



EEiC

Briefing Paper

Beyond Box Ticking: Knowledge Mobilisation tools can strengthen an Equality Impact Assessment and help UK NHS organisations to meet their Public Sector Equality Duty

Key Messages

1. Many organisations use equality impact assessments (EIAs) as a tool to “equality proof” their work and to demonstrate that they have done so.
2. Completing an equality impact assessment is often a box ticking exercise that does not lead to any tangible impact on services.
3. EIAs are often used to provide assurance of legal compliance. However, they are more likely to support service improvements if diverse stakeholders gather evidence in order to describe and understand inequalities and interventions to reduce those inequalities.
4. Thinking about the process of EIAs in terms of Knowledge Mobilisation can be helpful. Knowledge Mobilisation is the process of understanding and improving the way that knowledge is used to shape policy and practice and make improvements.
5. Knowledge Mobilisation tools developed for the Evidence and Ethnicity in Commissioning project can help:
 - a. To involve appropriate stakeholders in EIA work
 - b. To identify and use evidence to describe and understand inequalities and prescribe action to tackle those inequalities
 - c. To explore interventions to reduce inequalities

Introduction

The Public Sector Equality Duty in Great Britain, part of the 2010 Equality Act, requires public sector organisations to “equality proof” their work: to make sure that services meet the needs of all sections of the community and take opportunities to reduce any inequalities in access, experience or outcomes. Many organisations use Equality Impact Assessments (EIAs) as a tool to do this. The Equality Act lists the “protected characteristics” that are often associated with disadvantage or discrimination, for example ethnicity, gender, sexual orientation, age, disability. This briefing paper describes how approaching EIAs as a type of knowledge mobilisation activity can help to make EIAs more robust, meaningful and impactful.

Why were Equality Impact Assessments introduced in the UK?

The 2010 Equality and Human Rights Commission (EHRC) public sector guide explains that: “An equality impact assessment (EIA) is a tool that helps public authorities make sure their policies, and the ways they carry out their functions, do what they are intended to do and for everybody.” (EHRC, 2010).

In 1999 the Macpherson Report (Macpherson, 1999) had led to the conclusion that equalities legislation, which at that time focused on requiring organisations to respond to individual complaints of discrimination, was inadequate in

terms of identifying and removing institutional discrimination. The report defined institutional racism as:

“the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture, or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racist stereotyping which disadvantage minority ethnic people”.

The race equality duty was introduced in 2001 in response to McPherson’s conclusions and marked an important development in equalities legislation in the UK. Public Sector organisations were now required to analyse data to identify any inequalities linked to the ethnicity of their staff, job applicants, service users and potential service users (caused by the type of multi-factoral institutionalised discrimination described above) and then to proactively take steps to reduce and eventually remove those inequalities.

Equality Impact Assessments were introduced as a legal requirement to support the implementation of this race equality duty, by helping organisations to systematically gather evidence of any (usually unintended) adverse impact on people of a particular ethnicity resulting from their policies, procedures, plans or processes. Once evidence of potential adverse impact has been found and opportunities to improve equality identified, an action plan to address any issues should be drawn up and implemented. Implementation should ideally be supported and monitored through mainstream business planning processes.

The 2010 Equality Act replaced the race equality duty (and the subsequent disability equality duty introduced in 2006 and gender equality duty introduced in 2007) with the

Public Sector Equality Duty, which now relates to nine “protected characteristics” including race/ethnicity. Most specific legal duties including the requirement to carry out EIAs were removed from the new Act. Nevertheless, public sector organisations are still required to show that they have paid “due regard” to the Act’s general duty to eliminate unlawful discrimination, advance equality of opportunity and foster good relations in all their decision making. Many organisations still use EIAs as a tool to guide that process and to provide evidence that it has taken place.

For example, at Bradford Teaching Hospitals NHS Foundation Trust, the Head of Equality and Diversity introduced a mini EIA screening process to identify which services and policies were most likely to lead to unintended inequality. The in-depth EIA process carried out on one of those services, the mobile breast screening unit, identified actions to improve access to the service for black and minority ethnic women. For more detail, visit the Evidence and Ethnicity Commissioning website here: <http://www.eeic.org.uk/index.php/tools-and-resources/mini-case-studies/making-eqias-work-assessing-services-and-setting-priorities/>

Just ticking boxes?

The EHRC has published information about how EIAs have led to improvements making services more accessible to diverse groups and reducing inequalities (EHRC website). For example, EIAs led to improved working conditions for black and minority ethnic (BME) taxi drivers in Bristol and increased uptake of council tax and housing benefits by Pakistani heritage people living in Rotherham.

