Equality Impact Assessment (EqIA) Form: Guidance Notes

The Equality Impact Assessment (EqIA) process is an approach designed to improve research practice. It helps to determine and understand how what we do may affect people differently. ARC EM is committed to embedding consideration of the needs of people who share the Protected Characteristics and others (see Section 5) into its research, evaluation and review work. This will help to ensure that research meets the health needs of our diverse communities.

EqIAs must be carried out **prior to the commencement** of the research, study, review or project in order to understand its potential to help reduce health inequalities. Constant review and assessment of the EqIA must occur **throughout the duration** of the research etc.

A thorough EqIA can only enhance the quality and reach of your research and should be an integral part of the entire research process.

Guidance on the EqIA process is provided through the Centre for Ethnic Health Research (specifically through attendance at an Interactive Seminar) and must be undergone prior to completion of this form.

For equality-related support in completing your EqIA, please contact the Centre for Ethnic Health Research on ethnichealthresearch@leicester.ac.uk (See the Centre's website - ethnichealthresearch.org.uk - for further information).

PLEASE RETURN THE COMPLETED FORM, TOGETHER WITH A COPY OF YOUR STUDY PROTOCOL, TO THE CENTRE FOR ETHNIC HEALTH RESEARCH USING THE ABOVE EMAIL ADDRESS

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1. Entitle and give a brief description of the research, study, review or proposal

Use sub-headings e.g. Research title, Trial Design, Research / Study location, Planned sample size, Planned Trial period, Number of participants, Characteristics of Trial participants.

Consider these questions:

- What is the current research saying?
- Will the research replace or complement existing approaches?

Try to use Plain English and language that can be understood by a potential participant. From 1st August 2016 onwards, all organisations that provide NHS care and/or publically-funded adult social care are legally required to follow the **Accessible Information Standard**. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and patients with a disability, impairment or sensory loss.

Even if your research doesn't legally come under this particular Standard, it is worthwhile looking at what it says and meeting its stipulations so that your research study is understood by all, participants and otherwise.

For further information and detail on the **Accessible Information Standard**, please go to the relevant NHS England website page: NHS England » Accessible Information Standard

2. What are the key aims and benefits of the research, study, review or proposal?

Distinguish between aims and benefits. **Aims** is a statement highlighting the problem you intend to address and the difference you want to make. You will then need to provide evidence of the intended **benefits** of the research. In other words, who exactly will gain from the research, study, review or proposal? For example – Will patients benefit? And if yes, how will they benefit and how many will benefit? How can the research improve patient health? Is the research, study, review or proposal designed to address a health issue disproportionately affecting any of the Protected Characteristic groups (see Section 5)?

3. Identify any previous equalities related research or consultation relevant to your research, study, review or proposal

You will need to look for reports or data that highlight the experiences of people from the Protected Characteristic groups in relation to health outcomes in general and specifically in relation to your research topic.

Integrated Care Boards (ICBs) and health providers are required to produce and publish data on the use of their services by Protected Characteristic groups. Local authorities have good Census data relating to their local population as well as key information arising from Joint Strategic Needs Assessments; and local voluntary sector organisations may have significant qualitative information that you could cite.

It is important to use local data, quantitative and qualitative. However, where this is not available, you may use regional or national data.

The following **Sources of Data and Information** give you some idea of what can and, where relevant, should be used. Please note that these are only suggestions. You will need to find the most appropriate sources that fit your project scope.

