NIHR | Applied Research Collaboration East Midlands

The Centre for Ethnic Health Research
national centre for tackling health inequalities

EQUALITY IMPACT ASSESSMENT (EqIA) TOOLKIT

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1. Introduction: The toolkit

A very warm welcome to our Equality Impact Assessment (EqIA) Toolkit.

This important measure was implemented in ARC East Midlands (ARC EM) in 2019 in recognition of the need to ensure that all research conducted under our auspices does not disadvantage anyone, particularly individuals or groups who are underserved or who have a protected characteristic[1] as defined by the Equality Act 2010.[1]

The EqIA process therefore plays an essential part in our ongoing commitment to equality and diversity. Indeed, it is at the heart of that commitment.

Assessments of this kind have been part of public sector organisational development, service and practice for many years. However, its specific use in relation to health research is relatively new. It is designed to ensure that equality considerations apply to all stages of the ARC EM-funded research process – not limited to the completion of an assessment form at its outset – and is a continual undertaking; a 'live' system and procedure that will shape and re-shape equality and related considerations from construction to outcome and beyond, as each study takes its course.

In doing so, it makes research more relevant to more people, thereby making a greater difference 'on the ground'.

Since we began using the process, we have received many enquiries from colleagues across the country, from the specific to the general, and from the rationale behind the initiative to the detail involved in its implementation. This toolkit is the result. It aims to address not only all the questions that have come our way, but to give you the necessary insight and material for you to be able to develop an EqIA process of your own.

2. How to use the toolkit

The toolkit is designed to be both an assessment of why we undertake an EqIA as well as a step-by-step guide through the process.

It also introduces the material that we use, the questions that we ask of researchers and the sources of information that are an essential part of the investigation and consultation components of an EqIA.

Nevertheless, to tailor things to your own specific needs, we would also suggest that you do the following:

Always have the purpose of the assessment in your mind, both the broader equality-driven aims and the specific contours of your own research.

Make it relevant to your own circumstances. Don’t be afraid to change some aspects of our approach. Don’t be a slave to the process we outline if it doesn’t work for you.

Use wording that is familiar in your environment and for your service-users, even if it differs from that used in our toolkit.

Use the toolkit as you wish to use it. Either as a general plan or by systematic use of our suggested material and wordings. Or a combination of both.

Think through each individual section and discuss with colleagues.

Record your thinking at all times.

Record also how your plans may change as a result of using our toolkit. Indeed, it is likely that they will.

PLEASE NOTE: As the Equality Act applies to Great Britain, it therefore does not apply to Northern Ireland (subject to minor exceptions). If you are undertaking research in Northern Ireland, you will need to check the legal differences and the equality legislation that does apply.[2,3]

3. What is an Equality Impact Assessment (EqIA)?

An Equality Impact Assessment (EqIA) is an approach designed to improve equality analysis, practice and outcomes.

It helps determine and understand how what we do may affect people differently. Whilst it is a key part of the evidence that is needed to demonstrate compliance with the Equality Act's Public Sector Equality Duty (PSED)[1], the most important outcome of this process is showing how individual research studies make a real difference to the lives of people from all communities.

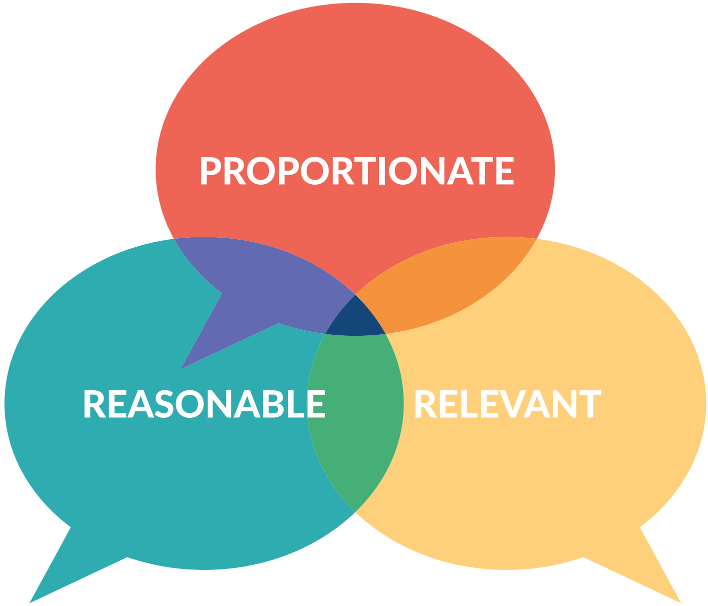
ARC EM is committed to embedding consideration of the needs of people who share the protected characteristics (see Appendix 4: Glossary) and others into its research, evaluation and review work. This will help to ensure that research meets the health needs of our diverse communities.

In addition to its mandatory nature as part of all new ARC EM research, there are moral and ethical reasons for including an EqIA as an integral part of each study (see Section 4). EqIAs relate to the legal requirements of the Equality Act. They also play a part in making research more accountable, more inclusive, more credible and more community orientated.

