Equality & Health Impact Assessment for
Prevention of Stress and Management of Mental Wellbeing Policy

Please read the Guidance Notes in Appendix 1 prior to commencing this Assessment

Please note:

- The completed Equality & Health Impact Assessment (EHIA) must be
    - Included as an appendix with the cover report when the strategy, policy, plan, procedure and/or service change is submitted for approval
    - Published on the UHB intranet and internet pages as part of the consultation (if applicable) and once agreed.
- Formal consultation must be undertaken, as required
- Appendices 1-3 must be deleted prior to submission for approval

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Not applicable
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Jane Rees, Staff Health and Wellbeing Manager, Public Health Wales Floor 6, Capital Quarter 2, 029 2010 4248 WHTN: 01809 4248 Jane.Rees8@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Creation of a supportive workplace and culture for everyone in the organisation, with an underlying focus on promotion of positive mental wellbeing and elimination of discrimination and stigma. Managers able to talk to staff about difficult issues with sensitivity, and to respond appropriately when they have concerns about individuals, and/or when illness is evident.

		Staff who experience mental health difficulties able to discuss them in a safe and confidential environment, and to receive suitable support and adjustments to their working environment, allowing them to work effectively and to fulfil their work priorities.
4.	Evidence and background information considered. For example • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.	• Staff data retrieved from ESR • Data on usage of counselling service used to assess reasons for accessing service • Policy development workshop held, including managers, staff, TU representatives and subject experts within the organisation • Research undertaken on subject area and impact on protected characteristics • Comments from workshop incorporated into policy, with further revisions following circulation of draft
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	All staff

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: • under 18; • between 18 and 65; and • over 65	**Staff profile:** 	Age Band	Headcount	%	FTE
<20	3	0.18	3.00
20-25	61	3.64	58.04
26-30	153	9.13	141.92
31-35	206	12.30	182.75
36-40	230	13.73	200.44
41-45	233	13.91	197.42
46-50	258	15.40	229.69
51-55	273	16.30	245.93
56-60	188	11.22	162.47
61-65	55	3.28	41.91
66-70	11	0.66	6.97
71+	4	0.24	2.81
	1,675	100.00	1473.35		Continue to evaluate data relating to stress e.g. staff accessing counselling service but consider doing so with the filter of the protected characteristics. This will increase our awareness of where support is needed. Ensure work life balance and flexible working options are signposted to managers and staff.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	In the UK, evidence shows that adults between 25 – 34 are more stressed than other age groups, with inability to "switch off" from work a key factor. We have an ageing workforce, and there is evidence that stress can lead to unhealthy ageing. The policy will impact positively due to increased awareness of stress issues.		
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	2% of our staff have indicated that they have a disability, but this information is not known for 51% of staff. Greater awareness of how to support staff who may be suffering stress because of their disability, and guidance	Foster an environment where staff feel comfortable in disclosing information about their disabilities, so that supportive interventions may be put in pace.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	on how to use other supportive policies.		
6.3 People of different genders: Consider men, women, people undergoing gender reassignment **NB** Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	The gender breakdown of the organisation is approximately 80% female and 20% male. There are noted gender differences in response to stress. When women are confronted with stressful situations, they are more likely to respond by nurturing. Additionally, stressed women are more likely than men to seek social contact, support and consolation from others people, particularly other women. Conversely, when men are confronted with stressful situations they are more likely	Continue to evaluate data relating to stress e.g. staff accessing counselling service but consider doing so with the filter of the protected characteristics. This will increase our awareness of where support is needed.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	to respond with aggressive behaviour that can include verbal conflict and drastic actions. We do not currently hold data on staff who have undergone/are undergoing gender reassignment. Some research indicates that transgender people, and those undergoing gender reassignment, experience lower self-esteem and higher rates of mental health problems and anxiety disorders. The policy will impact positively due to increased awareness of stress issues, and provision of guidance on how to deal with different		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	levels /symptoms of stress.		
6.4 People who are married or who have a civil partner.	Of the 81% of staff who have declared this information, 55.2% are married, 26.8% single, 6.3% divorced, 0.84% in a civil partnership, 0.78% are legally separated and 0.84% are widowed. Those who are married are in better health than the unmarried and this benefit is greater for men than women. Marital quality is associated with better health and tends to be more positive for men. The introduction of civil partnerships and same-sex marriage raises questions about whether the marriage benefit to health extends to same-sex couples, and	Ensure evidence is reviewed on an ongoing basis when data has been gathered about impacts on same sex relationships.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	whether there is a gender difference in the benefits of marriage for the health of same-sex couples.		
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.	There are 27 employees currently on Maternity Leave.	Explicit support given to managers on how to support staff whilst on maternity leave.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	69% of our staff have indicated their ethnic group; of this proportion: • 67% are White, and the remainder are • Mixed - Any other mixed background 0.1%, • Asian or Asian British – Indian 0.6%, • Asian or Asian British –	Tackling racial discrimination at work, by creating an inclusive, supportive and open workplace, would impact on work stress, and would in turn reduce the potential for psychological damage.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Pakistani 0.2, - Asian or Asian British – Bangladeshi 0.1, - Asian or Asian British - Any other Asian background 0.2, Asian Tamil 0.1, - Black or Black British – Caribbean 0.1, - Black or Black British – African 0.3 , - Chinese 0.1, - Any Other Ethnic Group 0.2 - Japanese 0.1. Research carried out by the HSE in 2005 found there was a significant association between work stress and ethnicity. The combination of racial discrimination with gender and ethnicity is powerfully influential in work stress. This makes particular		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	groups (such as Black Caribbean women who have experienced racial discrimination) more likely to experience work stress.		
6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	**Staff profile:** Of the 56% of our staff who have disclosed or specified their religious belief, Christianity is the largest belief specified.		

