they have been involved and respected throughout the EqIA process, and that the assessment effectively addresses their needs and concerns.

7 Partnership Working and Cosultation

7.1 Summary

Simply put, partnership working is when people, communities, and organisations come together to acheive a common goal.

In the case of EqIA's it needs to start with the recognition of the power imbalances that may exist between each of the representative stakeholders. The purpose of coming together is not to exert that power but to recognise and lean into whatever each party brings to the table whether that be data (qualitative and quantitative), resources (people, finance, equipment, property etc), ideas, diversity of thought, unique perspectives and experiences or problem solving skills.

When brought together with purpose and a willingness to always seek the best outcome for those most affected by a decision, whether it be to close or reduce a servive or create or change a policy doing it together as a shared responsibility builds trust and ownership.

Not all parties may get what they individually want, but if done well they will recognise the needs, limitations and that all that is possible, in whatever the current circumstances are, is being done.

- Have all the right stakeholders been invited to begin the work?
- Have the power differentials been publicly acknowledged?
- Are underrepresented groups meaningfully involved in the decision-making process?
- Are we clear who will provide information, data etc. for consideration?
- Are we clear who will have final ownership i.e. the accountable body or bodies?

7.2 Case study: Accessing GP appointments – the importance of listening and consultation

A local resident, CW, recently encountered an issue accessing her GP surgery. Here she explains how, with the help of Real, they managed to get a much needed change in an access policy.

CW, a Tower Hamlets' resident, attends a GP surgery that had decided to move to an online-only system for booking appointments, taking away the option to phone to make an appointment. While for many people and the GP practice it was convenient, as an autistic person the resident found the online system difficult to navigate, having relied on phoning the surgery for appointments in the past.

CW was aware that the issue didn't just affect her - through the work she had done with Real around accessible communications, she realised people with a range of disabilities would face barriers when trying to access services online.

CW wasn't sure how to speak to the surgery about this issue and was worried about being seen as 'difficult'. She also wasn't convinced that the GP surgery would listen to her, so she contacted a staff member from Real to ask advice.

The staff member reassured her that her concerns were valid and that having adjustments in place for people who couldn't use the online booking system was important. He also offered the help of the advocacy team at Real in raising this issue with the surgery.

In the end CW decided to write an email herself. The staff member then followed this up with his own email, explaining in a bit more detail why this change could be problematic for many Disabled people and reminding the practice of their legal obligations under the Equality Act to make reasonable adjustments.

To CW's surprise, she and Real received a very quick and positive response from the practice manager at the GP surgery. It was clear that he took the issue seriously. He not only thanked them for being in touch, but he acted quickly to change the messages about the switch to online booking to include a message saying that for people who couldn't access the service online, there were adjustments and support in place.

CW was very pleased with the outcome. By raising this issue alongside Real, they had managed to raise awareness with the GP practice of the needs of many Disabled people and also prompted a change in how their booking service will be run, which means everyone will still be able to book appointments.

The biggest lesson CW says she took from the experience was not to be afraid to speak up and seek help when a service is set up in a way that makes it hard to access. She also encourages anyone facing difficulty with a service, linked to a disability or impairment, to reach out to the team at Real - *'They really know their stuff and are both friendly and supportive. It often feels like these problems with access can't be changed but this experience has shown me that people are willing to listen, take these requests on board and do something about it'.*

This is an overview of the situation, the recorded interview with CW is available in the online version of this Guide.

7.3 The importance of consultation and partnership working

Consultation:
Consultation is about listening to the voices of the people that will be impacted by the actions of, in this case, the local authority, NHS or other public sector service providers.

Good consultation is listening to a range of voices, great consultation is listening to the voices seldom heard but who are most impacted by our decisions.

We often call these groups **'hard to reach'**. This often implies that organisations were searching and couldn't find them. However, a more honest term to describe what has historically happened in consultation might be groups '**that we made little or no attempt to hear'**. Adopting that thinking may prompt more consideration and effort.

Partnership working and co-production:
Working in partnership is absolutely vital. If Equality Impact Assessments (EqIAs) are to be owned by all and achieve better outcomes for the communities and individuals impacted by hard choices made when the economy dominates decisions on already stretched finances and resources, partnership working is essential.

Partnership working and co-production enables the following in the short and the long term:

1) Value for money.
2) Better decision-making.
3) Transparency.
4) **Economies of scale.**
5) Learning.
6) Better informed staff.
7) Improved service access.
8) Improved data collection.
9) Shared planning.
10) Shared targets.
11) Shared rewards.

The benefits of partnership working can be summarised in four important key points:

1. Collaboration: Enables the sharing of resources, both finance, buildings, people, information etc., to achieve equitable outcomes.
2. Communication: If it is ongoing, and with EqIA's seen as an active, live document (see section 10) will ensure and enable transparency.
3. Respect and Trust: This is really critical where different sectors seek to work together in what is often a power imbalanced relationship.
4. Shared Goals: When organisations start with the premise that it is the best outcomes that matter and that they are being sought.

It is an uncomfortable truth that partnership working is often based on power and size with large entities such as the Local Authority and NHS Trust holding the purse strings and the majority share of other resources, including data and expertise which will often leave a partnership unbalanced.