In the context of health research:

- An Equality Impact Assessment (EqIA) is a process involving analysis and practical implementation that helps a research study to ensure that different people's needs will be and are being met.
- It ensures that consideration is given to issues of fairness and of acting flexibly and differentially to ensure equal opportunity.
- It pays particular attention to the legal obligations outlined in the Equality Act 2010.
- An EqIA is therefore an essential part of the process of planning your work. It prompts you to think more widely and deeply.
- It is not simply the completion of a form. It is a process that lasts for the entire duration of the research.
- An EqIA needs to be led by a member of the study team with a good understanding of the research project and should involve ALL members of that team.
- An EqIA is similar to a Risk Assessment – and indeed other assessments (e.g. health inequalities[1]).
- A thorough EqIA can only enhance the quality and reach of your research and should be an integral part of the entire research process.

Three Important Words:



Though completion of the initial EqIA form and any subsequent action plan needs to be thorough, it also needs to be **proportionate** and **reasonable** as well as **relevant**. 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 initially 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 and to engaging with communities.

The three words may also 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.

The Key Question: *If you decide to do something a particular way, who may be excluded?*

Thinking of this – and its many variations – as well as the other issues we address in this toolkit, will help you concentrate on the need to be both fair and inclusive.

The EqIA Process:

EqIAs should ideally be done before the start of the research.

Constant review and assessment of the EqIA must occur throughout the duration of the research.

The process we have devised and operate looks like this:

There are two EqIA questions[4] on the ARC EM funding application form. These are designed to get study teams thinking about equality and diversity – and specifically equality impact – from the very beginning of the process.

Once the study is funded, study team contact(s) are invited to join a Workshop or Briefing session[5] arranged by the Centre for Ethnic Health Research to offer and provide instruction and further clarification.

The EqIA package (see Section 10) is sent to the study team contact prior to the session.

The EqIA form is completed and submitted.

It is then considered/reviewed by our EqIA Panel.

Detailed feedback on the form is then sent to the study team contact.

Progress reports on the study include updates on the EqIA.

The EqIA Panel is available for ongoing advice and guidance.

It is vital that study teams are aware that an EqIA is a continual process, to last for the entire duration of the study and that it should be treated as an integral part of the work.

4. Why do an EqIA?

There are a number of reasons why an EqIA is an essential part of your research.

The 'moral and ethical' case

- Ensuring fairness is the right thing to do.
- The same is true of treating people differently in order to ensure that fairness is an integral consideration.
- Learning more about different people is an essential component of a fairer, more socially just society.
- Social inclusion can be focused upon and potentially increased.

The 'legal' case

The Equality Act became law in October 2010 and is the current legislation addressing equality and diversity.

The three general duties of the Equality Act stipulate 'due regard'[6] to the need:

- To **eliminate discrimination**, harassment and victimisation
- To **advance equality of opportunity** between people who share a protected characteristic and those who do not
- To **foster good relations** between different people when carrying out their activities

The Act refreshed what are known as the 'protected characteristics'.

A thorough EqIA should therefore ensure that these legal duties – and those enshrined under the Public Sector Equality Duty – are both understood and are met.

You also need to remember that there are different types of discrimination identified in the Equality Act. All of them need to be considered as part of your initial and ongoing assessment.

As a reminder:

- **Direct discrimination** – treating someone with a protected characteristic less favourably than others*
- **Indirect discrimination** – putting rules or arrangements in place that apply to everyone, but, as a consequence, putting someone with a protected characteristic at an unfair disadvantage
- **Harassment** – unwanted and inappropriate behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them
- **Victimisation** – treating someone unfairly because they've complained about discrimination or harassment
- **Discrimination by association** – occurs when someone is treated unfavourably on the basis of another person's protected characteristic
- **Discrimination by perception** – occurs when someone is treated unfavourably because others believe they have a protected characteristic, even though in reality they don't have it. It is perceptive discrimination

In addition, the Equality Act 2010 refers to the following in relation to Disability only:

1. Discrimination arising out of a disability
2. Failure to make a reasonable adjustment

There are other laws and legal processes that apply to specific protected characteristics, (e.g. Gender Recognition Act, Convention on the Rights of Persons with Disabilities) and more generally (e.g. Human Rights Act) - See Section 6.

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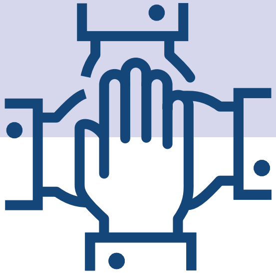
* Both Discrimination by association and Discrimination by perception are forms of Direct discrimination. They both mean that the person claiming Direct discrimination does not need to have the protected characteristic themselves.

The ‘organisational’ case

- EqIAs help an organisation not only to meet its legal duties, but to become more accountable, more inclusive, more credible and more community-orientated
- Community confidence in the organisation is likely to be increased
- As a consequence, the organisation in question becomes more trusted and becomes an ‘attractive proposition’ to both prospective employees and to bodies wishing to engage with it
- It sends out positive signals and helps develop a good reputation
- It can enhance ‘value for money’
- It informs business plans and aids transparency
- It is therefore ‘good for business’!

