Sheffield City Council

Sheffield Health and Social Care NHS
NHS Foundation Trust




Single Equality Scheme 2009 – 2012

POSITIVE ABOUT DISABLED PEOPLE

Disability Standard 2009

Stonewall DIVERSITY CHAMPION

MINDFUL EMPLOYER



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INTRODUCTION

Sheffield Health and Social Care Foundation Trust (SHSC) has a legal duty to set out how the organisation intends to address Race, Disability and Gender equality, in line with relevant legislation in these areas. This is currently demonstrated in the organisations existing Race, Disability and Gender Equality schemes. The organisation has however recognised the value of an approach which covers a wider range of equality strands and also recognises how inequality can impact in more than one dimension on people who use the organisations services, those who may need to use the organisations services in the future and on the organisations employees and future employees. A strategic commitment has therefore been made to develop a Single Equality Scheme. The scheme explains how the organisation continues to meet its statutory duties but also goes further in publishing in detail the organisations strategic intentions as a service provider, employer, procurer of services and key stakeholder and partner in delivery of services to Sheffield communities.

This scheme specifically focuses on the following areas:

- **Race;**
- **Disability;**
- **Gender;**
- **Gender reassignment;**
- **Sexual Orientation;**
- **Age; and**
- **Religion or Belief**

The scheme also describes the organisations, role, commitments and strategic intentions in respect to other areas of inequality, which may be faced by SHSC service users and carers, both current and potential. The intention of this scheme is that it does not stand alone is a key component of the wider strategic objectives of the organisation.

The organisations strategic objectives relevant to the scheme are:

- **maximising health and wellbeing through the provision of accessible, high quality and safe services;**
- **working with our partners to reduce inequalities in Sheffield and improve the health of our community;**
- **provide integrated health and social care services within the city of Sheffield and beyond; and**
- **improve the lives of those who use our services by working to reduce social exclusion and by acting with social responsibility**

Details of the organisations strategies are set out in key strategic documents and the intentions of the organisation in respect to addressing inequality flow through the detail found within specific strategies such as[1]:

- **the Integrated Business Plan;**
- **the Community Engagement Strategy;**
- **the Quality Framework;**

- **the Social Inclusion and Recovery Strategy;**
- **the Employment Strategy;**
- **the Spirituality Strategy;**
- **the Service User Involvement Strategy; and**
- **the Carer Strategy Action Plan**

This scheme has been developed to meet the organisations legal duties in line with legislation that is in place as of April 2009. The scheme also takes account of the current proposed changes in legislation set out in the governments' legislative programme for 2009/2010 where this is appropriate. The schemes action plan covers the period 2009 to 2012 – this scheme will be revised however to take account of legislation enacted during this period.

Executive Summary

Sheffield Health and Social Care Foundation Trust (SHSC) has a legal duty to set out how the organisation intends to address Race, Disability and Gender Equality, in line with legislation relevant to these areas. This is currently demonstrated in the organisations existing Race, Disability and Gender Equality schemes. However in line with policy and legislative developments the organisation has made a strategic commitment to develop a Single Equality approach which is reflected in this Single Equality Scheme. This scheme explains how the organisation will meet its statutory duties in undertaking its functions as a service provider, employer, procurer of services and key stakeholder and partner in delivery of services to Sheffield Communities. The SHSC Single Equality Scheme covers:

- Race;
- Disability;
- Gender;
- Gender reassignment;
- Age;
- Sexual Orientation; and
- Religion or Belief

We have identified 10 overarching objectives which cut across all equality strands and have developed a comprehensive set of actions to ensure that these objectives are met. Principles of fairness and equity are also reflected in a range of key organisational strategies. The scheme describes how our strategies, organisational governance structures and processes support delivery of these objectives

In developing this scheme we have built on existing schemes and have therefore taken account of the outcomes of previous processes which have involved people from representative groups in identifying specific issues. Actions which are currently ongoing and planned to address these areas are retained within this Single Equality Scheme.

Sheffield Health & Social Care Foundation Trust, Who Are We & What Do We Do?

Sheffield Health and Social Care Foundation Trust is an organisation that provides a range of general and specialist mental health, substance misuse and learning disability services to the people of Sheffield alongside a range of therapy services to the broader NHS in Sheffield. We provide educational services to the South Yorkshire and North Trent region, and have a strong research component within the organisation. The organisation delivers a number of its functions in partnership.

About Sheffield and its Communities

Sheffield is the fourth largest city in the country, with a total population of 513,000 people[2]. We provide services to the adult population of the city, which consists of over 428,000 people2. While demographic predictions indicate no changes within the overall population[3], changes in need and demands are expected due to an increase in the elderly population, an increase in adults with learning disabilities and complex health needs and a growing diversity of the local population with an increasing black and minority ethnic community. The organisations business objectives are already influenced by the changing profile of the cities communities3:

- a 7% predicted increase in the number of young people in the city (20 – 35) by 2012;
- a 5% predicted increase in the number of people in the city aged 65 and above by 2012 moving to 10% by 2017;
- a 60% increase in the number of adults experiencing a learning disability and 90% increase in the number experiencing profound and complex disabilities; and
- the increasing diversity of the city population, the BME community continues to expand; in 1991 the BME community was 7% of the Sheffield population, this had risen to 13% in 2005.