- Advocacy groups (national and local) e.g. Mind, Age UK, Stonewall, Mencap, Leicestershire Centre for Integrated Living, Action Deafness etc.
- Audits of services
- Census data - Census - Office for National Statistics (ons.gov.uk)
- Customer satisfaction surveys
- Equality and Human Rights Commission (EHRC) - Home Page | Equality and Human Rights Commission (equalityhumanrights.com)
- Equality Challenge Unit - Home | Advance HE (advance-he.ac.uk)
- Equality, Diversity and Inclusion in Science and Health (EDIS) - Home - EDIS (edisgroup.org)
- Equality monitoring
- Health and Wellbeing Boards – e.g. Health and Wellbeing Board (leicester.gov.uk)
- Integrated Care Boards (ICBs) – e.g. Leicester, Leicestershire & Rutland Home - LLR ICB
- Internal (within the organisation) information, e.g. staff surveys, training evaluations.
- Joint Strategic Needs Assessments (JSNA) – e.g. Joint Strategic Needs Assessment (leicester.gov.uk)
- Local Authorities
- Local Government Association LG Inform Plus - LG Inform Plus (esd.org.uk)
- LSR Online in Leicester and Leicestershire - Leicester-Shire & Rutland Statistics & Research | LSR Online (lsr-online.org)
- NatCen - NatCen Social Research
- NHS England Equality and Health Inequality NHS RightCare Packs - ehi-rightcare-pack-methodology-guide-dec-18.pdf (england.nhs.uk)
- NHS England Health Inequalities - NHS England » The Equality and Health Inequalities Hub

- NHS England Long Term Plan - NHS Long Term Plan
- NHS Health Survey for England - Health Survey for England - NHS Digital
- NHS RightCare Intelligence products - NHS RightCare » NHS RightCare Intelligence products (england.nhs.uk)
- Office for National Statistics - Home - Office for National Statistics (ons.gov.uk)
- Other partner organisations
- Periodicals
- Previous Equality Impact Assessments
- Public Health England Health Profiles - Public Health Profiles - PHE
- Qualitative as well as quantitative information (e.g. user/focus group feedback, staff/student surveys, training feedback, complaints and grievance procedures)
- Public Health England Local Health - Local Health - Public Health England
- Public Health England National General Practice Profiles - National General Practice Profiles - PHE
- Recruitment data

You may also wish to consult the Excel document entitled '**Directory of organisations and website information for EqIA process**', which includes national and international information including those specific websites identified in the list of **Sources of Data and Information**.

We have also produced a selective '**Health Inequalities Data Sample**' that will give you some idea of the type of data that may be relevant to your research.

Again, please note the sources and actual information contained in both the above-mentioned documents are there as **suggestions**, as guides to what could be included. You will need to think about the sources/information that are most appropriate and relevant to your study. It is highly likely that you will therefore also need to look outside our suggested lists.

4. Describe how the research, study, review or proposal will (or may) affect or impact upon equality

Using the findings from the research you conducted for Section 3, summarise the actual and potential impact on each of the Protected Characteristic groups.

Questions you need to address include:

- Which, if any, of the groups may be over or under represented in using existing health services related to the research area?
- Is the research study accessible to people from all the Protected Characteristic groups? If not, is their exclusion justified and legal? For example, a study targeting a health condition related to pregnancy will exclude men. The study will therefore have a positive impact on women. However, will the study affect **all** pregnant women, regardless of race/ethnicity, age or disability, for example? Can disabled women take part? Is there a difference here between physical and mental disabilities?
- What issues and barriers may people **already** face when accessing your research subject?
- Is your research designed to address any issues of potential health inequality? Indeed, is there a danger that it may potentially worsen existing health inequalities, even if this is an unintended consequence?[1]

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[1] Public Health England has produced a Health Equity Assessment Tool (HEAT) that may be useful as a source of reference. See Health Equity Assessment Tool (HEAT) - GOV.UK (www.gov.uk)

- Consider the demographics of the area where the research, protocol or proposal will be carried out. Are there significant numbers of any ‘high risk’ groups in the area? Can or will your research study support people from high risk groups to take part? And will your research support such people to better access health interventions?
- Are there any aspects of the research study that would make it more difficult for people with specific disabilities to participate? Can any reasonable adjustments be made?
- Are there particular sensitives relating to gender reassignment, sexual orientation and religion or belief that would prevent or hinder participation by people from these groups? If so, can these be addressed or mitigated?

Note that people may face simultaneous disadvantage based on the interaction (**intersectionality**) between Protected Characteristic identities, e.g. sex, disability, race, sexual orientation, religion or belief and other key factors such as where they live etc. Such disadvantage may affect their access to information and services and to your research study.

5. Identify who – from the Protected Characteristic groupings or other relevant underserved or disadvantaged communities – will (or may) be affected, how and any necessary action(s)

Consider each Protected Characteristic individually and refer to the outcome of any research/consultation identified in Section 3 and your findings under Section 4.