The ‘community’ case

- Effective EqIAs ensure that community needs are thought of from the outset and are met throughout the process
- A good EqIA notes and addresses the fact that different people may require different approaches. Underlying this is an understanding that communities are not ‘homogeneous’ groupings
- There is greater attention to detail if an EqIA is conducted in a thorough and professional manner. This is an important consideration for people in communities
- Community members are more willing to engage with the process, knowing that their issues are being duly and properly considered



The ‘research’ case

- An EqIA should be part of the background work that you undertake to formulate your research proposal
- An EqIA is needed to enhance research. Our work with different researchers and professors in universities across the UK shows that most research is being completed on people who are not representative of the population and patients being treated and/or receiving health and social care[7]
- A thorough EqIA is therefore more likely to ensure that your research makes a real difference ‘on the ground’
- Completing the EqIA is important for your professional development

Our experience of operating an EqIA system for ARC EM has already highlighted a number of key ‘positives’.

We’ve seen:

- Researchers widening their equality focus and appreciation, considering issues in their approach that they had probably not thought of before
- An appreciation of the need for tailored approaches, that ‘one size does not fit all’
- Early evidence of changes to trial design and to planned methods of recruitment and engagement through a better understanding of communities and an appreciation of Intersectionality[1]
- A willingness to engage with our staff and those with knowledge of specific approaches and/or communities
- Recognition that equality analysis is a process and that it will change, either fundamentally and/or in more subtle ways as the study progresses
- Effective use of available and varied data
- An appreciation of the complexities involved in analysis of, and addressing, equality impact
- Consideration of issues of stigma and discrimination
- Recognition of the importance of accessibility and the need for a flexible and varied approach to disseminating information and to planning focus groups/workshops, etc.
- An understanding of why equality analysis is important in relation to the ‘grounding’ of research
- Recognition of the relevance of ‘other’ groups (see Section 6) in addition to the nine protected characteristics
- An appreciation of the need to address/minimise negative or adverse impact and evidence of thought as to how to accomplish this
- Evidence of some co-ordination between different study teams with respect to matters raised in respective EqIA feedback

Comments made by people attending the workshop/briefing sessions have shown that our equality-related approach to research development has, in some cases, ‘opened people’s eyes’ to new possibilities and to seeing things in new ways.

5. To what do we apply an EqIA?

ARC EM applies the EqIA process to that of research, and it is the research context that shapes the contents of this toolkit.

Nevertheless, as we mentioned at the outset, EqIAs have been part of public sector bodies approach to equality analysis – specifically the assessment of impact – for many years. In this sense, an EqIA can apply to any of the following decision-making processes and more.

EqIAs apply to both strategic and operational activities:

It may be useful for you to look at any of these EqIA areas (and of course, specific EqIAs) undertaken by your organisation and others as part of your background work, and especially when there is direct comparison in subject area.

You may also wish to consider using a specific EqIA assessment on areas that form part of your research process, e.g. consultation and events.

6. To whom does an EqIA apply?

Firstly, and fundamentally, it applies to the nine protected characteristics identified in the Equality Act 2010. It is these groupings/identities that will provide your main focus with regard to assessing equality impact.

The nine protected characteristics are as follows:

1. 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. A person can, of course, belong to a number of different age groups (as in this example).

2. Disability

A person has a disability if she or he has 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 (ℹ **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.[8]

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.[9]

3. Gender Reassignment

The process of transitioning (reassigning) from one sex to another.

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.

Trans people are protected from discrimination on the ground of gender reassignment. The Equality and Human Rights Commission also stated: "The Equality Act 2010 says that you must not be discriminated against because you are transsexual, when your gender identity is different from the sex assigned to you when you were born... In essence therefore, all transsexual people share the common characteristic of gender reassignment."

Non-binary and/or gender fluid people are also protected under the Equality Act under the 'Gender Reassignment' categorisation. See www.lawgazette.co.uk/legal-updates/non-binary/gender-fluid-claimants/5105968.article and www.stephensons.co.uk/site/blog/employment-law-blog/gender-fluid-and-non-binary-persons-protected-with-equality-act for more information.

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 and as mentioned previously) to refer to a person who has the protected characteristic of gender reassignment.

This refers only to persons who fall within the Act's definition of gender reassignment. It does not include persons who may identify as trans or transgender but are outside of this definition.

Protection extends to those treated less favourably because they are perceived to be transsexual.

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.

For further information:

- Equality and Human Rights Commission (EHRC): Gender reassignment discrimination: www.equalityhumanrights.com/equality/equality-act-2010/your-rights-under-equality-act-2010/gender-reassignment-discrimination
- EHRC: Code of practice consultation 2025: changes to chapter 2: www.equalityhumanrights.com/equality/equality-act-2010/codes-practice/code-practice-consultation-2025-changes-chapter-2

4. Marriage and Civil Partnership

Marriage is a union between a man and a woman or between a same-sex couple. Same-sex 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.