Sadly, it is also the case that the entity holding the power (the Local Authority or NHS) will often only attempt to talk with the communities affected during reviews or when there are cuts to be made, which can often make meetings adversarial. Also, when the services under 'review' have a lot of community support, the larger funder, (the Local Authority or NHS) can be pitched as the enemy.

Progressive bodies seek to work together in a space of equal footing, where everyone's voice has a value including the broader community and staff.

7.4 Empowering communities through consultation: A conversation with Noorie Ahmed of WIT

Resolve Evolve, spoke with Noorie Ahmed about the benefits of community consultation:

Q: Can you tell us about where you work?

Noorie: Yes, I work with the Women's Inclusive Team (WIT), a charity based in Bethnal Green. We focus on empowering Somali and other minority women and girls by providing a wide range of services, including health and well-being programmes, employment support, youth engagement and educational workshops.

Q: Why is it important for local authorities and health services to consult with residents?

Noorie: It's essential for local authorities and health services to consult with residents to ensure their decisions are informed by those who are using their services and directly affected. For Somali women and other minority groups, the consultation should help tailor services to meet their specific cultural and community needs. Without this understanding, policies might miss the mark, and crucial services, such as women-only health initiatives, could be lacking.

Q: Can you provide an example of how an Equality Impact Assessment (EqIA) could improve decision-making?

Noorie: Certainly. The recruitment processes in schools is a key area where proper EqIAs could make a significant difference. The lack of diversity in leadership roles within Tower Hamlets schools highlights potential systemic issues. If full EqIAs are implemented, they could identify these disparities and prompt change, such as anonymous recruitment processes, to help ensure a more inclusive workforce, particularly in senior leadership roles, that reflect the community.

Q: What about decisions outside of education that could benefit from consultation?

Noorie: A recent initiative aimed at encouraging women and girls to participate in swimming by offering free sessions is an example. Early consultation could have helped plan these sessions effectively, as many Somali and ethnic minority women face cultural barriers that prevent them from participating in mixed-gender activities. The limited availability of women-only sessions is an ongoing issue. Additionally, although these sessions were labelled as “free”, members book them in advance, making it challenging for non-members to participate.

Q: How could an EqIA have helped in this situation?

Noorie: An EqIA would have highlighted the need for more accessible time slots and ensured that services were designed with the specific needs of women in mind from the start. By considering wider perspectives, the local authority could have created a more inclusive offer, possibly reserving some slots for non-members, which potentially could have led to higher participation rates overall.

Q: What recommendations do you have for local authorities regarding EqIAs?

Noorie: I recommend that local authorities engage a wider range of stakeholders from the outset and adopt an intersectional approach, considering various protected characteristics. This broader lens would provide richer data and lead to more inclusive and effective services.

Q: Any final thoughts on the importance of EqIAs?

Noorie: Effective EqIAs are crucial for creating inclusive policies and services. They ensure that the voices of all groups are heard, leading to better outcomes for everyone. It’s important that we use this process, as it fosters trust and demonstrates a commitment to equality within our communities.

8 Co-production

8.1 Co-production success case study: Ellen from Real

Real insights on Equality Impact Assessments: A Conversation with Ellen Kennedy

Resolve Evolve had a recent conversation with Ellen Kennedy, Head of Programmes at Real, a user-led organisation based in Tower Hamlets. Real works with anyone who identifies as disabled under the social model of disability, primarily providing advice, advocacy, and engagement services for disabled people across the borough. Real always aims to work with an intersectional lens.

This is a summary of the conversation. The full recorded interview is available in our online version of this guide.

Q: What is the connection between Real and Tower Hamlets Council?

Ellen: Real holds the contract as strategic co-production partners with Tower Hamlets Council. This means that whenever there's a need to engage with disabled people or conduct co-produced work in the borough, we are contracted to do that work.

Q: Could you share a recent positive experience related to co-production?

Ellen: Yes, I'd like to talk about the hostels re-commissioning work that we co-produced with Tower Hamlets Council. The commissioners approached us because the hostel contract was up for re-commissioning, and they wanted to gather the views of disabled hostel users. They recognised that disabled users might have different experiences compared to their non-disabled peers.

Q: How did you gather feedback from Disabled hostel users and what sort of feedback did you receive?

Ellen: Our team visited five hostels across the borough to engage with disabled users. We wanted to understand their experiences and preferences for the re-commissioning process. Key themes that emerged included the need for accessible communication, including service users concerns about letters being written in format that were not accessible and about unexpected phone calls which caused anxiety. Also, some concerns about the appropriate management of personal information and the management of the physical space.

Q: Was this engagement part of an Equality Impact Assessment?

Ellen: In hindsight, it probably should have been part of an EqIA. While we did interact with people who identified with other protected characteristics, the focus was primarily on disability. This meant our approach wasn't as holistic as it could have been. An EqIA would have allowed us to gather more comprehensive insights across different groups.

Q: What impact did your engagement have on the re-commissioning process?

Ellen: We compiled our findings into a report that informed the tender process. Potential providers were asked how they would address the concerns raised by users, making the process more accessible. It was a positive outcome in that people's views were taken seriously, and the co-produced nature of the work was evident.

Q: How could the process have been improved with an EqIA?

Ellen: If an EqIA had been conducted, it could have captured additional needs from various protected characteristics, such as cultural dietary requirements, which we weren't able to explore in depth. Our focus on disability meant we missed some of these important aspects. Improving general access for one group often benefits other groups, so a broader lens would have enriched our findings.