Religious Belief	Headcount	%	FTE
Atheism	190.0	11.38	171.77
Buddhism	1.0	0.06	1.00
Christianity	624.0	37.37	552.93
Hinduism	4.0	0.24	3.60
Islam	8.0	0.48	6.73
Not Disclosed	346.0	20.72	305.80
Other	108.0	6.47	94.14
Sikhism	4.0	0.24	4.00
Unspecified	385.0	23.05	328.48

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	Grand Total 1670.0 100.00 1468.46 There are religious beliefs and practices that have been shown, across all the cultures studied, to have some salutary effects on wellbeing, and therefore have a positive impact on stress.		
6.8 People who are attracted to other people of: • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual)	Of the 61% of our staff who have disclosed gender information, 59.4% indicated they are heterosexual, 0.42% gay, 0.42% bisexual and 0.24% lesbian.		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design	We do not hold any readily retrievable data around Welsh Language usage for staff.	Consider how to gather this information as this will need future development.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A Wales of vibrant culture and thriving Welsh language			
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	We do not currently capture information relating to our staff and their socio economic status.	Consider how to gather this information as this will need future development.	
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Although we hold staff addresses, we have not assessed where our staff live in relation to any health indicators.	Consider how to gather this information as this will need future development.	
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	Not applicable.		

7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities Well-being Goal - A more equal Wales	Policy applies to all staff and will raise awareness of how to promote wellbeing and proactively manage stress.		
7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking	Policy promotes wellbeing and the parallel need to develop skills in discussing sensitive issues, so likely to have a positive impact on managers being able to use these skills to support staff		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales	to adopt healthy lifestyles when required.		
7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions	The policy applies to all staff, who are in our employment.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A prosperous Wales			
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces Well-being Goal – A resilient Wales	Use of the policy will support the ongoing Our Space programme which is working towards a vision of workplaces for the future, enabling efficient, effective and flexible ways of working.		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos Well-being Goal – A Wales of cohesive communities	The families and friends of individuals suffering from stress are known to also be affected, as is the likelihood of the individual feeling isolated. Provision of support for staff in times of stress is known to have beneficial effects on their social relationships and for their friends and families in general.		
7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate	We do not currently assess how these factors impact on our staff.	Consider how to gather this information.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A globally responsible Wales			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Positive impact on the wellbeing of staff, and support towards management of stress for those in need. Development of mangers skills in supporting their staff.

Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Consideration of how to gather information on how the policy will impact on the health and well-being of our staff and help address inequalities in health, in the following areas: • Economic health inequalities • Macro-economic, environmental and sustainability factors i.e. impact of government policies; gross domestic product; economic development; biological diversity; climate			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No requirement for full EHIA identified at this time. Equality Act considerations fully addressed and considered.			