For further information, go to: Marriage and civil partnership discrimination | Equality and Human Rights Commission (equalityhumanrights.com)

5. 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.

The Equality and Human Rights Commission published an updated Toolkit in April 2024 to provide employers with clear advice on what they should do to prevent pregnancy and maternity discrimination at work. This updated guidance reflects changes to the law which came into effect in April 2024. See www.equalityhumanrights.com/equality-watchdog-advises-employers-updated-pregnancy-and-maternity-protections-workplace

6. Race

Race 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'.

7. Religion or Belief

Religion refers to any religion, including a lack of religion.

Belief refers to any 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
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

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).

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

8. Sex

In the Equality Act 2010, sex means 'biological sex' (a person's sex at birth) and is understood as binary being either male or female. It can mean a group of people like men or boys, or women or girls.

The UK Supreme Court (April 2025) ruled that a Gender Recognition Certificate does not change a person's legal sex for the purposes of the Equality Act 2010.

The ruling also made it clear that if a space or service is designated as women-only, a person who was born male but identifies as a woman does not have a right to use that space or service.

For further information:

- House of Commons Library: Supreme Court judgment on the meaning of 'sex' in the Equality Act 2010: For Women Scotland: https://commonslibrary.parliament.uk/research-briefings/cbp-10259/
- Equality and Human Rights Commission (EHRC): www.equalityhumanrights.com/our-work/uk-supreme-court-ruling-meaning-sex-equality-act-our-work
- Equality and Human Rights Commission (EHRC): www.equalityhumanrights.com/our-work/uk-supreme-court-ruling-meaning-sex-equality-act-our-work
- EHRC: Guide for service providers (anyone who provides goods, facilities or services to the public) who are looking to establish and operate a separate or single-sex service : www.equalityhumanrights.com/equality/equality-act-2010/separate-and-single-sex-service-providers-guide-equality-act-

sex-and

- Women who are breastfeeding are explicitly protected from less favourable treatment under the sex discrimination provisions of the Equality Act and – alongside pregnancy and maternity – the Equality Act 2010 (Amendment) Regulations 2023.

9. 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.

Other areas to consider

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 would do 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. Successive governments 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 ('The Fairer Scotland Duty') and – voluntarily – in 40 local council areas in England.

The current Labour Government has committed to bringing Section 1 of the Equality Act 2010 into force across Great Britain. This places core public sector bodies under a duty to make decisions of a strategic nature with "due regard" to exercising them in a way that reduces "inequalities of outcome which result from socio-economic disadvantage".

7. What exactly are we assessing in an EqIA?

If you do an online search for Equality Impact Assessments, you will find that organisations and bodies use a variety of different 'titles' or 'headings' to assess equality impact. The following are our suggestions, based on what we have instigated in our EqIA process.

⊕ '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.

> *"A positive impact can be good if it helps to advance equality of opportunity."*
>
> **(Rochdale Borough Council)**[17]

> *"A positive impact is one where a benefit is created to a protected characteristic group or groups and/or promotes good relations between them."*
>
> **(Leicestershire County Council)**

⊖ '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 effect. 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 will need to say that it has 'no impact'.

Fundamentally, the following question needs to be asked: Can potential negative impacts be addressed/mitigated? This is crucial if you make a 'negative impact' assessment, as you will need to demonstrate (e.g. in your action plan) what actions you are going to take to address such an impact.

> *"A negative impact occurs if the policy [research/review/project etc] has the potential to disadvantage, discriminate, discourage participation or not meet the different needs of people."*
>
> **(Rochdale Borough Council)**[17]

> *A negative impact is where a protected characteristic group or groups would be disadvantaged or discriminated by or treated unfairly due to a change in policy practice or provision. Differential impact within a protected characteristic group or groups may also need to be considered where this occurs."*

(Leicestershire County Council)

> *A differential [negative] impact is where a policy, procedure, service or function has different and less beneficial outcomes for one or more community groups by comparison with others i.e. they are treated less favourably...Where you find that there is a differential impact you will need to determine whether this amounts to discrimination...If it is not unlawful, but there is evidence to suggest that groups or communities are treated less favourably, you will need to consider whether this is because the policy, procedure, service or function was designed to assist a particular group over others perhaps because of issues specific to that group."*

(Charnwood Borough Council)

NOTE: A specific focus on one protected characteristic group need not necessarily amount to a 'negative' impact on all the others. You will need, though, to assess whether this is actually the case.

⊗ 'No Impact'

To have 'no impact', the evidence that you have gathered needs to identify 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'.

> *Evidence supports that the research/review/project is impact neutral"*

(Rochdale Borough Council)

> *A neutral impact means that the policy [research/review/project, etc.] does not have the potential to impact different groups whether that be in a positive or negative way."*

(Rochdale Borough Council)[17]

> *The evidence identifies that the policy [research/review/project, etc.] has no negative or positive results for people with protected characteristics."*

(University of Leeds)[18]

❓ '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."*[19]

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,[20] you should still include what is known, but indicate such a deficiency on the form you use.