Sheffield Health and Social Care NHS Foundation Trust

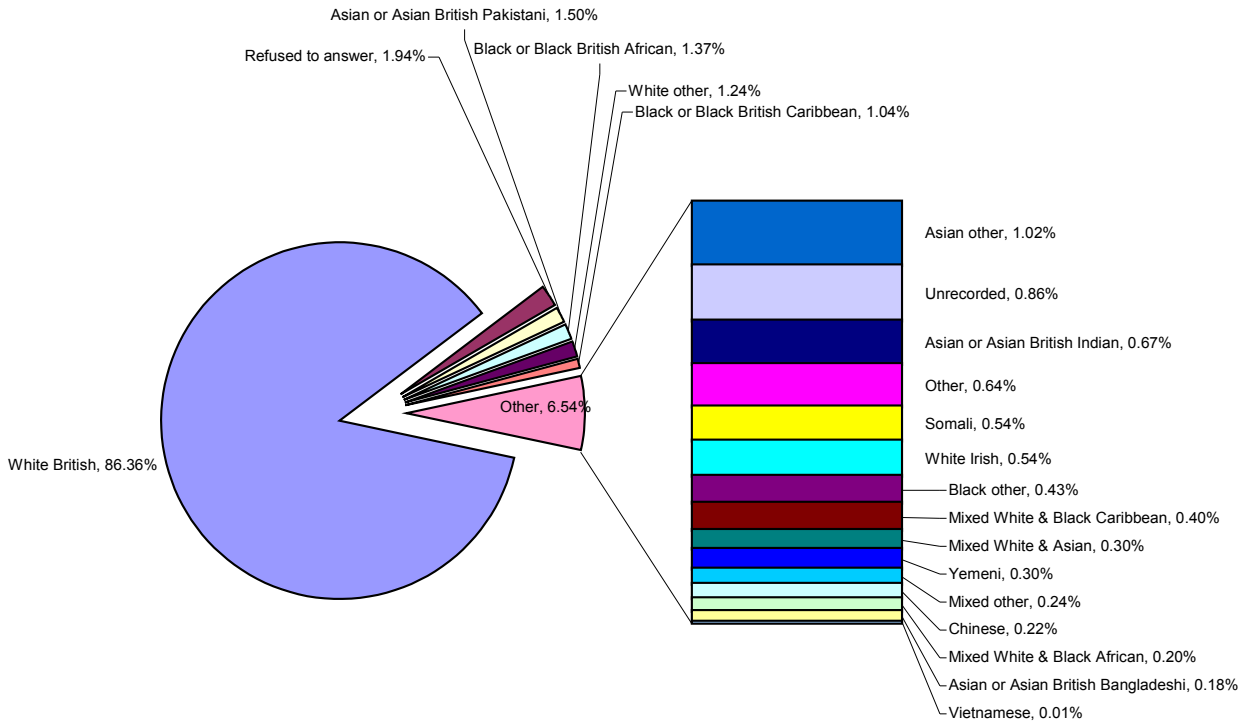
Background

The organisation was successful in becoming a Foundation Trust in 2008. As a Foundation Trust we have strengthened our community engagement through our Membership and strengthened our Governance through our elected Council of Governors. This has placed us in an ideal position to develop strategies which address inequality, promote fairness, and celebrate the diversity of the cities communities and which contribute actively to the broader agendas of the health and social care community in Sheffield. The organisation committed specific resources to ensuring that the membership of the organisation was fully representative of the communities that it serves. There are four appointed places on the Council of Governors for representative voluntary sector organisations, currently two are from BME voluntary sector organisations, one is from MENCAP and there is one vacancy. Our elected members include 10 service user governors.

The following tables show the percentage breakdown of gender and ethnicity of our members as at 31st March 2009:

Gender	Gender split
Male	39.10%
Female	60.90%

Ethnicity	% of total membership	% of males in ethnic group	% of females in ethnic group
Unrecorded	0.86%		
Asian or Asian British Bangladeshi	0.18%	76.47%	23.53%
Asian or Asian British Indian	0.67%	58.46%	41.54%
Asian or Asian British Pakistani	1.50%	38.62%	61.38%
Asian other	1.02%	55.10%	44.90%
Black or Black British African	1.37%	48.48%	51.52%
Black or Black British Caribbean	1.04%	35.00%	65.00%
Black other	0.43%	29.27%	70.73%
Chinese	0.22%	52.38%	47.62%
Mixed other	0.24%	47.83%	52.17%
Mixed White & Asian	0.30%	41.38%	58.62%
Mixed White & Black African	0.20%	63.16%	36.84%
Mixed White & Black Caribbean	0.40%	25.64%	74.36%
Other	0.64%	48.39%	51.61%
Refused to answer	1.94%	42.25%	57.75%
Somali	0.54%	61.54%	38.46%
Vietnamese	0.01%	100.00%	0.00%
White British	86.36%	38.54%	61.46%
White Irish	0.54%	50.00%	50.00%
White other	1.24%	35.00%	65.00%
Yemeni	0.30%	72.41%	27.59%



The organisation provides the following services:

- adult mental health services, providing a full and comprehensive range of services;
- older peoples mental health services, providing a full and comprehensive range of mental health services;
- learning disabilities services, providing inpatient and a comprehensive range of community based services;
- nursing and residential care home provision for people with a learning disability and older people with dementia;
- substance misuse services, providing inpatient and community based services;
- provider of clinical psychology and therapy services to non- mental health specialties;
- provider of external teaching and training; and
- provider of estate management, procurement and telecommunications services

We do not provide Child and Adolescent Mental Health Services; these are hosted by the Sheffield Children's NHS Foundation Trust[4].