Q: What advice would you give to local authorities regarding future engagement?

Ellen: It's essential that local authorities continue to value co-production and involve people early in the process. However, if they had a broader, intersectional approach rather than a disability focus or a women's focus or an older people's focus it would enhance the overall experience for everyone involved and lead to a more genuine co-production process.

8.2 Co-production

- Equality Impact Assessments should be started in good time, with the lead authors clear about who to contact and involve and why.
- Where possible only consult smaller partners on critical Impact Assessments as they may be subject to EqIA (or consultation) fatigue. This fatigue can be true of small voluntary sector organisations, often made up of volunteers and part-time workers and with often a smaller groups of people using their services - but don't use that as an excuse not to consult at all.
- If possible, arrange a meeting where all parties can come together. Ideas for mitigating actions that could work and be piloted can come from these interactions.
- Consider how smaller partners might be incentivised to take part e.g. gift vouchers for volunteers, recognising their time and lived experience is valued.
- Access: Ensure ways being proposed to work with partners are accessible - think what may be needed to engage properly in the process, and, then ask if anything else is needed. For example, consider times of meetings and the format of any surveys. In-person meetings can be great but this is not appropropriate for everyone. Can there be separate meetings - one online, one in person? Something Cornerstone generally ensures.

- It is also important to remember that people don't just operate or live within designated geographical areas; work, leisure and community gatherings of people from wider areas will be taking place in the borough or health district. This is also true of transport services that cross boundaries and are under the control of different local authorities and agencies.

Co-produced Equality Impact Assessments needn't be complicated, but they do need to be thorough and have fully considered a range of voices from early in the process.

8.3 Partners to consult / co-produce with

It is important to look beyond those immediately around you and the people who are always happy to give an opinion – those individuals often do not represent multiple and diverse views. Try to go beyond those sources for truly representatiove opinions:

1) Local Authority and NHS - They are likely to have the majority share of resources and data.
2) Schools - They often have excellent data on young people and are likely to have information on life experiences of families in their locality.
3) **Police -** Information on patterns of criminality, hot spots etc.
4) Health including GP's - Will have good intelligence on local vulnerable groups.
5) Voluntary Sector - Are more likely to be trusted by often excluded communities.
6) Places of worship - Can be good places to approach for contact with refugee groups, people from the global majority and white minority ethnic communities.
7) Barbers and hairdressers - are alternative community hubs especially for younger people.
8) Scrutiny networks - E.g. Disability focussed groups, groups with a focus on LGBTQI+ communities, race, age, women (remenber intersectionality).
9) Residents Associations - They may know their locality in detail but be mindful of whether there is diversity within the group/s.

All these entities can provide invaluable data and insight not available individually.

9 Mitigating Action

9.1 Summary

Mitigation as it pertains to EqIA's are the concrete actions that should seek to lessen and reduce the impacts of changes to policy, practice and or service.

Mitigations are best achieved when the right people / agencies are sat around the table who have the necessary experience, data insight, problem-solving skills, financial or policy clout to realise the desired change.

Importantly mitigation doesn't have to rely on finance. A totally holistic approach may cost noting, just a realignment of existing resources, creative partnership working and cross sector integration. Critically, mitigation must include the voices of those people, groups and communities likely to be affected.

9.2 Meaning

Mitigating actions are the things we do or put in place in order to reduce the negative impacts of our decision-making.

These actions are formulated with the knowledge that we are unlikely to fully remove all these impacts but can certainly seek to lessen the 'pain' for the large majority of people using a service or process.

Mitigating actions can be small or large; the most important thing is that they are well-considered and stand a high chance of being effective.

9.3 Resident experience: Sometimes mitigating action is needed

We spoke with a resident from Tower Hamlets who is blind and has made some attempts to get small adjustments made in the local library so that he can access the computers. He has suggested screen readers be used in the library but even though this is free software, it has not been downloaded.

This is a situation where he suggests, if an appropriately wide consultation was entered into, this is something that could be planned in to mitigate the negative impact on some people in the community. He also pointed out that that many people lose their sight as they get older and that this adjustment could be helpful for more people as time goes by.

9.4 Consultation, creativity and risk-taking

This is where consultation becomes absolutely critical.

Listening to as many voices as possible is crucial in the development of great Equality Impact Assessments, particularly listening to voices previously described as those we '**made no or just a cursory attempt to hear'.**

Consultation is embedded in the spirit of Equality Impact Assessments. It is not what we would like to do, it is what we must do, if we stand any chance of getting it right first time.

Really listening to those marginalised voices often means hearing the problem from a completely different perspective - which is a gift. It might also mean listening to solutions that we might not have previously considered.

Why? Because people have different experiences to you!

Those with the power to affect people's lives have the luxury and the **privilege** to talk and write about it. We will, therefore, need to be honest and humble about own our limitations, realising that what consultation brings, and hopefully encourages, is creativity, which helps mitigate against **groupthink bias**.

Creativity is about looking at a problem through a different lens and coming up with sometimes simple but innovative solutions, taking into account all the resources that we have, including **social capital.**

This can require risk taking.