Protected Characteristics (Equality Act 2010)

Age	A person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18 to 40 year olds). This includes all ages, including children and young people. A person can, of course, belong to a number of different age groups (as in this example).
Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person’s ability to carry out normal day-to-day activities. (NOTE: Consideration must be given to the full range of disabilities – physical, sensory, learning, mental illness etc) Cancer, HIV and Multiple Sclerosis are automatically regarded as disabilities from the point of diagnosis[2]. Long-term impairments include those that last or are likely to last for at least 12 months. In addition, The Convention on the Rights of Persons with Disabilities (CRPD) is an international legal agreement. It exists to protect and promote the human rights of disabled people. Consideration of the ‘social model of disability’ is particularly important in addressing access and other equality-related disability issues.[3]

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[2] See Conditions automatically treated as a disability – The Equality Act and Cancer, MS and HIV. | Acas

[3] See Social model of disability | Foundation for People with Learning Disabilities; First Steps | Professional services | Royal College of Nursing (rcn.org.uk); and Social model of disability | Disability charity Scope UK

Gender Reassignment	The process of transitioning from one sex to another. The Equality Act 2010 refers specifically to 'reassignment' (not Transgender). A person has the protected characteristic of gender reassignment if the person is proposing to undergo, is undergoing or has undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attributes of sex. On the surface, therefore, this would appear to exclude anyone who doesn't wish to undergo that process of 'reassignment' but who identifies their sex as not being that to which they were born. However, this isn't necessarily the case[4]. This issue is considered more comprehensively in the 'Sex' protected characteristic, where reference is made to a September 2020 UK Employment Tribunal ruling which stated that non-binary and 'gender fluid' identities **are protected under the Equality Act** under the 'Gender Reassignment' categorisation. See https://www.lawgazette.co.uk/legal-updates/non-binary/gender-fluid-claimants/5105968.article for more information. It is far better to be inclusive for the purposes of assessing and addressing discrimination and therefore consider viewing Transgender as a more complete term for a variety of identities. The Equality Act actually uses the term 'transsexual' (whilst recognising that some people consider this term to be 'outdated') for individuals who have the protected characteristic of gender reassignment. The term 'trans' is also used (e.g. in specific Equality and Human Rights Commission guidance) to refer to a person who has the protected characteristic of gender reassignment. Protection extends to those treated less favourably because they are perceived to be transsexual.
Marriage and Civil Partnership	Marriage is a union between a man and a woman or between a same-sex couple. Same-sex and heterosexual couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must not be treated less favourably than married couples (except where permitted by the Equality Act – see below). The Equality Act 2010 states that people do not have this characteristic if they are: a) Single; b) Living with someone as a couple neither married nor civil partners; c) Engaged to be married but not married; d) Divorced or a person whose civil partnership has been dissolved. The Equality Act only protects you from discrimination **in employment** because you are married or in a civil partnership. In some specified circumstances, an employer can refuse to employ you because you are married or in a civil partnership if the work is for the purposes of an organised religion, e.g. as a Catholic priest.

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[4] See Are non-binary people protected under the Equality Act? | Discover BPE | Why BPE? | Insights | 2020 | 02 | BPE Solicitors; Non-binary people are now protected from discrimination under the UK Equality Act (gaytimes.co.uk) and Gender reassignment discrimination | EHRC (equalityhumanrights.com)