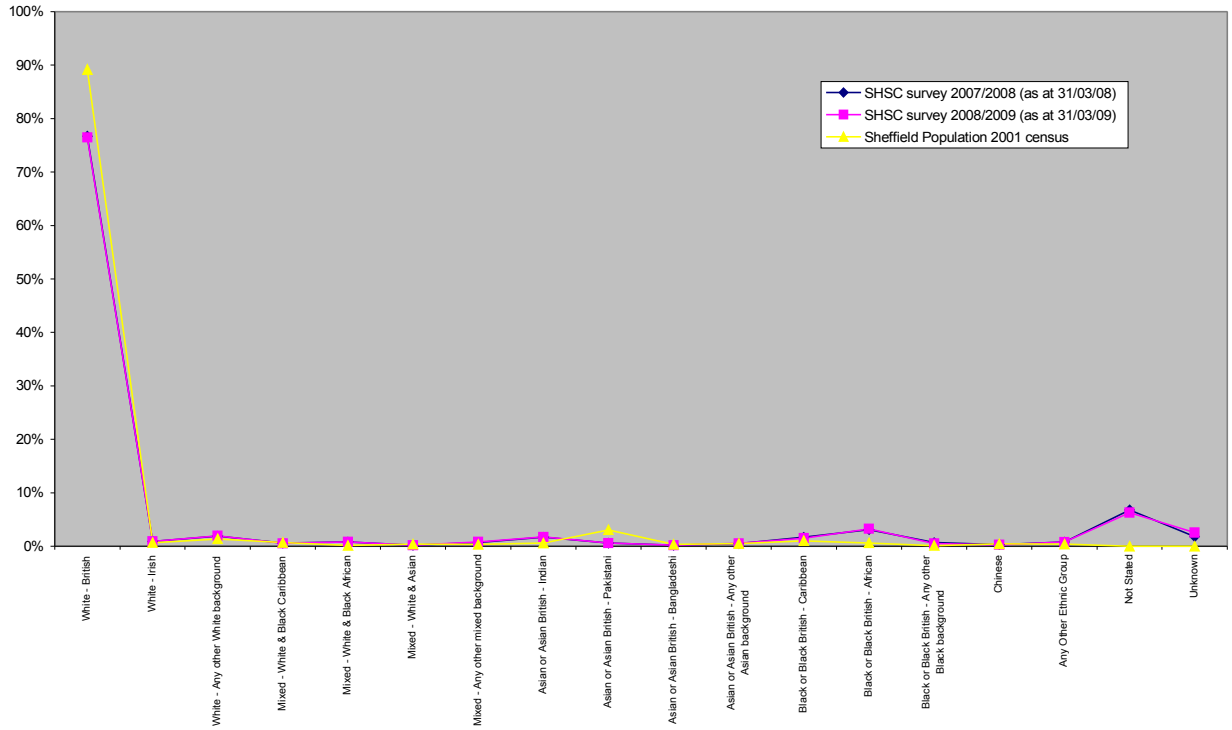
Our services are provided through 6 directorates which deliver operational services and functions, supported by a range of corporate directorates.

Our Workforce

SHSC employs 3,034 staff across a range of disciplines. SHSC monitors its staff profile in line with statutory race equality duties and in addition by Gender, Age and Disability. The table below shows the breakdown of staff by Race, Disability, Gender and Age over the last two years and in comparison to the Sheffield population:

Race[5]	2007/2008 (as at 31/03/08)	2008/2009 (as at 31/03/09)	Sheffield Population 2001 census
White - British	76.70%	76.44%	89.19%
White - Irish	0.90%	0.91%	0.65%
White - Any other White background	1.90%	1.95%	1.39%
Mixed - White & Black Caribbean	0.60%	0.55%	0.72%
Mixed - White & Black African	0.80%	0.84%	0.14%
Mixed - White & Asian	0.20%	0.19%	0.41%
Mixed - Any other mixed background	0.70%	0.84%	0.34%
Asian or Asian British - Indian	1.70%	1.72%	0.59%
Asian or Asian British - Pakistani	0.60%	0.58%	3.09%
Asian or Asian British - Bangladeshi	0.20%	0.19%	0.37%
Asian or Asian British - Any other Asian background	0.50%	0.55%	0.51%
Black or Black British - Caribbean	1.70%	1.53%	1.01%
Black or Black British - African	3.10%	3.25%	0.64%
Black or Black British - Any other Black background	0.70%	0.52%	0.13%
Chinese	0.30%	0.26%	0.43%
Any Other Ethnic Group	0.80%	0.78%	0.40%
Not Stated	6.80%	6.30%	0.00%
Unknown	1.80%	2.57%	0.00%
Disability[6]			
% Staff with Disability	1.85%	1.82%	20.06%
Gender[7]			
Female	72.81%	72.77%	51.17%
Male	27.19%	27.23%	48.83%
Age			
Under 20	0.10%	0.36%	24.41%
20 to 29	11.80%	13.49%	14.79%
30 to 39	22.70%	22.94%	15.25%
40 to 49	31.50%	31.78%	12.47%
50 to 54	13.20%	12.77%	6.29%
55 to 59	10.10%	9.72%	5.50%
60 to 64	7.50%	6.79%	4.91%
65 and Over	3.00%	2.14%	16.38%

The following graph gives a visual representation of ethnicity from the SHSC staff surveys in comparison with the 2001 Census5:



We hope in particular to build on our current objectives and actions in relation to employment by undertaking the Disability Standard 2009[8] and membership of the Stonewall Diversity Champions programme[9] and alongside this are in the process of developing key staff network groups for BME staff, LGB staff and staff who wish to be involved in our ongoing work with regard to disability.7

Working in Partnership

SHSC are a strong and active partner within the Health and Social Care community of Sheffield. Through the range of services we provide we have developed extensive experience of partnership working. The leadership and management of our organisation is a positive representation of experience and knowledge from across the health and social care spectrum. This puts us in a strong position to make positive progress in achieving our vision and strategic goals and to engage with partner and commissioner strategies in delivering outcomes.