In 2008 Southall Black Sisters, an organisation delivering a range of support services to black and minority ethnic women, particularly in relation to issues arising from domestic abuse, successfully challenged Ealing Council’s decision to withdraw their funding. In his

judgement Lord Justice Moses said that the council had acted unlawfully in failing to carry out a racial equality impact assessment and described the “vital principle that the impact of any proposed policy should be assessed and steps to obviate any adverse impact considered *before* the adoption and implementation of the proposed policy” (Moses, 2008, Section 20).

A review of the performance of the health sector in meeting the Equality Duties was published by the EHRC in 2011 and described serious shortcomings. This review found that in general the emphasis was on process and form filling rather than on achieving measurable improvement. Assessors had “found a significant lack of evidence of implementation and impact resulting in a lack of evidence of improved outcomes for equality groups... The assessment suggested that performance against the duties was regarded by the majority of authorities and trusts as a ‘box ticking’ exercise and only rarely encompassed the achievement of equality outcomes in practice” (Focus Consultancy, 2011).

Some managers and commissioners find EIA templates and guidelines a useful tool to aid planning and ensure that opportunities to improve equality are not missed. Where an organisation uses EIAs well, work to identify and reduce inequalities is embedded within day-to-day activity and responsibility for this does not rest with one individual or one team.

However, in many organisations, completing an EIA is still seen as a box to be ticked, often at the end of a piece of work, and by an equality and diversity specialist who may not have been involved in the project in question. Through custom and practice the view develops that an EIA is a completed template appended to a document rather than a process of generating and using knowledge about actual and potential inequalities.

The creation of an EIA should, however, involve an active process to inform decision making,

with the ultimate aim of improving services and reducing inequalities.

What is Knowledge Mobilisation?

There is an increasing recognition that evidence generated through research often does not impact upon policy and practice, or takes a very long time to do so. In addition, the design and delivery of health services are often not adequately informed by the experiences of those who use them and the knowledge of those who deliver them. In recent years this had led to a growing body of knowledge mobilisation research that seeks to understand and improve the way that knowledge is used to shape policy and practice in order to make improvements. A growing number of knowledge mobilisation initiatives aim to use this understanding to introduce more deliberate structures and processes through which knowledge is accessed, appraised and applied.

Knowledge in the context of ethnicity and health includes:

- information derived from data collected about service usage or about outcomes for service users and staff,
- research evidence (of varied types e.g. epidemiological data on disease profiles; descriptive accounts of service user experiences; evaluative trials of intervention effectiveness and cost effectiveness; implementation studies about making service changes in different contexts; national or local demographic data),
- insight gained from engagement with community members and service users
- what staff members and groups of staff know about how to do a job well; the

things that we know from our experience but might find hard to describe can be referred to as “tacit knowledge” and “experiential knowledge”

Knowledge Translation and Knowledge into Action are other terms used to describe the process of bridging the gap between knowledge and practice. Research in this area is particularly advanced in Canada where the following definition of knowledge translation was coined and has since been more widely adopted:

“a dynamic and iterative process that includes the synthesis, dissemination, exchange and ethically sound application of knowledge to improve the health of Canadians, provide more effective health services and products and strengthen the healthcare system.”(Canadian Institute of Health Research)

If we replace the word “Canadians” with “groups of people who experience discrimination and disadvantage”, this definition could describe an effective Equality Impact Assessment process.

Knowledge Mobilisation and Ethnic Inequality

A recent large scale research project examining NHS culture and behaviour found that much of the use of data in NHS organisations is for ‘comfort seeking’ purposes: “focused on external impression management and seeking reassurance that all was well; consequently what was available to organisations was data but not intelligence” (Dixon-Woods, 2013). Many staff experienced being involved in such work as ‘wearisome’ and ‘fruitless’. This definition of comfort seeking behaviours could also be used to describe the frequent and ineffective approach to carrying out EIAs.

Problem-sensing behaviour, on the other hand, makes much more effective use of data to actively seek out weaknesses and it makes use of multiple sources of data including softer intelligence. Effective EIAs need to involve a range of stakeholders gathering and presenting different sorts of information and intelligence for “inequality sensing” rather than aiming only for assurance and comfort seeking.