More often than not, the risks will be calculated, but if we have buy-in from the community and have put in place contingencies at potentially difficult ('pinch') points, whilst also keeping everything under careful review, then we are more likely to succeed.

If we fail, we are less likely to **play the blame game**, which just erodes trust and forces us back into our protected corners – often easier for individuals with organisations to then 'hide' behind other policies and excuses.

Therefore, LAs and organisations such as the NHS may just stop listening to those unheard voices, and go back to making decsions based on size, financial clout and statutory powers.

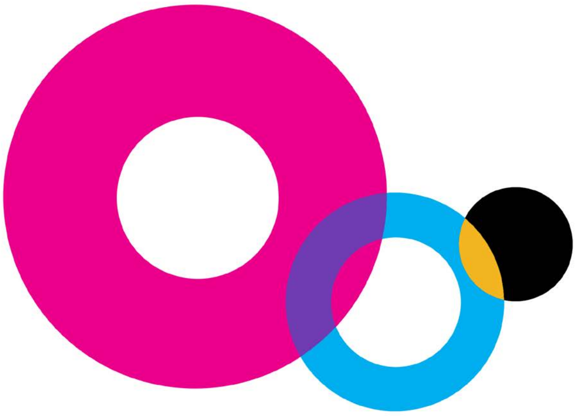
We succeed and / or fail together, hence why consultation should be a 360-degree process. This process takes longer but will undoubtedly produce better outcomes.

Consultation needs to be proportionate to the policy or function being scrutinised. However, if there are to be large impacts, such as funding cuts to a project or service or implementation of changes to a policy that might have a detrimental impact on one or more groups, then a 360-degree approach will be beneficial.

This might be a helpful approach:
1. Decide who to consult.
2. Work out how to gather views from often less-heard voices.
3. Consult.
4. Check with the groups involved that the information taken reflects their concerns.
5. Draw up an EqIA with suggested mitigations.
6. Check with the groups impacted.
7. Finalise the EqIA.
8. Publish.

9.5 Key questions

1. Have we included groups who will be impacted in the process?
2. Can we include a person unrelated to the EqIA who might offer a totally objective viewpoint, think more creatively or notice the obvious thing that has been missed?
3. Can we recognise the push-pull aspects of a decision and be brave enough not to concede to power?
4. How might this policy impact underrepresented/marginalised/excluded groups in the community?
5. Are there any barriers that could prevent certain groups from benefiting equally?



10 Monitoring

10.1 What is monitoring

Monitoring, in this context, is the continuous review of the outcome of an EqIA based on formal and informal feedback received, and, if applicable, data, such as numbers using a service from different groups. If the outcome is not as intended, it may mean some additional changes need to be made.

10.2 Importance

As with consultation, partnership working and mitigation, monitoring is central to the virtuous cycle of good and great Equality Impact Assessments.

Monitoring keeps us on track.

Monitoring enables all the relevant parties to keep up-to-date with **outcomes, outputs** and **impacts**.

Good planning, which is inclusive, will help everyone involved focus on the results that matter - some of which might be unexpected or unintended.
Good monitoring means that we can also be agile in our responses and actions by pre-empting change when it happens.

10.3 Keeping it live

a) Planning and updates

What the above will require is the ability to keep things 'live'. Sadly, an Equality Impact Assessment has historically been seen as a static document. Once completed it is usually put in a folder somewhere and just gathers dust! Effective Equality Impact Assessments should be seen in the same light as an action plan with milestones, targets and deliverables.

Wherever possible, the actions relevant to key partners might also be doubled up in corporate or departmental or team action plans that are more likely to carry weight in the management of objectives.

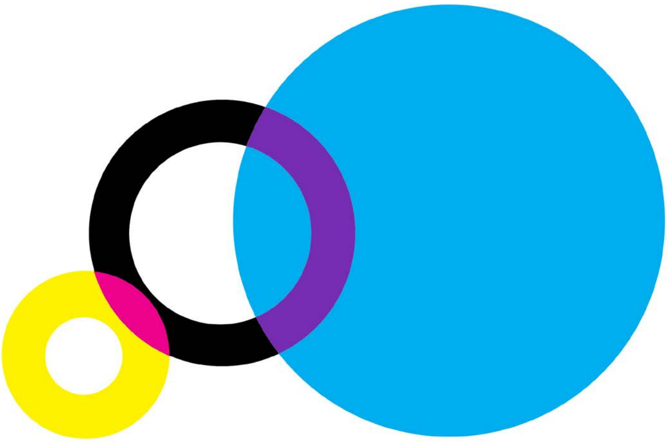
It is important to find what works!

b) Responsibility
It is always important to remember that Equality Impact Assessments are a statutory duty and ultimate responsibility will be in the hands of the statutory partner(s). What that can sometimes mean is a power play where the bigger partner may feel a desire to dictate terms especially when solutions might involve taking a risk or takes more time.

c) Willingness to make changes
A willingness to listen, particularly to those voices we rarely hear, will also require LAs, the NHS and other organisations and departments to be willing to make changes where necessary. For that is the purpose of review meetings, which will need to be regular to preempt problems and keep everything on track.