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 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.[21] 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.[22]

A thorough examination of potential negative impact will enable you to make this sort of judgement.

Finally:

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'.

8. What do we need to find out in an EqIA?

You will need to think carefully about what information you want and need to see used/evidenced in an EqIA in order to assess equality impact. Again, a glance through different EqIA approaches will show that different organisations ask for different things. Often, this relates to the specific context in which an EqIA is applied.

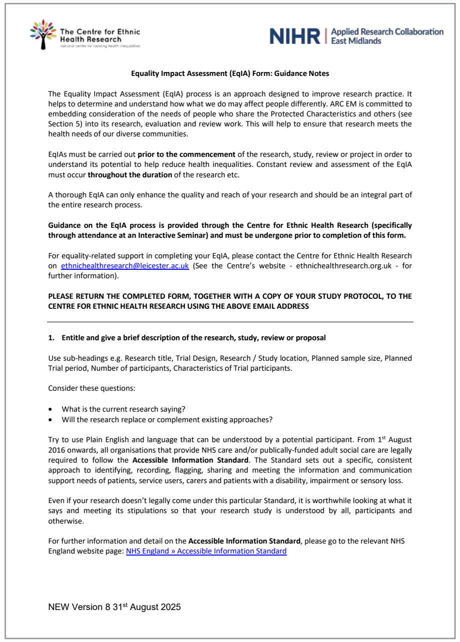
That being said, we would suggest that the following (based on what we ask in ARC EM) should strongly be considered:

- Background information on the research study/area of focus
- Study aims/objectives and benefits
- Any previous work done in the research area or on related issues. Particularly work that has an equality focus
- Any previous or relevant consultation (by you or by others)
- Some initial thinking on the equality implications of the research study
- Consideration of each of the nine protected characteristics (and other relevant areas) as to the likely or possible/potential impact (see Section 7)
- Summary of the equality findings
- Monitoring/evaluation process and procedures
- A relevant action plan

You may also want to ask how your research relates to other aspects of the Equality Act in addition to the nine protected characteristics, e.g. the three general duties (see The 'Legal' Case in Section 4).

You will need to think how you form specific questions that relate to the above. What to include in any accompanying Guidance Notes also needs to be considered carefully.

A copy of the EqIA Form and Guidance Notes we use for ARC EM can be found at https://arc-em.nihr.ac.uk/clahrcs-store/equality-impact-assessment-eqia-toolkit or by clicking on the documents below.



The Centre for Ethnic Health Research
national centre for tackling health inequalities

NIHR | Applied Research Collaboration East Midlands

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:

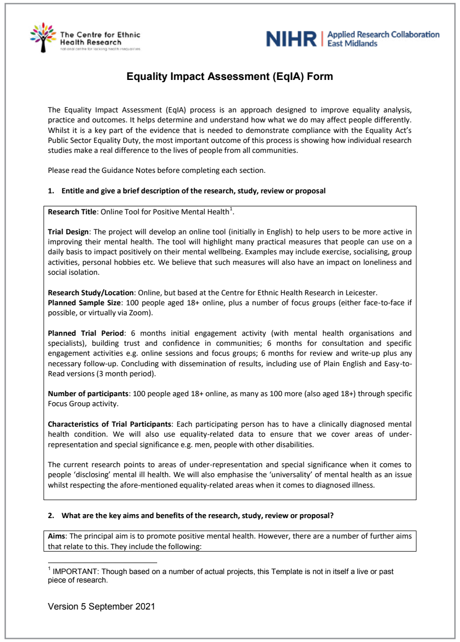
- What is the current research saying?
- Will the research replace or complement existing approaches?

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

NEW Version 8 31st August 2025



The Centre for Ethnic Health Research
national centre for tackling health inequalities

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The Equality Impact Assessment (EqIA) process is an approach designed to improve equality analysis, practice and outcomes. It helps determine and understand how what we do may affect people differently. Whilst it is a key part of the evidence that is needed to demonstrate compliance with the Equality Act's Public Sector Equality Duty, the most important outcome of this process is showing how individual research studies make a real difference to the lives of people from all communities.

Please read the Guidance Notes before completing each section.

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

Research Title: Online Tool for Positive Mental Health[1].

Trial Design: The project will develop an online tool (initially in English) to help users to be more active in improving their mental health. The tool will highlight many practical measures that people can use on a daily basis to impact positively on their mental wellbeing. Examples may include exercise, socialising, group activities, personal hobbies etc. We believe that such measures will also have an impact on loneliness and social isolation.

Research Study/Location: Online, but based at the Centre for Ethnic Health Research in Leicester.
Planned Sample Size: 100 people aged 18+ online, plus a number of focus groups (either face-to-face if possible, or virtually via Zoom).