	For further information, go to: Marriage and civil partnership discrimination | EHRC (equalityhumanrights.com)
Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding. There are also specific measures relating to paternity.
Race	Refers to the protected characteristic of race. It refers, in this (legal) context, to a group of people defined by their race, colour, ethnic or national origins or nationality (including their citizenship). Note that although both are included under the 'Race' umbrella term for the purposes of the Equality Act, there are essential differences in definition between 'race' and 'ethnicity'.
Religion and Belief	Religion refers to any religion, including reference to a lack of religion. Belief refers to a religious or philosophical belief and includes a lack of belief. Generally, a belief should affect your life choices or the way you live for it to be included in the definition. For a philosophical belief to be protected under the Equality Act, it must: a) Be genuinely held; b) Be a belief and not just an opinion or viewpoint based on the present state of information available; c) Be about a weighty and substantial aspect of human life and behaviour; d) Attain a certain level of cogency, seriousness, cohesion and importance; and e) Be worthy of respect in a democratic society, not incompatible with human dignity and not in conflict with fundamental rights of others. For example, Holocaust denial, or the belief in racial superiority are not protected.[5] In addition, people also have an absolute right to hold (with a qualified right to manifest) a religion or belief under Article 9 of the Human Rights Act 1998. See religion-or-belief-guide-to-the-law.pdf (equalityhumanrights.com)
Sex	A man or a woman. When referring to Sex, the Equality Act 2010 specifically identifies either a man or a woman, or a group of men/boys or women/girls.[6] However, in reality, this overlooks the issue of people who identify as neither man nor woman but as 'non-binary', 'gender fluid or diverse', 'intersex', 'genderqueer', 'agender' or indeed any other, **related** identity heading. In this manner, gender is seen as a 'spectrum', not a binary polarisation.

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[5] This article is interesting in the context of political beliefs. Political Beliefs & the Equality Act 2010 (harpermacleod.co.uk)

[6] See Sex discrimination | EHRC (equalityhumanrights.com)

	Consideration of this issue can be found in the following articles: • Are non-binary people protected under the Equality Act? | Discover BPE | Why BPE? | Insights | 2020 | 02 | BPE Solicitors (written prior to the UK Employment Tribunal ruling of September 2020 and setting the previous legal context). And then: • Non-binary people are now protected from discrimination under the UK Equality Act (gaytimes.co.uk) • https://www.lawgazette.co.uk/legal-updates/non-binary/gender-fluid-claimants/5105968.article The latter two links refer to a September 2020 UK Employment Tribunal which confirmed that non-binary and 'gender fluid' (and, by extension, other related identities such as those mentioned previously) **are protected under the Equality Act**. Though that protection is under the 'Gender Reassignment' categorisation, it is also relevant to that of 'Sex'. Women who are breastfeeding are explicitly protected from less favourable treatment under the sex discrimination provisions of the Equality Act. NOTE: All references to binary positions (i.e. man and woman, men and women, boys and girls) in this document and elsewhere need to also show consideration of 'non-binary' identities.
Sexual Orientation	Whether a person's sexual attraction is towards their own sex, the opposite sex, to both sexes, or having a lack of sexual attraction to anybody.

Specific sources of help and guidance:

- Equality and Human Rights Commission, Technical Guidance on the Public Sector Equality Duty: England (Updated March 2023)
- First Steps | Professional services | Royal College of Nursing (rcn.org.uk)
- Gender reassignment discrimination | EHRC (equalityhumanrights.com)
- http://beyondthebinary.co.uk/the-equality-act-2010-are-non-binary-people-protected/
- Marriage and civil partnership discrimination | EHRC (equalityhumanrights.com)
- Political Beliefs & the Equality Act 2010 (harpermacleod.co.uk)
- Protected characteristics | EHRC (equalityhumanrights.com)
- religion-or-belief-guide-to-the-law.pdf (equalityhumanrights.com)
- Separate and single-sex service providers: a guide on the Equality Act sex and gender reassignment exceptions | EHRC (equalityhumanrights.com)
- Sex discrimination | EHRC (equalityhumanrights.com)
- Social model of disability | Disability charity Scope UK
- Social model of disability | Foundation for People with Learning Disabilities

Though the Equality Act refers only to nine protected characteristics, good equality practice (including an assessment of health inequalities) encourages consideration of other groups of underserved, marginalised or disadvantaged people.

In this respect, examples of categories may include:

- Socio-economic status
- Employment status
- Carers
- Location (geography)
- Migrant status (e.g. asylum seekers, refugees, economic migrants)
- Looked-after children
- Homeless people

Consider if any of these (or others) apply to your research and use the same criteria and practice to analyse impact as you have done for the Protected Characteristics.

There is a socio-economic duty (Section 1 of the Equality Act) that requires public bodies to adopt transparent and effective measures to address the inequalities that result from differences in occupation, education, place of residence or social class. However, successive governments have refused to enact it as law.