We accept referrals from the neighbouring South Yorkshire area and further afield for our specialist services. Sheffield residents' form 94% of all clients we provide care and treatment for and overall we provide services to over 15,000 people a year. Our main commissioning partners are the Sheffield Primary Care Trust[10] and the Sheffield Local Authority. We deliver our services from across 40 sites within Sheffield and employ over 3,000 staff from across the full range of professional disciplines.

The management of learning disabilities services in the city also reflects the strong commitment to partnership working between SHSC and the Local Authority. Services directly provided by both the Local Authority and the Trust are operationally managed by a single integrated management structure.

We provide direct management for the provision and delivery of social care services for mental health within Sheffield on behalf of the Local Authority under a Partnership Agreement so some staff working within the organisation are employed by the local authority.

In partnership with Housing Associations we provide a range of services for residential and nursing care provision for people with learning disabilities and older people with dementia. We provide care under the above arrangements for over 280 residents across 19 nursing and Residential Care Homes and around 428 whole-time equivalent of our workforce are engaged in these services.

Education

We have a strong history as a teaching Trust with a commitment to the development of the mental health and learning disabilities workforce of the future. Providing training for new health and social care professionals brings benefits to our workforce as their practice and skills are constantly updated through teaching and practice-based learning. Our position as a teaching Trust also facilitates the recruitment and retention of high quality clinical staff. Our teaching commitments consist of hosting the provision of NHS training on behalf of neighbouring Trusts or the delivery of training programmes through universities. Key educational and training programmes that we manage are:

- Medical training;
- Clinical Psychology; and
- Art Therapy

Research and Development

We have a strong research base. SHSC led the establishment of the Sheffield Health & Social Research Consortium[11], however from 2008-2009 due to research funding changes the Consortium was disbanded. We continue to work in partnership with previous Consortium members (Sheffield PCT10, the University of Sheffield[12], Sheffield Hallam University[13] and the local authority) but focus on research within our organisation under the responsibility of the Medical Director.

Facilities Management Services

In addition to direct management of our own estates and facilities requirements, a range of services is also provided to other NHS organisations within the Sheffield area. These include:

- estates management & advice;
- grounds and property maintenance;
- fire & security;
- telecommunications services;
- catering/hotel services; and
- transport/logistics services and procurement (purchasing, contracting, tendering and supplier management).

We also host management of the Sheffield Community Equipment Loan Services (SCELS) on behalf of the Partnership Board.

Developing Our Single Equality Scheme

Background

This Single Equality Scheme builds on our existing schemes and is structured so that it describes how the organisation will continue to meet its specific and general duties in each area. The organisations strategic vision, in line with national policy drivers and legislative review, focuses on 'fairness' and considers how inequality impacts disproportionately on some staff, service users (actual and potential) and carers and what actions the organisation plans to take in addressing these areas.

Our scheme also considers how SHSC as a key stakeholder in health and social care provision will work in partnership to tackle inequality in the city; the scheme explains SHSC's role, influence and intentions in this area and identifies specific actions within the scheme action plan.

At present various pieces of legislation define the duties required of public bodies. This scheme is aimed at addressing the proposed intentions described in relation to the development of a Single Equality Act. It is likely that the new Act will place a new single duty on public authorities to[14]:

'Tackle discrimination, promote equality of opportunity and encourage good community relations'

SHSC seeks to ensure that it addresses equality in undertaking all of its functions, however we recognise the concerns of specific groups that a 'single equality' approach may 'water down' issues that at are particularly pertinent to those groups, for this reason we have chosen to present our equality scheme so that it is clear of the legislative

framework, contextual evidence and information that we have considered in the overall scheme. We have identified 10 overarching objectives which cut across all equality strands – these will be achieved through undertaking the actions identified in the schemes action plan. Some actions in the plan cut across all equality strands whilst others are relevant to a specific strand only.

Our scheme action plan pulls together key actions that we will take to address the objectives we have set. Where an action is replicated in our existing schemes this action is consolidated in this equality scheme. Where an existing action has been achieved in an existing scheme this has not been included in the Single Equality Scheme, however details of that action and how it has been achieved are published in the organisations annual Equality and Human Rights Report1. Where additional actions have been identified in relation to Gender or Disability through consideration of more up-to-date evidence or consultation these have been incorporated into this scheme unless action is already incorporated into action plans linked to equality impact assessments.

Eliminating Discrimination, Promoting Equality and Promoting Good Relations

SHSC will work to tackle discrimination, promote equality and good relations through achieving the objectives set out in this scheme, and through making the best of opportunities to work in partnership in tackling inequality within Sheffield.

SHSC is an active member of the Sheffield First Partnership; their **Strategy for Community Cohesion** states that[15]:

'Sheffield First Partnership expects partners to look at how they work and find ways of promoting cohesion through their business using the values and principles provided in this strategy.'

SHSC is actively committed to this principle and to the relevant actions described within the Strategy for Community Cohesion.

In order to meet our legal responsibilities, our organisational strategic objectives and work in partnership to tackle inequality in the city we have adopted the following objectives which cut across all equality strands:

1	Ensure that the action plan that forms part of this scheme is delivered and produce annual reports on progress.
2	Maximise opportunities for Involvement and Consultation with all relevant groups.
3	Mainstream the SHSC Impact assessment process and ensure that these are undertaken to a high standard.
4	Maximise opportunities for data collection, use this to influence the development of high quality services and challenge actual and potential inequality in service provision and employment.
5	Achieve a high standard of service delivery which promotes equal opportunity and challenges discrimination.
6	Maximise opportunities for action to address Equality through governance structures.
7	Maintain effective partnership working to maximise the organisations potential to tackle inequality faced by people using or potentially using SHSC services.
8	Embed principles of Equality, Human Rights, and 'Fairness' through key organisational strategies and delivery frameworks.
9	Develop excellent practice in all organisational functions in promoting equal opportunity and positive attitudes to people who may experience inequality.
10	Challenge and prevent unlawful discrimination or harassment of individuals and groups using SHSC or potentially using services due to race, disability, gender, sexual orientation, age, religion or belief.