The Evidence and Ethnicity in Commissioning (EEiC) research project studied commissioning work in three different NHS organisations from 2011 to 2013 and found significant obstacles to progress in reducing the health inequalities experienced by Black and Minority Ethnic (BME) people (Salway et al, 2013). At a strategic and national level there is ambivalence about the importance of addressing ethnic inequality (Salway, 2013 Briefing paper 1). Individuals charged with undertaking commissioning work lack the skills and / or confidence to engage with issues relating to ethnic diversity and inequality. In addition, the increasing emphasis on evidence based policy and practice has inadvertently undermined the ethnic inequalities agenda because data and evidence are lacking, or are perceived to be lacking, while those who might champion the cause are often ill equipped to mobilise the available evidence effectively (Salway, 2013 Briefing paper 2).

Another barrier to effective commissioning for multi ethnic communities observed in this research was the focus on box ticking and on compliance rather than on service improvement and outcomes in equality and diversity work.

Thinking of an EIA as being about mobilising knowledge can help to ensure that it makes good use of different evidence sources and leads to real service improvements.

Using Knowledge Mobilisation to strengthen Equality Impact Assessments

The EEiC project has produced some resources linked to different aspects of knowledge mobilisation in the context of reducing ethnic health inequalities. The principles they draw on and the practice they describe are generally relevant to other Equality Act protected characteristics. These resources are available on our website www.eeic.org.uk

This section describes how using some of these tools when carrying out an equality impact assessment can help to ensure that:

- the most appropriate stakeholders are involved
- knowledge is generated and presented effectively
- actions are planned, implemented and monitored
- opportunities to reduce inequalities are not missed.

Bridging the Gaps

EIAs in the NHS are often carried out by an individual manager. In a commissioning organisation this often means that opportunities to include data and insight from other staff are missed. This could be relevant knowledge from staff providing the service, public health staff, equality and diversity staff, local academics and local community groups.

[The stakeholder identification tool](#) will help you work out who needs to be involved in the EIA team and [the stakeholder analysis: in their shoes exercise](#) will provide the opportunity to think through how best to persuade them to get involved. Having a good range of stakeholders working together on the EIA will help to bridge the gaps between people who

can generate relevant knowledge of various forms and those responsible for using that knowledge to improve services.

If you experience difficulties in getting people to join an EIA project team, or examining inequalities more generally, the [making the case presentation](#) and the [frequently raised objections](#) tool can help.

Using knowledge to describe and understand inequalities

To carry out an effective EIA, you need to locate a range of evidence which might include national and local research findings, service usage data, patient experience information, staff insight, public health information about need and prevalence. That information needs to be appraised in terms of quality and relevance. Inconsistencies across difference knowledge sources need to be understood.

[The mobilising evidence for action on ethnic inequalities guide](#) and [exercises](#) remind us that to be effective we need to use knowledge to **describe** an inequality, then to **explain** that inequality and then to **prescribe action** to reduce the inequality.

EIAs often use evidence to describe a potential or actual inequality but do not move beyond that to explore and understand the factors leading to this inequality which in turn makes it difficult to identify interventions that could improve equality. Actions included on EIA templates rarely describe an intervention to improve access, experience or outcomes for a particular group of people.

The EEiC mobilising evidence tools show that effective work to reduce inequalities, including carrying out an EIA, needs to use various sources of evidence for three purposes:

Describing What is the inequality? Patterns and disparities between groups can be identified through the analysis of local data, JSNAs and equity audits. For example, in Nottingham the creative combination of national and local data was used to identify that BME people were not accessing dementia services. Patient profiles when compared to the population make-up suggested low levels of access. Combined with local intelligence on dementia in BME communities this evidence was used to inform the development and commissioning of community based activity to raise awareness of dementia amongst BME people. For more details, visit the Evidence and Ethnicity Commissioning website here: <http://www.eeic.org.uk/index.php/mini-case-studies/where-there-is-no-data-bme-dementia-project-in-nottingham/>

Understanding Why has this happened? Underlying causes and pathways of effect can be explored using published research, user feedback, local insight, third sector reports and expert opinion. In Coventry, for example, commissioners formed a partnership with the local university to understand why Punjabi Sikh women were not accessing the Expert Patient Programme which aimed to support self-care for people with chronic health conditions. For more details, visit the Evidence and Ethnicity Commissioning website here: <http://www.eeic.org.uk/index.php/mini-case-studies/evidence-begets-evidence-drilling-down-to-gain-deep-understanding/>

Prescribing How? Interventions to tackle inequalities can be suggested by NICE / other national guidance, published research, good practice examples, local innovations (which should be piloted and then evaluated). In Liverpool, for example, the expert opinion of a GP provided the impetus for a small research study and then an intervention to reduce vitamin D deficiency amongst local Somali people. For more details, visit the Evidence and Ethnicity Commissioning website here: <http://www.eeic.org.uk/index.php/tools-and-resources/mini-case-studies/smallbeginnings-lead-to-big-outcomes-vitamin-d-deficiency-in-liverpool/>