In March 2021, the socio-economic duty came into force in Wales. This requires public bodies, when making strategic decisions, to 'have due regard to' (consciously consider) how their decisions could reduce inequalities linked to socio-economic disadvantage. There is also a socio-economic duty in Scotland.

Human Rights

Public authorities, and other organisations when they are carrying out 'functions of a public nature', have a duty under the Human Rights Act 1998 (HRA) not to act incompatibly with rights under the European Convention for the Protection of Fundamental Rights and Freedoms (the Convention). The Public Sector Equality Duty uses the same definition of functions of a public nature as the HRA.

Because of the close relationship between human rights and equality, it is good practice for those exercising public functions to consider equality and human rights together when drawing up equality or human rights policies.

Health inequalities refer to the gap in health status and in access to health services, which exists between different social classes, ethnic groups, and populations in different geographical areas. Where possible, systematic reviews should consider health inequalities when evaluating intervention effects. This is because the beneficial effects of many interventions may be substantially lower for some population sub-groups. Many interventions may thus increase rather than reduce heath inequalities, since they primarily benefit those who are already advantaged.

Evans and Brown (2003)[7] suggest that there are a number of factors that may be used in classifying health inequalities (captured by the acronym PROGRESS[8])

Place of residence
Race / ethnicity
Occupation
Gender

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[7] See 'Road Traffic Crashes: Operationalizing Equity in the Context of Health Service Reform' (https://trid.trb.org/view/662981)

[8] More recent work on PROGRESS now includes further Equality Act protected characteristics such as Sexual Orientation, Age and Disability and is referred to as PROGRESS-Plus. See Chapter 16: Equity and specific populations | Cochrane Training and Resources for Review Authors | Cochrane Equity

Religion
Education
Socio-economic-status
Social capital

It may be useful for a review to evaluate intervention effects across different sub-groups, perhaps identified in terms of the PROGRESS/PROGRESS-Plus factors.

How to assess impact:

Positive Impact: If your research is targeting one or more groups (Protected Characteristic and others) to advance equality of opportunity or if it will directly address disadvantage – thereby creating a benefit – it can be said to have a positive impact.

Negative Impact: A negative impact occurs if your research has the potential to disadvantage, discriminate, discourage participation, treat unfairly or not meet the different needs of people from Protected Characteristic groupings.

A negative impact has to demonstrably have an adverse effect on one or more of the Protected Characteristic groups (plus any identified others). Or the potential to have that affect. If your research focuses on one group in particular, then it may not necessarily have a negative impact on others. However, you do need to assess if this is – intentionally or otherwise – actually the case.

If your work doesn't have that negative impact, then you could say that it has 'no impact'.

No Impact: The evidence identifies that your research doesn't have the potential to impact on different groups in either a positive or a negative way. This may also be described as 'neutral impact'.

Impact Not Known: A situation where there is no available data, not even anecdotal, to assess the impact.

In reality, there should always be some information on which to base a judgement of 'positive', 'negative' or 'no impact'. Work by the Equality and Human Rights Commission in Wales prior to the implementation of the Equality Act 2010 states that: *"Lack of data is never a reason for not assessing impact and does not provide an excuse for not completing an assessment. Different types of evidence, for example, can be used. Decisions will need to take into account information deficiencies and reach the best judgement possible using what is available."*[9]

Consultation is the most obvious answer to any situation where there is little apparent evidence. This may even amount to a reliance on a limited number of sources. Should you think that this is insufficient[10], you should still include what is known, but indicate such a deficiency on the form.

General considerations:

- There is a significant difference between the research context and that of public sector policy, procedures or practice. Principally, that research may focus very specifically on one issue/matter and one group of people e.g. diabetes in elderly South Asian people. It therefore doesn't have to be 'comprehensive' in the same way that public sector policies etc tend to be. That being said, there may

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[9] See Equality impact assessments | Equality and Human Rights Commission (equalityhumanrights.com)
[10] See the wording of the last sentence in the EHRC quote, i.e. *"Decisions will need to take into account information deficiencies and reach the best judgement possible using what is available."*

be impacts that – unintentionally or otherwise – do have a bearing on one or more groups through things such as access to opportunity, engagement techniques and communication etc[11]. These need to be picked up during the EqIA process, and – where negative – be subject to mitigation.