10.4 Key questions

1. Are we collecting data from all relevant demographic groups, including those with intersecting identities?
2. Are we clear about what we are measuring?
3. Are we clear about who will take responsibility for collecting data?
4. What are the strengths and weaknesses of the policy or activity?
5. What is the progress towards achieving the desired outputs and outcomes?
6. Are the selected indicators pertinent and specific enough to measure the outputs?
7. What is happening that was not expected?
8. How do our data collection methods ensure that both quantitative and qualitative insights are captured?
9. What steps are in place to address gaps in the data we collect?
10. How will we address these gaps to ensure no key group is left out or misrepresented?



11 What happens if something goes wrong?

11.1 Summary

In terms of EqIA's, the concept of something going wrong can happen both when the key objectives haven't been met or when an EqIA hasn't even been considered in a situation where it should have been considered.

In the first instance queries and questions might be asked of the responsible body or, failing that, a lead councillor or portfolio holder, right through to activating the ultimate option and requesting a judicial review.

11.2 Accountability

Equality Impact Assessments should be signed off by the responsible officer, a budget holder, a project board or similar group, or a lead director of the responsible body. Where an Equality Impact Assessment is cross-borough, then the responsibility should be shared and signed off by relevant directors or boards from the responsible bodies.

11.3 Process

Any issues with the objectives and actions as set out in the Equality Impact Assessment should initially have been identified in any scheduled review process, which is why review and monitoring should be embedded, where it is proportionate, in the development of any Equality Impact Assessment.

The process for compliance may vary depending on the responsible body.

The first point of call might be the Responsible Officer or the lead person in the Equality and Diversity Team, who should ideally have oversight regarding quality assurance of the Assessment. If a key statutory authority has made the assessment, then a concern might be raised with the relevant **portfolio holder** in the Council who will likely oversee multi-agency responsibility. Locally the member of parliament will be the final option.

11.4 Legal action and remedies

Where those options have been exhausted, an affected individual community can take an organisation(s) to **judicial review** which, will need to be triggered within a specific length of time where there are number of remedies. The process itself will come at a cost.

Remedies will include:

- **Quashing order** - nullifies a decision which has been made by a public body. The effect is to make the decision completely invalid.
- **Prohibiting order** - is similar to a quashing order in that it prevents a tribunal or authority from acting beyond the scope of its powers. The key difference is that a prohibiting order acts prospectively by telling an authority not to do something in contemplation. Examples of where prohibiting orders may be appropriate include stopping the implementation of a decision in breach of natural justice.
- **Mandatory order** - compels public authorities to fulfil their duties.
- **Declaration** - A judgment by the Administrative Court which clarifies the respective rights and obligations of the parties to the proceedings, without actually making any order.
- **Injunction** - An injunction is an order made by the court to stop a public body from acting in an unlawful way.
- **Damages** (only available if sought on non-Judicial Review grounds) - Damages are available as a remedy in judicial review in limited circumstances. Compensation is not available merely because a public authority has acted unlawfully.

11.5 Key questions

1. Was there clarity about accountability structures from the outset?
2. Is there a process for discussing issues to be resolved?
3. Are the legal processes known should a resolution not be forthcoming?
4. Are residents given the power to challenge early?
5. Are cross sector organisations willing to take the necessary action to get an appropriate outcome?

12 Checklist for staff completing an EqIA

12.1 Summary

The EqIA checklist supports local authorities and the NHS in creating policies, projects, and services that promote fairness, inclusion, and equality, particularly for marginalised groups. It guides organisations through key stages of the EqIA process, from preparation to monitoring.

Key Stages:
- **Preparation and scoping:** Define the policy or decision, identify stakeholders, and engage early to build trust.
- **Data collection:** Collect qualitative and quantitative data, using local and national sources for comprehensive evidence.
- **Assessing impact:** Analyse how different groups are affected, using an intersectional approach. Involve communities to uncover hidden impacts and ensure unbiased assessments.
- **Consultation and engagement:** Engage communities through accessible methods (e.g., public meetings, surveys) and integrate feedback into the analysis.
- **Mitigating negative impacts:** Address negative impacts and enhance positive effects for underrepresented groups through targeted measures.
- **Decision-making and reporting:** Document findings in a clear, public report and ensure decision-makers act on them.
- **Monitoring and review:** Regularly monitor the policy's impact, adapt as needed, and involve communities in the review.

Best practice: Start early, involve diverse voices, use solid data, maintain transparency, and continuously review to ensure fairness and inclusion.

12.2 Introduction to the checklist

Equality Impact Assessment Checklist:
This checklist is designed to support the local authorities and the NHS. Its purpose is to ensure that policies, projects, and services are developed and implemented in a way that promotes fairness, inclusion, and equality, particularly for those groups who have often been forgotten or excluded when it comes to policy, process and service development.

By following this guide and this checklist, organisations can engage stakeholders meaningfully, assess the potential impacts of decisions, and mitigate negative outcomes. The checklist below covers all critical stages of the EqIA process - from preparation and data collection to consultation, analysis, and monitoring. Each stage is paired with best practice recommendations, ensuring that the process is robust, inclusive, and adaptable.

12.3 The checklist

a) Preparation and Scoping

- **Define the policy or decision:** Clearly outline what is being assessed (e.g., a policy, project, service, scheme). This could include assessing new, existing and/or proposed changes.
  Best Practice: Ensure all relevant stakeholders understand the purpose and scope.