Intervening to reduce inequalities

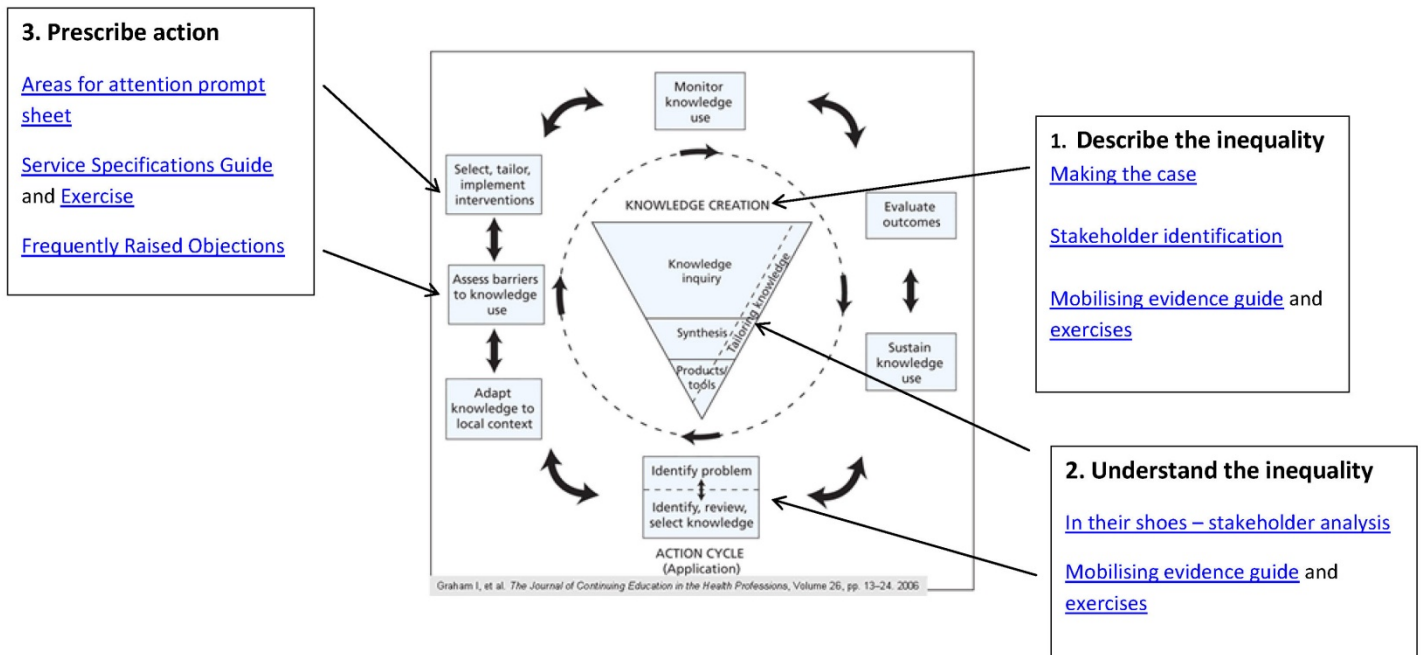
The EEiC research found that opportunities to take action to address ethnic healthcare inequalities or to require commissioned services to take such action were generally missed. The [areas for attention prompt sheet](#) lists the common issues that characterise services along with suggestions for how to further explore and to respond to these issues. This could form the basis for a discussion by an EIA team about what actions to prescribe.

If it is appropriate to include those actions in a service specification, [the service specification guide](#) and [exercises](#) can help with this.

Knowledge Mobilisation and EIAs

Ian Graham's map (Graham, 2006) describes the process of moving knowledge into action and shows the roles of knowledge creation and knowledge application. The adapted map on the next page shows how the EEiC tools support different aspects of this process and how they can support the use of knowledge to strengthen an equality impact assessment.

Tools to support the mobilisation of knowledge to reduce ethnic inequalities – how they can help to strengthen an equality impact assessment



Conclusion

Approaching equality impact assessments as knowledge mobilisation activity can help to make them more effective. The tools described in this paper can help to make sure that appropriate knowledge is created and applied by:

- Involving an appropriate range of stakeholders
- Generating knowledge that will clearly describe inequalities, help to understand those inequalities and help to identify interventions to reduce those inequalities

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Further Information

For more information and a full list of EEIC Research Findings and Resources, visit www.eeic.org.uk

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