The following section considers the legislative framework, context for action and specific objectives for each equality strand:

Race Equality

Legislative Framework

Race Relations Act 1976

The Race Relations Act 1976 makes it unlawful to treat a person less favourably than others on racial grounds. These cover grounds of race, colour, nationality (including citizenship), and national or ethnic origin. It also provides protection from race discrimination in the fields of employment, education, training, housing, and the provision of goods, facilities and services.

Race Relations (Amendment) Act 2000

The Race Relations (Amendment) Act 2000 places a general duty on public authorities when they are carrying out their functions to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity; and
- promote good relations between people of different racial groups

The Race Relations Act 1976 (Statutory Duties) Order 2001

Places a specific duty on SHSC (as a Public Authority) to publish a Race Equality scheme showing how we intend to fulfil our duties under section 71(1) of the Race Relations Act

and ensure that the race equality scheme includes information about functions and policies, or proposed policies, which SHSC has assessed as relevant to these duties:

- assessing and consulting on the likely impact of its proposed policies on the promotion of race equality;
- monitoring its policies for any adverse impact on the promotion of race equality;
- publishing the results of assessments and consultations;
- ensuring public access to information and services which it provides; and
- training of staff in connection with the duties imposed by section 71(1) of the Race Relations Act

Context

The SHSC Race Equality Scheme has been reviewed and is now incorporated into this Single Equality Scheme. SHSC has complied with its duties to review its functions and policies and the outcome of this review is found in Appendix 1 on page 34.

SHSC has made good progress in achieving its previous actions and in many areas has gone beyond the original plan. Action across SHSC has been the result of commitment to this area of work across disciplines and services as well as through the support of the SHSC executive leadership structures.

SHSC is involved in local partnership work to achieve local objectives and the key actions for the organisation identified within the specific action plans of these groups will be delivered as part of the organisations Single Equality Scheme action plan.

The Trust has made significant progress in the collection and use of data internally as well as involvement in the 'Count Me in' census of inpatient services which takes place on the 31st of March each year. Data collection has also been enhanced through involvement in work supported by the Health Foundation[16] and good progress has been made on developing systems to allow comparisons to be made between data collected internally and local population data.

Key issues highlighted as a result of data collection have been:

- numbers of African Caribbean men detained as in patients remains approximately high in line with national figures;
- the 2007 count me in census data indicated that the Trust had higher than average numbers of people from South Asian communities using inpatient areas. This had dropped in 2008 and is now roughly in line with national figures;
- length of stay in inpatient services is disproportionately high for some communities; and
- the use of the Early Intervention Service by service users from BME communities is 38% - this indicates a positive trend in terms of early intervention.

Disability

Legislative Framework

The Disability Discrimination Act 1995 defines disability as '*a physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities*.'

Disability Discrimination Act (DDA) 2005

The Act lays down a general duty to all public authorities that in carrying out their functions they shall have due regard to:

- the need to eliminate discrimination that is unlawful under the Act;
- the need to eliminate harassment of disabled persons that is related to their disabilities;
- the need to promote equality of opportunity between disabled persons and other persons;
- the need to take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons;
- the need to promote positive attitudes towards disabled persons; and
- the need to encourage participation by disabled persons in public life.

The act also sets out a specific duty to ensure that disabled people who have an interest in the way that the public authority carries out its functions have been involved in developing the scheme.

Context

SHSC recognises and promotes the 'social model' of disability[17]. This means that we believe that being disabled is a social issue and that impairment causes an individual to be disabled because of the social, attitudinal and environmental barriers that the individual faces.

Recently it has become apparent that the majority of people with mental health problems want to work and can work effectively[18]. Policy developments reflect these changing beliefs with ever more focus concentrating on finding and retaining work.

People with mental health problems and learning disabilities are some of the most excluded groups in society. Although many adults with a mental health problem want to work, less than a quarter do18 and it is estimated that less than 10% of people with a learning disability work – the lowest employment rates of any of the main groups of disabled people18.

The original SHSC Disability Equality Scheme[19] identified that 2.18% of employees defined themselves as disabled, however this level has reduced in subsequent years[20]. Reporting of disability is significantly low and we currently have no systems for recording where staff develop a disability whilst employed.

Although SHSC has clear functions as an employer and in providing mental health and learning disability services, our service users, staff and carers may experience a range of other impairments, these include but are not limited to:

- hearing impairments;
- sight impairments;
- mobility impairment;
- Epilepsy;
- mental health problems;
- Autistic Spectrum Disorders;
- general physical impairments (related to diabetes, multiple sclerosis, cerebral palsy for example); and
- Dyslexia

This list only covers the impairments described to us during our consultation process, and represents a small but significant number of the possible impairments that may be related to disability.

SHSC is committed to ensuring equal opportunity for disabled people in its employment practice and because of this it has adopted the five two tick's principles[21]. In 2009 the Trust also took part in the Disability Standard8 – we intend to use the outcome of this to inform further action on disability equality.

It is important that our systems and data collection processes allow us to effectively review adherence to these principles and this is reflected in our action plan. Employment is a key area where people may face discrimination and lack of opportunity. This is particularly the case with regard to people who are also service users of SHSC. The organisation has recently developed an **Employment Strategy1** focused specifically on our services for

people with mental health conditions or learning disabilities. This focuses in detail on promoting employment for these groups and takes account of the organisations involvement in delivering PSA 16[22] through our Local Area Agreement[23].