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

8.4 What are the next steps?
 	
Some suggestions:-
• Decide whether the strategy policy, plan, procedure and/ service proposal:
 	
    o continues unchanged as there are no significant negative impacts
    o adjusts to account for the negative impacts
    o continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)
    o stops.
• Have your strategy, policy, plan, procedure and/or service proposal approved
• Publish your report of this impact assessment
• Monitor and review				

Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Vision to 'create a healthier, happier and fairer Wales'

Guidance

The Public Health Wales strategy (Integrated Medium Term Plan) 'Creating a healthier, happier and fairer Wales for everyone' (2016-2019) outlines how we exist to protect and improve health and wellbeing and reduce health inequalities for people in Wales. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. With this in mind, when developing or reviewing any strategies, policies, plans, procedures or services it will be required that the following issues are explicitly included and addressed from the outset:-

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)[1]

This explicit consideration of the above will apply to strategies, policies, plans, procedures and services /activity.

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all organisational strategies, policies, plans, procedures or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the organisation's Vision, plan and its strategic priorities. This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the Integrated Screening Tool will identify if there is a need for a full impact assessment.

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[1] http://thewaleswewant.co.uk/about/well-being-future-generations-wales-act-2015

Some key statutory/mandatory requirements that strategies, policies, plans, procedures and services must reflect include:

- All Wales Standards for Communication and Information for People with Sensory Loss (2014)[2]
- Equality Act 2010[3]
- Well-being of Future Generations (Wales) Act 2015[4]
- Social Services and Well-being (Wales) Act 2015[5]
- Health Impact Assessment (non statutory but good practice)[6]
- The Human Rights Act 1998[7]
- United Nations Convention on the Rights of the Child 1989[8]
- United Nations Convention on Rights of Persons with Disabilities 2009[9]
- United Nations Principles for Older Persons 1991[10]
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance[11]
- Welsh Government Health & Care Standards 2015[12]
- Welsh Language (Wales) Measure 2011[13]

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). A number of statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the organisation to legal challenge or other forms of reproach. This means showing due regard to the need to:
- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups.

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[2] http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en
[3] https://www.gov.uk/guidance/equality-act-2010-guidance
[4] http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
[5] http://gov.wales/topics/health/socialcare/act/?lang=en
[6] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782
[7] https://www.equalityhumanrights.com/en/human-rights/human-rights-act
[8] http://www.unicef.org.uk/UNICEFs-Work/UN-Convention
[9] http://www.un.org/disabilities/convention/conventionfull.shtml
[10] http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx
[11] http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf
[12] http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
[13] http://www.legislation.gov.uk/mwa/2011/1/contents/enacted

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently on the basis of their 'protected characteristics' (ie their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation) and if it will affect their human rights. It also takes account of caring responsibilities and Welsh Language issues.

They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently on the basis of where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments in to a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative, and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to

respect, protect and fulfil the rights set out in the Human Rights Act. Further detail on the Act is available in Appendix 2.

Completion of the EHIA should be an iterative process and commenced as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information please contact Andrew Richardson, Corporate Governance Manager (andrew.richardson2@wales.nhs.uk) or Heather Ramessur-Marsden, Interim Equality Lead (heather.ramessur-marsden@wales.nhs.uk).

Based on
- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools and templates[14]
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide[15]

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[14] http://www.healthscotland.com/uploads/documents/5563-HIIA%20-%20An%20approach%20to%20fair%20and%20effective%20policy%20making.pdf (accessed 4 January 2016)
[15] http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782 (accessed on 4 January 2016)

Appendix 2 – The Human Rights Act 1998[16]

The Act sets out our human rights in a series of 'Articles'. Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labour
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistle-blowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff on the basis of their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property

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[16] https://www.equalityhumanrights.com/en/human-rights/human-rights-act

14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Appendix 3

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.

- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions

- Allow adequate time to complete the Equality Health Impact Assessment

- Identify what data you already have and what are the gaps.

- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.

- Remember to consider the impact of your decisions on your staff as well as the public.

- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).

- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.

- Report on positive impacts as well as negative ones.

- Remember what the Equality Act says – how can this policy or decision help foster good relations between different groups?

- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.