- Accordingly, a specific focus on one Protected Characteristic group need not necessarily amount to a 'negative impact' on all the others. It may well be the case that your research is designed to assist a particular group of people over others because of issues related to that group that – historically and currently – have caused and constitute disadvantage.[12]
- A thorough examination of potential negative impact will enable you to make this sort of judgement.
- You will need to consider the fact that there may be more than one identified impact with respect to protected characteristic groups. For instance, equality impact can, in some instances, be both 'positive' and 'negative'. 'Positive' for one group or community within a particular protected characteristic 'span', and 'negative' for another'.

6. Provide a summary of the main equality issues identified through this analysis

Summarise the **key** issues identified in Sections 4 and 5, i.e. where you have identified positive and/or negative impact. Where there is negative impact, think about actions you can take to mitigate. If you are not able to take action, you will need to record why this is the case.

7. How will you monitor and evaluate the equality impact of your study?

Thinking about monitoring procedures that you will use as part of the general research process, consider how they can be adapted and/or supplemented by including equality-minded and related questions and issues.

What quantitative and/or qualitative evaluation will be established to check that you achieve any actions you identify (see Section 8)?

Are there any monitoring and evaluation gaps that you may need to establish as part of your study?

8. Use the Action Plan (Appendix) to record the actions that need to be taken to address the issues identified in this form, e.g. in Column 4 of Question 5.

Identify actions you can take within the scope of the research/proposal.

Actions need to be SMART:

- **S**pecific
- **M**easurable
- **A**chievable (Attainable)
- **R**ealistic (Relevant)
- **T**ime-orientated (Timely, Time-bound)

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[11] Consider, for example, if you are arranging a focus group whether the arrangements you make enable all people to attend and fully participate without causing unnecessary obstacles. Does your venue have wheelchair access facilities? Are you varying your promotion to enable people to attend with visual impairments or whose English language skills are limited?

[12] In this context, a consideration of the issue of **Positive Action** may be useful.

It is also worth bearing in mind the words 'proportionate' and 'reasonable'.

Though completing the EqIA form and any subsequent Action Plan needs to be thorough, it also needs to be proportionate and reasonable as well as SMART. You will need to identify areas of differential impact and explain the nature of that impact. However, you don't need to go into great detail explaining absolutely everything that may relate to that impact as a consequence.

As an example, you may find that there is 'negative' impact in relation to disability as a potential consequence of your research proposal. Though you do need to assess the different **forms** or **types** of disability (i.e. physical, mental, sensory, learning etc), it would be disproportionate to go into every possible disability that you can think of. That being said specific disabilities may need to be mentioned if relevant to your research.

The words also, of course, relate to restrictions in time and resource. As an example, it would obviously be unnecessary, unwieldy and unreasonable to spend more time undertaking an EqIA than on your research itself.

This fact reinforces the need to find relevant people to help you complete your EqIA. Not only will different people have different areas of expertise, experience and knowledge, they can also be tasked to do pockets of work in relation to your EqIA submission and ongoing monitoring and development.

A small task group is recommended, if at all possible.

Please use a Traffic Light system (Red, Amber, Green) to colour code the 'Status' column.

Red – Action still to be completed
Amber – Action partially completed
Green – Action completed

Sign and date your Action Plan.

Progress on the implementation of actions will be monitored as part of the research/project monitoring arrangements. Equality actions will also form part of the research/project evaluation. Researchers/Theme Leads are responsible for progressing implementation of the Action Plan.

Note that equality actions may arise during the implementation of your research. These too need to be recorded and actioned, so that your Action Plan as well as the EqIA in its entirety becomes and remains a **live** document and process.