We have also identified that not all of our systems for collecting data relevant to service users are set up to record the full range of potential impairments. This means we could overlook the number of our service users with multiple impairments or disabilities other than mental health or learning disabilities. With this in mind we intent to review this as part of our policy on data collection and use (see Action Point 4B).

Gender Equality

Legislative Framework

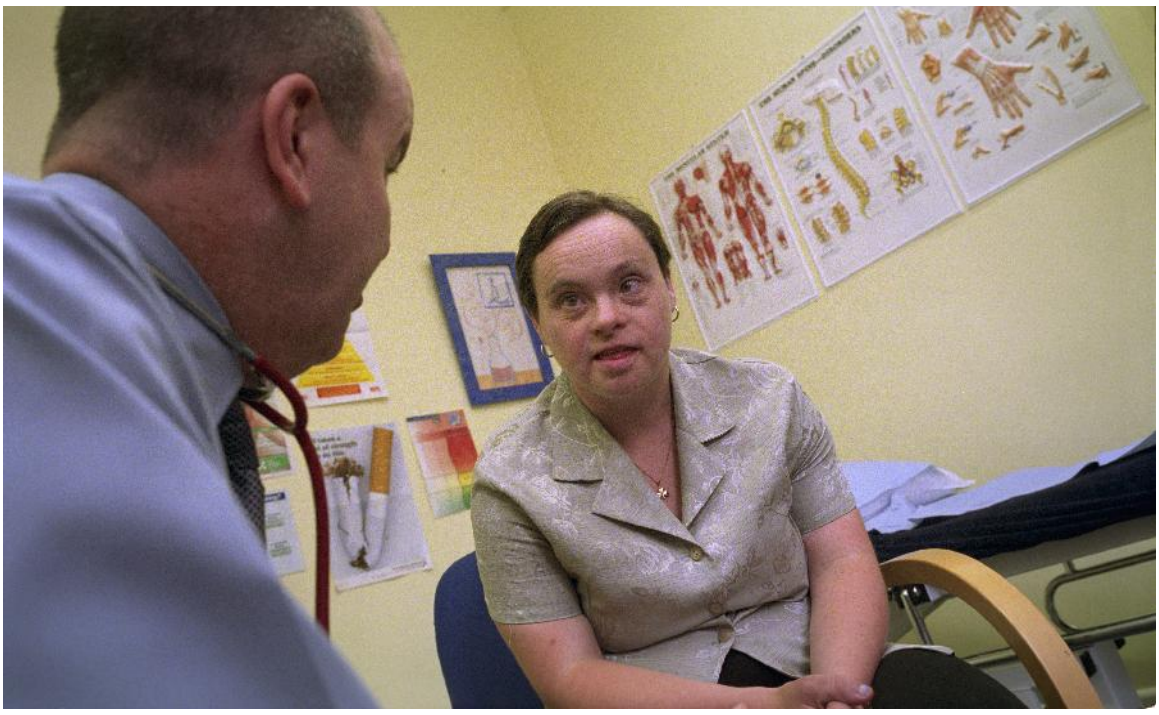
Sex Discrimination Act 1975

As amended this Act places a 'general duty' on public organisations to have 'due regard' to:

- eliminate unlawful discrimination and harassment (related to gender); and
- promote equality of opportunity between men and women;

Sex Discrimination 1975 (Public Authorities) (Statutory Duties) Order 2006

The Equality Act 2006 has amended previous legislation and gives public authorities 'specific duties', these are found in detail in the Sex Discrimination 1975 (Public Authorities) (Statutory Duties) Order 2006.



The Specific Duties for SHSC are to:

- prepare and publish a Gender Equality Scheme, showing how we will meet our general duties and specific duties and what our gender equality objectives are;

- in formulating our overall objectives, consider the need to include objectives to address the causes of any gender pay gap;
- gather and use information on how our policies and practices affect gender equality in the workforce and in the delivery of services;
- consult stakeholders (for example, employees, service users and others, including trade unions) and take account of relevant information in order to determine our gender equality objectives;
- assess the impact of our current and proposed policies and practices on gender equality;
- implement the actions within three years, unless it is unreasonable or impracticable to do so; to report on progress each year and review the scheme at least every three years;

The duties apply equally between men and women.

Equal Pay Act (1970)

The Equal Pay Act came into force in 1975 and prohibited less favourable treatment between men and women in terms of pay and conditions of employment in broad terms.

The Sex Discrimination (Amendment of Legislation) Regulations 2008

- makes explicit that sexual harassment, sex harassment and gender reassignment harassment in access to and the provision of goods, facilities, services or premises is unlawful; and
- makes explicit that less favourable treatment on the ground of a women's pregnancy or maternity in the provision of goods and services is unlawful.

Context

SHSC is committed to ensuring equal opportunity for all employees regardless of their gender and has introduced a number of policies to improve the working lives of employees and make access to employment easier as a result of this flexibility for example:

- Flexible Working Policy; and
- Carer Leave Policy

From the Staff Survey undertaken in 2006, 72% of females and 68% of male employees either agreed or strongly agreed that they could approach their immediate manager to talk openly about flexible working. The results from the survey also provided an indicator of where the policy may not be as effective. When employees were asked to indicate if they work reduced hours as part of a flexible working agreement, 34% of females indicated they did however only 16% of males took up this option.

There are also a large number of employees with Carer responsibilities (55% as per the Staff Survey 2006) with females taking greater carer responsibilities for Elderly

dependants (13% of female employees providing special help to elderly dependants as opposed to 6% of male employees).