Planned Trial Period: 6 months initial engagement activity (with mental health organisations and specialists), building trust and confidence in communities; 6 months for consultation and specific engagement activities e.g. online sessions and focus groups; 6 months for review and write-up plus any necessary follow-up. Concluding with dissemination of results, including use of Plain English and Easy-to-Read versions (3 month period).

Number of participants: 100 people aged 18+ online, as many as 100 more (also aged 18+) through specific Focus Group activity.

Characteristics of Trial Participants: Each participating person has to have a clinically diagnosed mental health condition. We will also use equality-related data to ensure that we cover areas of under-representation and special significance e.g. men, people with other disabilities.

The current research points to areas of under-representation and special significance when it comes to people 'disclosing' mental ill health. We will also emphasise the 'universality' of mental health as an issue whilst respecting the afore-mentioned equality-related areas when it comes to diagnosed illness.

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

Aims: The principal aim is to promote positive mental health. However, there are a number of further aims that relate to this. They include the following:

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[1] IMPORTANT: Though based on a number of actual projects, this Template is not in itself a live or past piece of research.

Version 5 September 2021

Accessible Information Standard:

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9. EqIA Action Plan

What should be included in an action plan?

Actions should include SMART actions highlighting reasonable adjustments you will take within the scope of your research, study, review or proposal.

Based on indications of negative impact identified in Section 7, examples may include:

a. What you might do to mitigate the risk of people from ethnic minority communities, people with disabilities or people of religion being unable to participate in your research study
b. Extending the research study scope to better understand the experiences of people from one or more of the protected characteristic groups
c. Consulting with people from a particular protected characteristic group in more detail
d. Putting monitoring procedures in place focusing on one group in particular

Headings

You can, of course, decide your own headings, but they should look something like this:

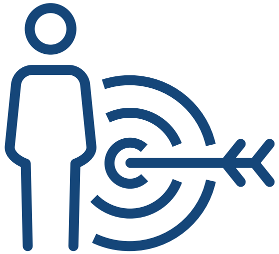
- Action
- By when?
- By whom? (Responsibility of?)
- Monitored through? (Milestones/Actions)
- Impact? (Completed?)

We also encourage use of a Traffic Light system (Red, Amber, Green) as follows:

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

SMART

Actions need to be SMART:



- Specific
- Measurable
- Achievable (Attainable)
- Realistic (Relevant)
- Time-orientated (Timely, Time-bound)

It is also worth bearing in mind the three important words ‘proportionate’, ‘reasonable’ and ‘relevant’.

Progress on your action plan should be monitored as part of broader research monitoring arrangements. Equality actions should also form part of the research evaluation.

> **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.**

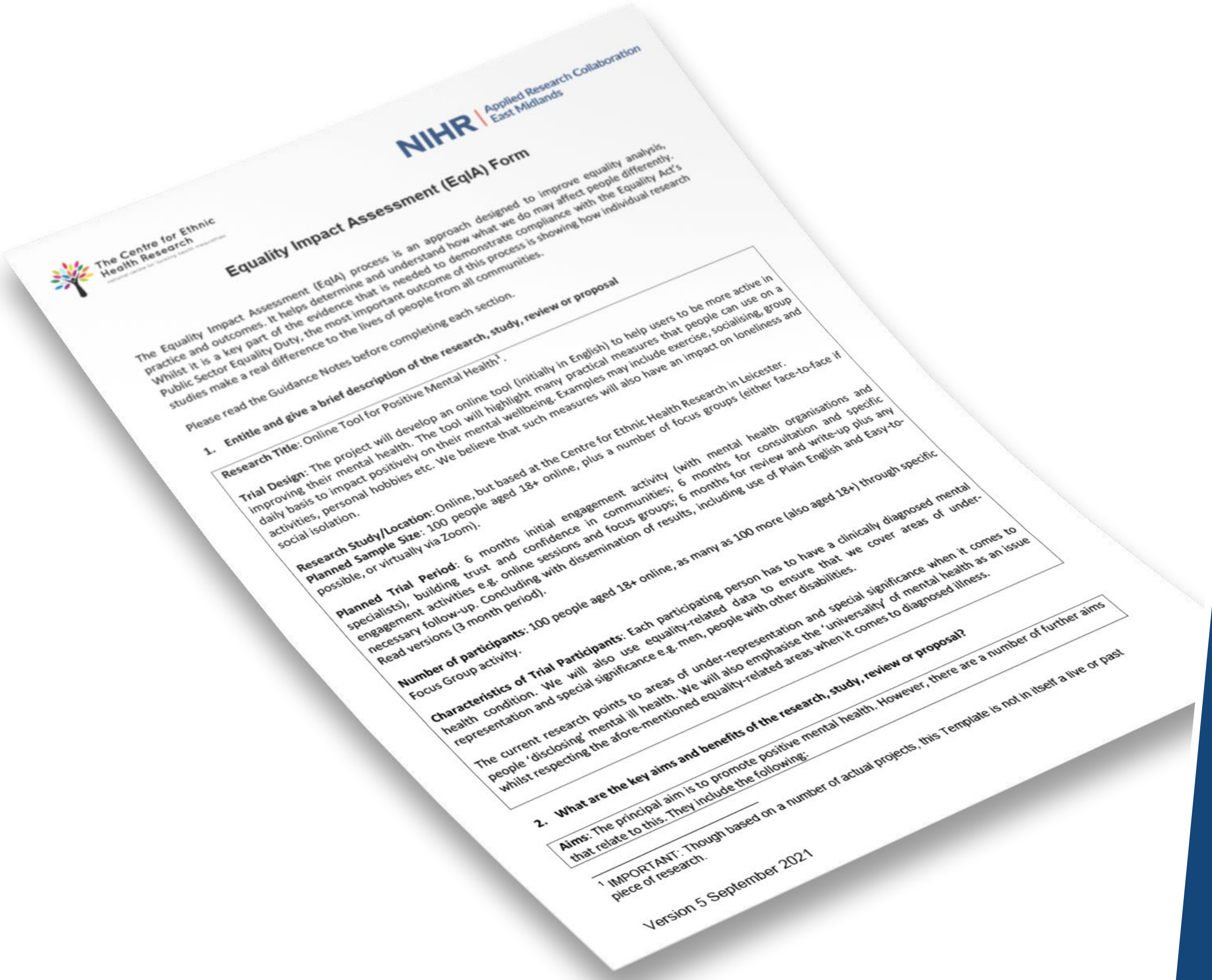
10. What material should be included in an EqIA package?