- **Identify stakeholders:** List the communities and groups likely to be affected, but think broadly across the protected characteristic groups. Don't just approach domestic violence focussed groups, for example, when looking at a Violence Against Women and Girl's strategy, check if those groups have diversity in their users - such as race and disability. If not (which is often the case) then contact specialist services and other relevant groups that may be impacted (e.g. carers, rural/urban communities, homelessness groups, people with substance misuse issues, low income families, refugee and asylum seekers etc). The challenge lies in recognising and treating the community and the public as equal partners ensuring effective access and participation.
  Best Practice: Engage stakeholders early to foster trust and transparency.

- **Data collection:** Gather evidence, including demographic data, service usage, and feedback.
  Best practice: Use both qualitative (e.g., focus groups, (public) consultations, interviews) and quantitative data (surveys, questionnaires, demographic data, service take up rates, under representation).

b) Assessing Impact

- **Analyse potential impacts:** Evaluate how different groups might be affected positively or negatively or not at all (neutral impact).
  Best Practice: Involve community representatives/groups/individuals in the analysis to identify hidden impacts.

- **Consider intersectionality:** Assess how multiple characteristics (e.g., ethnicity, race, religion, disability, sex, marriage and disability) might compound impacts.
  Best practice: Use intersectional analysis to avoid oversimplifying group experiences.

- **Use of equality evidence:** Ensure the assessment is based on robust, diverse, and up-to-date data.
  Best practice: Supplement local data with regional or national trends if necessary.

c) Consultation and engagement

- **Engage with affected communities:** Hold consultations with residents, service users, and voluntary organisations.
  Best Practice: Use accessible methods (e.g., public meetings, online surveys, focus groups) and ensure diverse voices are represented.

- **Record feedback:** Capture key issues raised during consultations, noting any concerns about discrimination or barriers.
  Best practice: Ensure feedback is summarised and fed into the analysis stage transparently.

d) Mitigating negative impacts

- **Identify mitigation measures:** If potential negative impacts are identified, outline how they will be mitigated (e.g., policy adjustments, alternative services).
  Best Practice: Prioritise practical solutions that can be implemented quickly and effectively.

- **Promote positive impacts:** Look for opportunities to enhance benefits for underrepresented groups.
  Best practice: Consider targeted outreach or support programmes.

e) Decision-making and reporting

- **Document the EqIA findings:** Write a clear report summarising the process, findings, and recommendations.
  Best practice: Make the report accessible to the public, ensuring transparency and accountability.

- **Influence decision-makers:** Share the EqIA report with decision-makers to ensure the findings inform policy development.
  Best practice: Engage with senior leadership and emphasise the long-term benefits of inclusive policies.

f) Monitoring and review

- **Ongoing monitoring:** Establish how the impact of the policy or decision wil be monitored over time.
  Best practice: Set up regular review points and involve community representatives in evaluating progress.

- **Adapt as necessary:** Be prepared to amend the policy or service if unintended consequences emerge.
  Best Practice: Keep channels of communication open with affected communities for continuous feedback.

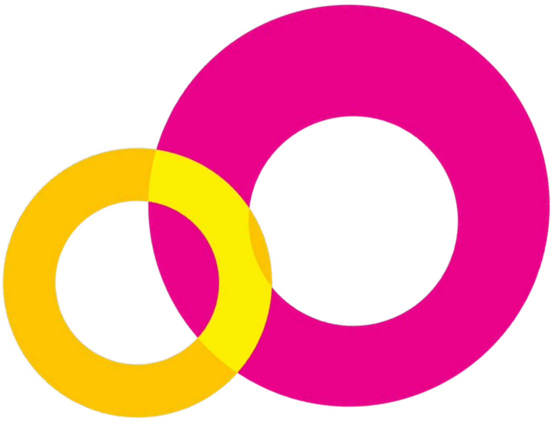
Best Practice Summary

1. **Start early:** Engage stakeholders and communities from the outset.
2. **Involve Diverse Voices:** Ensure representation from marginalised and minority groups.
3. **Use robust data:** Combine quantitative and qualitative evidence for a comprehensive analysis.
4. **Be transparent:** Share findings and mitigation strategies with all involved.
5. **Review and adapt:** Continuously monitor and adjust to ensure ongoing fairness and inclusion.

This concise checklist ensures a thorough, inclusive, and accountable EqIA process for the community and voluntary sector, NHS, and local residents.
EQIAs are 'live' documents and as such are required to be revisited at key stages of, for example, service or project development, or policy implementation, particularly following the conclusion of any engagement and consultation activities which have informed decision-making.

12.4 Key questions to ask:

1. Have all relevant communities been engaged and consulted during the EqIA process?
2. Is the data used in the analysis representative and free from bias?
3. What mitigation measures are in place to address potential negative impacts?
4. How will the policy be monitored over time, and will the community be involved in this process?



13 Glossary

Adverse impacts - The discriminatory effects of an employment practice or policy which, even while appearing neutral, disadvantages a protected group, or several protected groups on different scales.[5] For example, a hiring process that results in the employment of disproportionally more men than women.

Barrier to access - The various features of an environment which inhibit or bar accessibility. These can be both physical (e.g. narrow doors or stairs that make spaces inaccessible for disabled people[6]) and non-physical (the policies or attitudes, for instance, of a working environment in which the different needs of deaf or visually impaired people are not acknowledged[7]).