As of September 2006 SHSC employed 3200 people, 72.66% female and 27.34% male. Information available on the gender of employees within different occupational groups indicates that there are stereotypical roles within the organisation. For example, one Directorate that has a high proportion of stereotypical 'male' roles continues to have a high proportion of male employees (66.09%).

As an employer, the Trust needs to actively work towards removing discrimination from its employment practices by reviewing existing policies and procedures.

In terms of service provision SHSC undertook a comprehensive benchmarking process which had been developed by the Care Services Improvement Partnership[24]. This looked at the Trusts achievements in implementing action in priority areas which had been identified in the Department of Health publication *Mainstreaming Gender and Women's Mental Health Services*[25]. The implementation guidance covers a range of areas, those which relate to functions of the Trust over which the Trust has direct control are:

- Gender Awareness Training;
- Staff Support;
- Governance;
- Research Service Evaluation and Monitoring;
- Service Standards for meeting the specific needs of women service users;
- Assessment and Care Planning;
- specific women-only service provision;
- safety in mixed-sex secure, inpatient and residential community settings; and
- meeting the needs of specific groups of women:
  - women who have experienced violence and abuse;
  - women from black and minority ethnic communities; and
  - women who self-harm;

SHSC considered its progress and identified five areas which would benefit from further input. An event was held in June 2006 and key action areas were identified in the five areas. These were:

- meeting the needs of Specific Groups;
- women only provision;
- Policies Standards and Governance;
- Assessment and Care Planning; and
- training

Action points were identified many of which have required a partnership approach to achievement. It was agreed that most of the proposed action would therefore take place through Sheffield partnership structures; however there were specific action areas which were incorporated into the original Gender Equality Scheme[26]. A number of these actions have been implemented the most significant of which has been the national collaborative

project focusing on sexual abuse and violence[27]. This project has now come to an end and this has resulted in a detailed action plan to mainstream the activity undertaken in the project and lessons learned.

Gender reassignment

Legislative Framework

Sex Discrimination (Gender Reassignment) Regulations 1999

Includes protection for gender reassignment people on the grounds of gender reassignment or potential gender reassignment in employment and vocational training. It is unlawful therefore to discriminate against a person for the purpose of employment (recruitment, promotion, access to benefits, selection for redundancy, vocational training etc) on the grounds that the person intends to undergo, or is undergoing, or has at some stage undergone, gender reassignment.

The Sex Discrimination (Amendment of Legislation) Regulations 2008

Extends protection from discrimination on grounds of gender reassignment to the provision of goods, facilities and services.

Context

SHSC is a specialist regional provider of Gender Dysphoria Services and provides an MSc and PG Diploma in the Theory and Practice of Psychotherapy for Sexual Dysfunction and a programme leading to a Certificate in the Assessment of Psychosexual Disorders[28]. In addition to providing a specialist function, the service is active at a local, regional and national level in promoting services and policies which support equality including input into National Guidelines and Policy development. The service currently supports 72 people locally and across the region who are considering or who have undergone gender reassignment. SHSC also provides general mental health services to people who have undergone, or are considering gender reassignment. The service has a significant waiting list and there is evidence of a national growth in demand for these services[29]. In terms of a national context29:

- the UK's largest survey of trans people found that 34% of adult trans people have attempted suicide;
- more than 30% of trans people had experience discrimination from (health care) professionals; and
- a survey of trans employees showed that many were subjected to discrimination, verbal abuse and even physical violence by other employees;

Sexual Orientation

Legislative Framework

Employment Equality (Sexual Orientation) Regulations 2003

The legislation bans discrimination on the grounds of sexual orientation in employment and vocational training. It also bans direct and indirect discrimination, harassment and victimisation because of sexual orientation. According to the new Regulations, treating people less favourably than others on grounds of sexual orientation constitutes direct discrimination.

The Equality Act (Sexual Orientation) Regulations 2007

Prohibits discrimination on the grounds of sexual orientation in the provision of goods, facilities, services, education, management and disposal of premises and the exercise of public functions.

Context

We have little data to support action planning in relation to Sexual Orientation and this in itself is a key area for improvement. Sexual orientation is considered in the annual 'Count me in' Census for people using SHSC inpatient services on the 31st of March each year, however our levels of recording this data are low compared to other trusts. This reflects a national lack of data: however LGB people form approximately 5% of total UK population[30] and (using 2001 Census2 data) this would mean approximately 25,000 LGB adults living in Sheffield.

Local research[31] published in 2004 produced a series of recommendations in relation to:

- strategic planning;
- policies and procedures;
- operational issues; and
- education and awareness

Other research has shown:

- LGB people are at significantly higher risk of mental disorder, suicidal ideation, substance misuse and deliberate self-harm than heterosexual people[32];

- gay and bisexual men are seven times more likely to attempt suicide compared with the general population[33];
- 25-40% of LGB people experience negative or mixed reactions from medical healthcare professionals on disclosure of their sexual orientation[34]

Age

Legislative Framework

Employment Equality (Age) Regulations 2006

The Employment Equality (Age) Regulations came into force on 1st October 2006 and make it unlawful to discriminate directly or indirectly on the grounds of a person's age. It also makes it unlawful to victimise or harass a person because of their age. The Regulations also introduce a national default retirement age of 65 making compulsory retirement under the age of 65 unlawful.

Services

The regulations only cover employment and vocational training i.e. it is not currently unlawful to discriminate in providing services on the basis of age. The Single Equality Bill proposes a change in this position14.

Context

SHSC is committed to a strategy which addresses inequity in service provision based on age and this is reflected in organisational strategy. SHSC recognises that some services

need to be particularly geared towards older people; however older people are often excluded from services due to their age when their clinical needs are such that their care could appropriately be delivered in these services. SHSC has a progressive strategy in respect to dementia services and delivery of this strategy is also a key objective in relation to ensuring equity in access to services. SHSC is awaiting the outcome of national review[35] of the impact of proposals to make age discrimination unlawful in service provision and will base further developments on this.

