

# **Equality Impact Assessment -Guidance-**

## **Background**

The Race Relation (Amendment) Act 2000, Disability Discrimination Act 2005 and the Equality Act 2006 requires public bodies to prioritise and undertake Equality Impact Assessments on those of its existing and proposed policies and functions/services that have been assessed as being relevant to the general duty of promoting equality. Macmillan Cancer Support is ambitious and wants to be ahead of legislation in relation to equalities. Macmillan Cancer Support believes this principle should be extended to all the equality target groups as good practice.

## **About this guidance**

This guidance directs you through the process for ensuring that Macmillan has equality impact assessed its policies and functions/services and insures that they do not have any negative impact on the equality target groups. All completed templates must be forwarded to the Inclusion Team. You should also retain a copy for your records which will be made available upon request.

## **Why Equality Impact Assessment?**

An Equality Impact Assessment (EqIA) is an instrument with which we aim to improve the quality of Macmillan's services. The EqIAs make sure Macmillan thinks carefully about the likely impact of its services on different communities. It predicts the impacts of Macmillan services on different communities and makes sure any adverse or negative impacts are eradicated or decreased and any positive impact is celebrated and shared as good practice.

The purpose of the EqIA is to improve the way in which Macmillan develops its services by making sure there is no discrimination in the way that services are designed, developed or delivered and that wherever possible, equality is encouraged.

## **Equality Target Groups**

Within Equality Impact Assessments there is a focus on assessing the impact of the policies and services on certain groups of people known as Equality Target Groups in line with the UK Equality Legislation. Six equality strands have been identified:

Age  
Disability  
Gender  
Race



Religion/faith  
Sexual orientation

Two more equality strands have been identified in the context of Northern Ireland. These strands are:

Political opinion  
Having dependants

It may be necessary to consider other factors such as postcode inequalities, Socio-economic inequalities and deprivation as appropriate. The groups are not homogeneous and people within these groups have different and unique needs. Many people will be members of several of the targeted groups.

### **Evidence**

It is very important that there is clear evidence for the decision on whether the policy/procedure/function/service/project has a high, medium or low impact. This may be through:

- Knowledge of e.g. the culture of a particular ethnic group
- Complaints
- Surveys
- Performance data
- Inspection/audit/assessment
- Anecdotal evidence

### **Examples**

Age:

- Any discriminatory employment practices regardless of age (young or old) including recruitment, personal development, promotion, entitlements and retention,
- Services should be provided, regardless of age (young or old).

There is some evidence that older people receive less intensive treatment than younger people even when they are fit enough to do so. Evidence suggests that even after adjusting for tumour type, when compared to younger women, older women are less likely to receive standard management for breast cancer such as radiotherapy treatment.

#### Disability:

Reasonable steps that can be taken to accommodate the disabled persons requirements including,

- physical access,
- format of information,
- time of interview or consultation event,
- personal assistance,
- interpreter,
- induction loop system,
- content of interview or course, etc.
- Steps to make reasonable adjustments to service delivery and employment practices to ensure “accessible to all”.

There are a high number of people with hearing impairments in the UK. The first language of many of them is British sign language. If the information on cancer services is not provided in British sign language, it is likely that communities with hearing loss would not be able to benefit from the information.

#### Gender:

- Equal access to recruitment, personal development, promotion and retention,
- Childcare arrangements that do not exclude a candidate from employment and the need for flexible working

A hospital only provides screening services for two cancers – breast and cervix – and which has therefore not involved men.

#### Race and ethnicity:

The provision of an interpreter for people, whose first language is not English,

- Written communication and use of language particularly jargon or colloquialisms etc,

- Respect in terms of religion, belief and culture.

Health inequality can occur when the service providers are not sensitive to the cultural, religious and language issues of the Black and Minority Ethnic communities. This lack of cultural competence affects uptake of services by these communities adversely.

Religion, belief and culture:

- Prayer facilities for service users and staff,
- Dietary requirements,
- Respect for requests from staff to have time off for religious festivals and functions,
- Respect for dress codes.

Social, cultural and religious or spiritual barriers can prevent or impede the use of cancer services. It may be because some cancer services are inappropriate or inaccessible to the potential users on the basis of personal belief. Some religious beliefs may question the cancer treatments being offered such as surgery to create colostomy or chemotherapy which can cause hair loss. When these issues are not taken into account, religious discrimination may occur.

Sexual orientation:

- Recognition and respect of individuals sexuality,
- Recognition and respect of same sex relationships and civil partnerships
- The maintenance of confidentiality about an individual's sexuality.

Smoking rates amongst gay men, lesbian and bisexual people are much higher than the national level while most stop-smoking campaigns target communities whose sexual orientations are towards the opposite sex.

### **When**

Ideally, an equality impact assessment should be completed before the implementation of a service i.e. during the development of a service bid e.g. at Case of Need/Operational Policy stage. However, you can also perform an EqIA on pre-existing services at any time. It can happen as an additional part to a Service Review. Initially, the Inclusion team will be responsible for providing support and guidance to Service



Development Teams carrying out equality impact assessments. The long term vision is that EqIAs will be undertaken on all Macmillan strategies, policies and services which means it does not have to necessarily take place through a Case of Need/Operation Policy Template.

### **Who**

It is helpful to make use of different perspectives, experiences and challenges when completing an EqIA. At least one of the team involved should be the manager responsible for the delivery of the service.

The EqIA consists of two parts: 1) initial screening and 2) full assessment.

### **Initial screening**

Initial screening is a very short and quick screening of policy/procedure/function/service/project. The purpose at this stage is to identify whether policy/procedure/function/service/project under consideration should be subject to a full Equality Impact Assessment or not. Initial screening is necessary for both existing policy/procedure/function/service/project and those being developed.