Bias - The prejudicial favouring or disfavouring of certain people or groups. Bias can shape both the day-to-day decision making of an organisation or public body as well as its more structural discriminatory[8] practices.

CVS - See Council of Voluntary Services.

Cis-gendered - A person whose gender identity matches the sex they were assigned at birth.

Council of Voluntary Services, CVS - A local organisation that supports other voluntary or community organisations.

Damages - A legal form of remedy which is meant to compensate victims of a discriminatory act or practice after they have made an equality claim (e.g., in the Howe v JD Wetherspoon case, a group who had attended the annual Irish Traveller conference were each awarded £3,000 in court after being refused entry to a Wetherspoons bar[9]).

Data-points - An individual unit or piece of information within a larger set of data (dataset).

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[5] See Derbyshire the Dales District Council's Equality Impact Assessment page, https://www.derbyshiredales.gov.uk/your-council/equalities/equality-impact-assessments, accessed 21 October 2024.
[6] Disability Justice Project Website, 'Discrimination Guide - Physical Barriers', https://www.disabilityjustice.org.uk/learn-more-and-take-action/physical-barriers-disability-justice- project-discrimination-guide/, accessed 21 October 2024.
[7] About Access Website, 'The Ultimate Guide to the Equality Act 2010', https://aboutaccess.co.uk/the-ultimate-guide-to-the-equality-act-2010, accessed 21 October 2024.
[8] See the Tower Hamlets Equality Policy 2023-2027, https://www.towerhamlets.gov.uk/lgnl/community_and_living/Equalities_in_Tower_Hamlets/Tower-Hamlets-Equality-policy.aspx, accessed 22 October 2024, where bias is associated with 'discrimination' and 'prejudice'.
[9] Equality and Human Rights Commission Website, 'How to work out the value of a discrimination claim', https://www.equalityhumanrights.com/sites/default/files/quantification-of-claims-guidance.pdf, accessed 22 October 2024, p. 5.

Deprived - Individuals, people or groups whose living conditions are affected by a lack of necessary resources. Measures of deprivation (which are mostly measures of socio-economic inequality) include: income, education, healthcare, employment and housing,[10] all of which vary across the country, from the most to the least deprived places. Some protected groups, even while living in the least deprived areas of a country, are still deprived of these necessary resources.[11]

Disadvantage - The way in which protected groups are (either explicitly or implicitly) discriminated against, disproportionately excluded or unfairly impacted[12] by the policies and actions of a public body or organisation.

Divisional activity reports - Documents which, in the context of an Equality Impact Assessment, record the activity of a division or organisation with a specific focus on protected characteristics (e.g. the NHS encourages its reports to focus on how in-patient and out-patient activity or the cancellation of appointments differ among specific protected groups[13]).

Economies of scale - The cost-advantage or savings caused by increased or more efficient production.

Engagement - The ways in which an organisation or public body interact with service users or employees. The Equality Act encourages equality of engagement: the interaction between an organisation and the people or groups it serves should involve no discrimination or unequal levels of access.[14]

Equality impact assessment (EqIA) - Is an evidence-based approach designed to help organisations ensure that their policies, practices, events and decision- making processes are fair and do not present barriers to participation, or disadvantage any ‘protected groups’ (see Section 2.7 for more information)

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10 Ministry of Housing, Communities & Local Government, ‘The English Indices of Deprivation 2019’, https://assets.publishing.service.gov.uk/media/5d8e26f6ed915d5570c6cc55/IoD2019_Statistical_Release.pdf, accessed 22 October 2024, p. 2.
11 See the Welsh Government Website, ‘Analysis of protected characteristics by area deprivation: 2017-2019’, https://www.gov.wales/analysis-protected-characteristics-area-deprivation-2017-2019, accessed 22 October 2024.
12 See the Equality and Human Rights Commission Website, ‘The Equality Act: Guidance for small businesses, https://www.equalityhumanrights.com/sites/default/files/ea_legal_definitions_0.pdf, accessed 22 October 2024, for examples.
13 NHS Wrightington, Wigan and Leigh, ‘Equality Impact Assessment Toolkit’, https://www.wwl.nhs.uk/media/PDFs/equality_impact_ax_toolkit2017.pdf, accessed 22 October 2024, p.18.
14 Equality and Human Rights Commission Website, ‘Engagement and the Equality Duty: A Guide for listed public authorities in Wales’, https://www.equalityhumanrights.com/sites/default/files/engagement_and_the_equality_duty_wales_2.pdf, accessed 22 October 2024, p. 8.

General duty - The legal requirement under the Public Sector Equality Duty to (1) put an end to unlawful discrimination, harassment or victimisation, (2) increase equality of opportunity and (3) to foster good relations between those with and without protected characteristics.[15]

Groupthink - A form of cognitive bias in which people encourage or reward conformity to and consensus within a group. This often disadvantages people who do not already conform to or fit into an established group, as it can make it even more difficult to speak up if they have a different opinion to the group.

'Hard to reach' - Individuals or protected groups who are often excluded or ignored in consultation, even though they are directly (or sometimes disparately) impacted by the decisions and actions of organisations and local bodies.[16]

Heterosexual - A person who is sexually or romantically attracted to people of the opposite sex (in relation to the female/male binary).