Consider putting together a package of information to include all necessary documentation plus any extra material that would help those undertaking an EqIA.

The ARC EM process includes the following as a package:

- EqIA Form
- EqIA Guidance Notes
- Directory of useful information (see Section 11)
- Health Inequalities Data Sample (see Section 11)

You may also want to consider either a Sample or actual EqIA (using your chosen template) as a form of guidance and comparison.



The Centre for Ethnic Health Research

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11. What sources of information should be consulted when doing an EqIA?

The following list of various types of information are included in our 'Directory of Useful Information' (see Section 10):

- Sector-based e.g. Public, Voluntary and Community, Advocacy Groups, Private, Legal, Professional, Arts, Sport
- Acts of Parliament
- Policy documents
- Community and equality-related sources e.g. relevant to individual protective characteristics
- Human rights
- International and multinational sources
- National Sources e.g. Government, Local Government Association, NHS, Public Health England, Equality and Human Rights Commission (EHRC), Equality Challenge Unit, National charities, Research bodies, Nationality profiles
- Local Sources e.g. local authorities, Clinical Commissioning Groups (CCGs), Health and Wellbeing Boards, Healthwatch, Universities, local charities and advocacy bodies
- Advice/Guidance documents
- Relevant Data e.g. Office of National Statistics (ONS), Census, LSR Online,[23] Gov.uk, Labour Market Profiles
- Periodicals, Journals (particularly in relation to health and social care research)
- Media outlets and news stories/features
- Past or current research
- Past or current EqIAs

Any Health Inequalities Data Sample you produce should, we suggest, contain the following:

- National data: Health Inequalities at a glance
- Regional data: Health Inequalities at a glance
- Data in relation to each of the nine protected characteristics
- Data relating to social determinants of health, i.e. issues such as deprivation, education, employment and social exclusion
- Geographical profiles relevant to your area (city, county, etc.)

The Centre for Ethnic Health Research has a directory containing well over a thousand sources of information and has produced a sample of Health Inequalities Data.

12. Things to look out for

There are many things that you need to keep under control as you launch and then deliver your EqIA. As a new process, there is a strong likelihood of 'teething' problems. It is important, therefore, that you constantly review and evaluate as part of that delivery. It is also essential that you act when you see tendencies developing that you were not necessarily expecting or unwelcome/negative traits forming that have become habits.

But what is it that you need to look out for and what should you do as a response?

- If you have included equality impact questions as part of the **funding application form**, look to see how these are answered. Is there enough substance to the answer? Is sufficient detail included in the response?
- The EqIA process needs to be included in study **Milestones and Targets** so that it becomes an integral element of the entire study and its progress. EqIAs need to be regularly updated and subject to the same reporting/evaluation processes as the main study
- Try to ensure that research is not started prior to completing the initial EqIA. This may have consequences with possible amendments in approach and practice
- Emphasise the **importance of discussion** between study team and any EqIA LEAD prior to submission of the initial form. Having these conversations can make a significant difference to the quality and substance of that submission

- Stress the need for study teams to **take some time** to complete their initial EqIA form. You may want to suggest that a team approach to this may be important in ensuring not just team input at the outset, but a more comprehensive consideration of the questions and issues
- Consider whether study teams have made **adequate use of the material** contained in your EqIA package. Has sufficient use been made of the guidance notes? Is there appropriate use of relevant equality-related data sources? Have they cited health inequality information?