Once initial screening has been completed, the policy/procedure/function/service/project is only required to go through the second part of the Equality Impact Assessment if there is a negative impact.

Do not spend too long on the initial screening. At the initial screening stage, the point is to try to assess obvious negative or positive impact.

### **Full assessment**

Part two of the Equality Impact Assessment is used to examine policy/procedure/function/service/project which the initial screening indicated may have a negative or adverse impact on certain Equality Target Groups. The policy/procedure/function/service/project goes through this stage if one or more negative impact has been identified. .

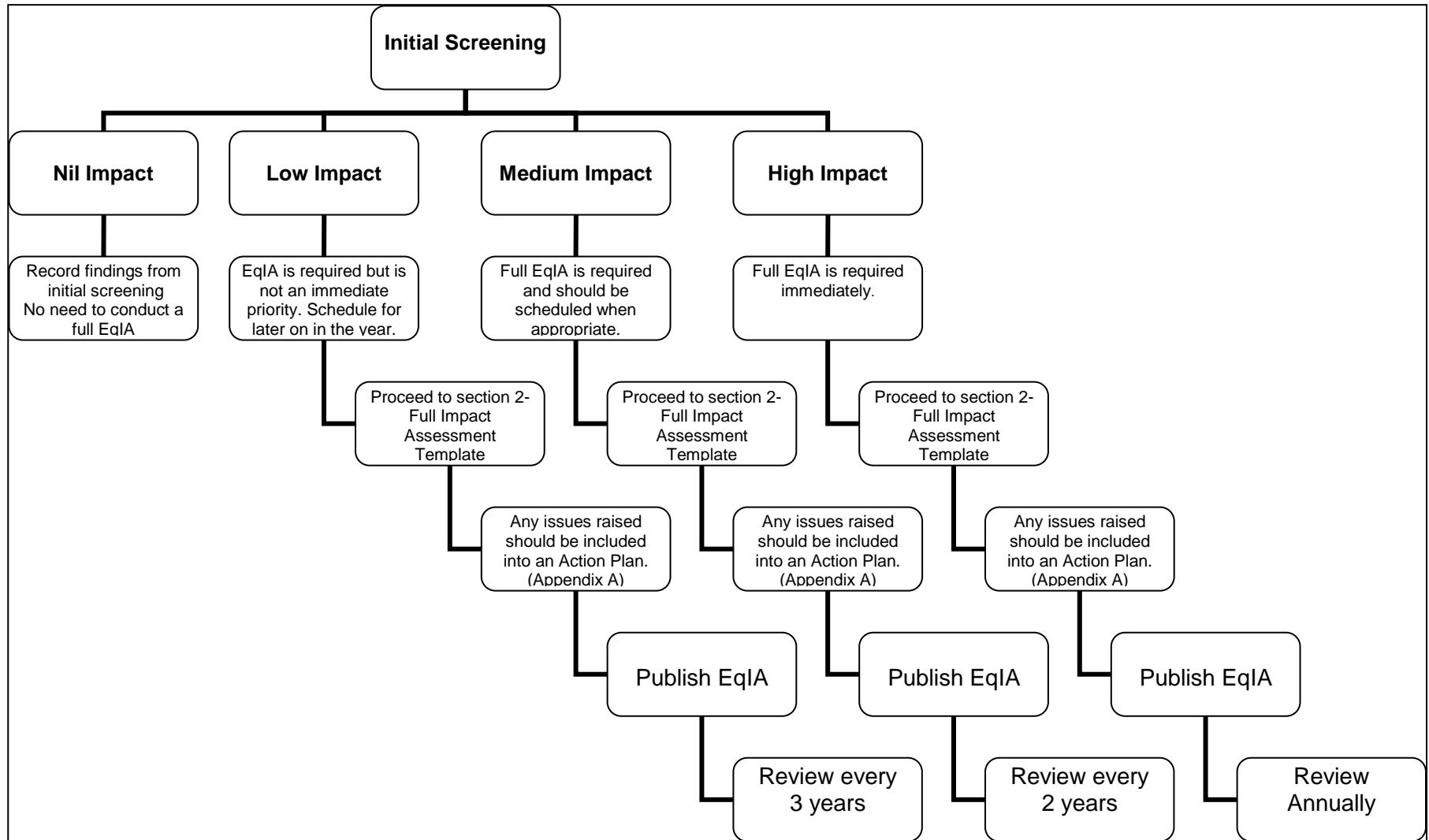


The full assessment provides an opportunity to assess, in detail, the evidence for a possible negative or adverse impact. It ensures that the policy/procedure/function/service/project teams have researched and consulted with the Equality Target Groups that may be affected. Completion of the full assessment will lead to an action plan that aims to minimise any negative impact and maximise positive impact.

Following the completion of an EqlA, any required changes to the policy/procedure/function/service/project and/or any actions should be outlined in the action plan.

The flowchart below outlines the full process.

**Flowchart of EqIA process**







## Useful links

<http://www.idea.gov.uk/idk/core/page.do?pageId=8017247>

<http://www.equalityhumanrights.com/your-rights/equality-and-discrimination/>

<http://www.equalities.gov.uk/Default.aspx>

[http://info.cancerresearchuk.org/publicpolicy/Ourpolicypositions/healthcancerinequalities\\_policy/](http://info.cancerresearchuk.org/publicpolicy/Ourpolicypositions/healthcancerinequalities_policy/)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH\\_4987800](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4987800)

<http://www.ncin.org.uk/>

<http://www.bmecancer.com/>

<http://www.cancerequality.org.uk/>