Other Sources of Information

- Equality Act 2010: Equality Act 2010 (legislation.gov.uk)
- Equality Act 2010: Equality Act 2010 | EHRC (equalityhumanrights.com)
- Equality Act 2010: guidance: Equality Act 2010: guidance - GOV.UK (www.gov.uk)
- Equality Act 2010: Schedule 19: Equality Act 2010 (legislation.gov.uk)
- Equality Act 2010: (Specific Duties and Public Authorities) Regulations 2017/353: The Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 (legislation.gov.uk)
- Equality Act 2010 (Amendment) Regulations 2023: The Equality Act 2010 (Amendment) Regulations 2023 (legislation.gov.uk)
- Equality Impact Assessments – Wales (EHRC website): Equality impact assessments | Equality and Human Rights Commission (equalityhumanrights.com)
- For Equity: FOR-EQUITY – tools and resources to help reduce social and health inequalities (forequity.uk)
- Human Rights Act 1998: Human Rights Act 1998 (legislation.gov.uk)
- The Human Rights Act (EHRC website): The Human Rights Act | Equality and Human Rights Commission (equalityhumanrights.com)
- NIHR CLAHRC North West Coast – Health Inequalities Assessment Toolkit (HIAT): HIAT – FOR-EQUITY (forequity.uk)
- NIHR CLAHRC North West Coast – Health Inequalities Assessment Toolkit (Section Four – Planning for wider effects on health inequalities and avoiding negative ones)
- UN Convention on the Rights of Persons with Disabilities (CRPD): Convention on the Rights of Persons with Disabilities (CRPD) | United Nations Enable
- UN Convention on the Rights of Persons with Disabilities (EHRC website): UN Convention on the Rights of Persons with Disabilities (CRPD) | EHRC (equalityhumanrights.com)
- What is the Equalities Act? (EHRC website): Equality Act 2010 | EHRC (equalityhumanrights.com)
- World Health Organisation – Disability: Disability (who.int)
- World Report on Disability 2011 (World Health Organisation website): World report on disability (who.int)

GLOSSARY

Equality Act 2010: The Equality Act 2010 is the UK's current equality legislation. This is what governs UK society in terms of equality and diversity. It became law in October 2010, replacing previous individual legislation e.g. Race Relations Act, Disability Discrimination Act. It thereby brought equality areas together under a single Act. It refreshed what are known as the 'Protected Characteristics' and made specific demands on Public Sector bodies (see Public Sector Equality Duty).

Health Inequalities: Health inequalities are the preventable, unfair and unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions within societies, which determine the risk of people getting ill, their ability to prevent sickness, or opportunities to take action and access treatment when ill health occurs. (NHS)

Intersectionality: The interconnected nature of social categorizations such as those identified as Protected Characteristics as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage. Essentially what is being considered are multiple and connected areas of discrimination and disadvantage (e.g. sexism, racism, xenophobia etc), prompting further examination and consideration of just how these different areas and experiences impact on individuals and groups.

Positive Action: Actions or a range of measures aimed at addressing a recognised disadvantage or imbalance of opportunity. Such actions/measures are legal under the Equality Act 2010 as they are a proportionate means of achieving a legitimate aim. Do not confuse this with 'positive discrimination' which amounts to giving preferential treatment and is illegal under the Act.[13]

Protected Characteristics: Identity areas or groups (of which there are nine) 'protected' by equality legislation. Previously (prior to the Equality Act 2010) known as equality 'strands'. Everybody has at least four Protected Characteristics (Age, Race, Sex and Sexual Orientation). Many people have more.

Public Sector Equality Duty (PSED): Requires public sector organisations to have 'due regard' to the need to 1) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act; 2) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and 3) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. These are known as the three aims of the 'general equality duty'. The 'specific duties' of the PSED require each organisation to 1) Publish sufficient information to demonstrate compliance with the three general duties; 2) Publish priority equality objectives every four years; and 3) Ensure that this and other information is published in a manner that is reasonably accessible to the public.

Underserved or disadvantaged: Such descriptions are preferred to the still widely used phrase 'hard to reach'. The reality is that many groups of people that are characterised as the latter are actually easy to find, but are also 'easy to ignore' and are 'seldom heard'. Other descriptions such as 'marginalised' or 'socially excluded' are also more preferable as they are, essentially, more accurate.

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[13] See A guide to evidence-based effective recruitment and talent management interventions for race equality (nhsproviders.org) and Positive action in the workplace - GOV.UK (www.gov.uk) for further clarity.