Inclusive practices - The anti-discriminatory policies or practices of an organisation or public body which are designed to reflect the needs of all those it works with or represents, particularly underrepresented or overlooked protected groups. An Equality Impact Assessment attempts to outline a framework of inclusive practices which it encourages organisations and public bodies to follow or implement.

Intersectional analysis - A method or approach to consultation which examines the way in which multiple interlocking systems of discrimination or oppression affect those with different protected characteristics. Rather than hierarchising or simply adding up discrete forms of oppression,[17] it is a kind of analysis that remains attentive to the fact that inequality is not due to a single cause, but determined by the specific intersection of many interwoven discriminatory practices or systems of oppression, each affecting people and groups in varying ways.

Judicial Review - A court proceeding or legal process in which a judge reviews the lawfulness of a decision or action made by a public body.

Local Authority - An administrative body that is a constituent part of local government.

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15 Equality and Human Rights Commission Website, 'The Public Sector Equality Duty', https://www.equalityhumanrights.com/guidance/public-sector-equality-duty-psed, accessed 22 October 2024.
16 See NHS England Blog, 'Not 'hard to reach'–increasing diversity in research participation', https://www.england.nhs.uk/blog/not-hard-to-reach-increasing-diversity-in-research-participation/, accessed 22 October 2024.
17 Scottish Government Website, 'Using intersectionality to understand structural inequality in Scotland: evidence synthesis', https://www.gov.scot/publications/using-intersectionality-understand-structural-inequality-scotland-evidence-synthesis/pages/3/#, accessed 22 October 2024.

‘Mental check’ - In the context of decisions that fall outside of the usual criteria for an EqIA, best practice would be that everyone making any decision that affects people would at least go through the list of protected characteristics in their head, and consider potential adverse impacts for at least those groups.

Mitigation - Actions designed to reduce the adverse impacts of a policy or practice as much as reasonably possible.

Natural justice - The fundamental principle of fair treatment before the law.

Neurodivergence - A term used to describe atypical or diverse brain function (such as ADHD or Autism).

NHS - The National Health Service.

‘No attempt or only cursory attempt to hear’ - While organisations and public bodies often describe certain people or protected groups as ‘Hard to Reach’, these bodies also frequently fail to hear or listen to them. Equality Impact Assessments shift responsibility towards organisations and public bodies to make sure differing voices are heard, instead of allowing them to ignore those who are deemed ‘Hard to Reach’.

Participation - the ways in which people or protected groups are able to partake in the actions or decision-making of organisations and public bodies.[18]

Personal characteristics - often referred to as the characteristics which are not covered as protected characteristics under the Equality Act 2010, such as class and education.

‘Play the blame game’ - In the context of consultation, the ‘blame game’ is the act of blaming others, rather than addressing the problem and seeking a solution or taking responsibility for aspects of the difficulties which may have occurred.

Portfolio holder - A member of a council’s cabinet who is appointed to a role of responsibility for part of the council’s work or policy (a portfolio).

Privilege - The unearned advantages, benefits or protections available to a group with particular characteristics within a society.

Protected characteristics - Any identity trait (or personal characteristic) that is recognised by discrimination law (e.g. age, gender, race, disability).

Protected groups - A category of people who are recognised (and therefore protected) by discrimination law (e.g. race or religion).

PSED - See Public Sector Equality Duty

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[18] Scottish Government Website, ‘Participation handbook’, https://www.gov.scot/publications/participation-handbook/pages/2/#, accessed 22 October 2024.

Public authorities - Organisations that deliver state services but, unlike public bodies, may be partially privatised.

Public bodies - A formally established and publicly funded organisation which delivers a public or government service.[19]

Public functions - The various services which a public body provides or activities which it carries out. The Public Sector Equality Duty requires public bodies to carry out its functions without unlawful discrimination, while fostering equality of opportunity between both protected and non-protected groups.[20]

Public Sector Equality Duty, PSED - A statutory duty on both public bodies and organisations carrying out public functions to address how they affect and interact with protected groups and people with protected characteristics. It consists of the general duty and the specific duty (see above).

Reasonable adjustments - Actions which an organisation or public body are legally obliged to take in order to increase accessibility and ensure disabled people are not substantially disadvantaged (e.g. altering the recruitment process or changing workplace infrastructure).[21]

Social capital - The resources and advantages a person gains through membership in a social group or network of relationships (e.g. through the institutionalised relationships of school and university, or simply those of coming from a wealthy family or neighbourhood).

Specific duty - The legal requirement under the Public Sector Equality Duty for an organisation to examine and improve upon their adherence to the general duty (e.g. publishing Equality Impact Assessments, and other reports on protected groups).

VCS - See Voluntary and Community Sector.

Voluntary and Community Sector, VCS - A broad term for all voluntary or community-based organisations and groups (like charities or community groups).

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[19] UK Government website, ‘Public Bodies Guidance’, https://www.gov.uk/guidance/public-bodies-reform, accessed 22 October 2024.
[20] Ipswich Borough Council website, ‘Equality Act legal requirements’, https://www.ipswich.gov.uk/content/equality-act-legal-requirements, accessed 22 October 2024.
[21] UK Government website, ‘Reasonable Adjustments for workers with disabilities or health conditions’, https://www.gov.uk/reasonable-adjustments-for-disabled-workers, accessed 22 October 2024.

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