- An EqIA is undertaken to try **to 'tease out' potential and/or unintentional consequences**. It is, therefore, insufficient just to state 'we will not exclude anybody' or 'we will not discriminate against any group'. There is a difference between these statements of intentional action and any unintended or unforeseen consequence that may emanate as a result of how you undertake your research.
- Assess carefully whether the **most appropriate 'impact'** has been chosen and, as importantly, whether there is evidence of careful thinking and consideration. Remember that there may be more than one relevant impact at any specific time
- **Equality Monitoring Information** Whilst recognising that there are sometimes sound reasons why data may not always be sought, the 'flip side of the coin' is to address the question: 'How do you know about the impact on any protected characteristic group if this information is not collected?' Collecting equality monitoring data is vital to all studies. In practice, this means not only using any agreed monitoring form, but assessing in each study whether there is a need to collect additional, relevant and more specific data. This could include, as examples, primary language information or more detailed identities relating to disability. It is also important to stress that this data ideally needs to be assessed and used to inform changes or action to the research plan
- Is the action plan sufficiently 'populated'? Are there SMART actions identified?
- An EqIA may include consideration of Patient and Public Engagement and Involvement (PPIE).[1] There are, of course, obvious connections and parallels between an EqIA approach and that characterised by PPIE. However, there does need to be a distinction between the two, as they are not the same. The ARC EM process, for example, includes a section on PPIE in its main study application form.
- An EqIA is a **'live' document** and **equality impact may therefore change**. Things not considered or even foreseen at the outset may become factors of varying degrees of significance as the study progresses.

You will always need to give detailed feedback on initial EqIA submissions to help the ongoing process and to demonstrate to study teams what exactly is required with regard to consideration of each question. Further feedback should then be embedded into the reporting and monitoring mechanisms and also given when requested/necessary.

13. Publication

Generally speaking, as far as the public sector is concerned, Equality Impact Assessments are considered to be public documents. You will find, for instance, that many are included on relevant website pages of local authorities and NHS bodies to cite just two examples.

You may, therefore, want to consider doing the same with your research-focused EqIAs.

14. Contact

The Centre for Ethnic Health Research can be contacted by emailing: EthnicHealthResearch@leicester.ac.uk

The Centre's website address is ethnichealthresearch.org.uk

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.

Patient and Public Involvement and Engagement (PPIE): In the health research context, PPIE refers to research undertaken 'with' or 'by' patients and/or members of the public – as opposed to 'to', 'about' or 'for' them. Who we mean by the public includes patients, potential patients, carers as well as those who use health and social care services and also representatives of organisations that represent these groups[24].

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.

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 and victimisation; 2) Advance equality of opportunity between people who share a protected characteristic and those who do not; and 3) Foster good relations between different people when carrying out their activities. These are known as the 'general duties'. 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.

References

1. See Glossary
2. See Scotland, Wales and Northern Ireland - Stammeringlaw - Disability discrimination and stuttering/stammering: Equality Act 201
3. ECNI - The Law, Equality Legislation, Equality Commission, Northern Ireland (equalityni.org)
4. We ask questions around equality considerations and issues – firstly arising from background work and then anticipated as part of the study.
5. During the current COVID-19 pandemic, this face-to-face interaction has been replaced by the offer of a Zoom or telephone discussion.
6. The duty to have “due regard” to equality considerations means that...
   - Whenever significant decisions are being made or policies implemented or developed, thought must be given to the equality implications
   - The significance of those implications, and the amount of thought that needs to be devoted to them, will vary depending on the nature of the decision and whom is being considered
7. A clinician recently told us that all of the research currently conducted is not applicable to the high number of Black, Asian and Minority Ethnic patients that they treat in the clinic. This is because the research participant samples only include White-British people of a high economic position.
8. Conditions automatically treated as a disability – The Equality Act and Cancer, MS and HIV. | Acas
9. Social model of disability | Foundation for People with Learning Disabilities; and Social model of disability | Disability charity Scope UK
10. Are non-binary people protected under the Equality Act?
11. Non-binary people are now protected from discrimination under the UK Equality Act (gaytimes.co.uk)
12. Gender reassignment discrimination | Equality and Human Rights Commission (equalityhumanrights.com)
13. Sex discrimination | Equality and Human Rights Commission (equalityhumanrights.com)
14. The Human Rights Act | Equality and Human Rights Commission (equalityhumanrights.com)
15. Convention on the Rights of Persons with Disabilities (CRPD) | United Nations Enable
16. Article 31 – Statistics and data collection | United Nations Enable
17. Rochdale Borough Council.
18. University of Leeds Equality Policy Unit.
19. Equality and Human Rights Commission.
20. 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.”
21. 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?
22. In this context, a consideration of the issue of Positive Action (see Appendix 4: Glossary) may be useful.
23. Leicester-Shire & Rutland Statistics & Research | LSR Online (lsr-online.org)
24. www.hdruk.ac.uk/about-us/involving-and-engaging-patients-and-the-public/

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@arc_em www.arc-em.nihr.ac.uk arc-em@leicester.ac.uk