Religion or Belief

Legislative Framework

Employment Equality (Religion or Belief) Regulations 2003

Make it unlawful to discriminate against people on the grounds of their religion or belief.

Racial and Religious Hatred Act 2006

The Racial and Religious Hatred Act 2006 makes unlawful the intentional use of threatening words or behaviour to stir up hatred against somebody because of their beliefs.

Equality Act 2006

Under the Equality Act 2006 it is unlawful (apart from certain exemptions) to discriminate on the grounds of religion or belief in the provision of goods, facilities and services, education, the use and disposal of premises and the exercise of public functions.

Religion is defined as 'any religion' and belief as 'any religion or religious or philosophical belief'. 'Religion or belief' in this context can also refer to lack of belief.

Context

The Department of Health have recently published a practical guide for the NHS on Religion or Belief[36] - SHSC have used this document as the main reference point in considering our objectives within the SHSC Single Equality Scheme. The organisation is already committed to a number of the good practice examples provided and has a particularly strong commitment through the organisations Spirituality Strategy1. A number of actions pertinent to this area are already identified within this strategy.

We know that there is a great deal of interest in the Religion and Belief within the organisation and 1,300 Foundation Trust Members have expressed an interest in "Faith Issues". Currently SHSC has little specific data on the diversity of staff or service users relevant to their religion or belief and we are presently reviewing data-collection strategies.

Equality Impact Assessment

The organisation has developed processes and guidance to ensure that equality impact assessments are undertaken on all operational polices or wider organisational policy decisions. Full details of the processes relevant to undertaking Equality Impact

Assessment are described in Appendix 4 on page 52. The organisation publishes its completed Equality Impact Assessments on the Trust web page[37]. Undertaking an Impact Assessment is only a starting point however: Impact Assessments need to be high quality well thought out and produced by staff who understand the principles of the process. For this reason SHSC is providing training for staff involved in undertaking impact assessment and on producing good quality impact assessments as well as developing resources to support the process. Actions relevant to this area are identified in the scheme action plan in Appendix 1 on page 34.

Involvement and Consultation

In developing this scheme SHSC drew on the results of previous involvement and consultation processes which had already resulted in key issues being identified and actions agreed and planned as a result. The final draft of the scheme was published for consultation. Appendix 3 on page 46 also describes previous involvement and consultative process in relation to the development of existing schemes, and the outcome of consultation on this Single Equality Scheme.

Accessibility and Publication

The final scheme will be published on the SHSC web site37. An easy read and large print version will be produced and the scheme will be provided in different languages or Braille on request. We will also consider other methods to distribute information about the scheme as widely as possible.

Monitoring and Reporting

Governance of this scheme will be overseen through the following organisational governance group:

The Quality and Risk group

Regular reports on progress will be tabled to this group by The Head of Patient Experience, Inclusion and Diversity. This group will have overall responsibility for assurance of the delivery of the scheme on behalf of the SHSC Board and will commission relevant project and workgroups to provide appropriate structures for delivery of the schemes actions.

Reports will also be tabled to the Human Resources and Workforce in respect to actions relevant to their functions.

A specific annual report will be made to the above groups in May of each year and will include the following information:

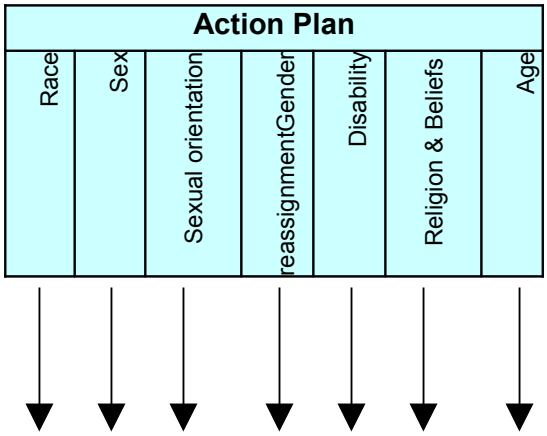
- details of progress in achieving the actions described in the scheme;
- an update on additional activity undertaken in the preceding year; and
- all statutory data and reports on any data which the organisation has produced in order to inform the organisations action plan activity

This report will represent the organisations formal annual reporting mechanism in order to meet statutory requirements and as such will be published on the organisation web site37 in May of each year.

Scheme Action Plan

The scheme action plan covers all equality strands. It merges actions currently being undertaken in relation to Disability and Gender from the SHSC existing schemes and contains revised actions relevant to Race. In respect to Gender actions in the current scheme relevant to Transgender are now identified separately. Where existing actions are duplicated across existing schemes these actions are identified once in the action plan with an indication of which areas the action covers. Action has also been identified relevant to Sexual Orientation, Age, and Religion or Belief.

The action plan is structured to ensure that the objectives identified in page 19 are achieved.



Ensure that the action plan that forms part of this scheme is delivered and produce annual reports on progress.
Maximise opportunities for Involvement and Consultation with all relevant groups.
Mainstream the SHSC Impact assessment process and ensure that these are undertaken to a high standard.
Maximise opportunities for data collection, use this to influence the development of high quality services and challenge actual and potential inequality in service provision and employment.
Achieve a high standard of service delivery which promotes equal opportunity and challenges discrimination.
Maximise opportunities for action to address Equality through governance structures.
Maintain effective partnership working to maximise the organisations potential to tackle inequality faced by people using or potentially using SHSC services.
Embed principles of Equality, Human Rights, and 'Fairness' through key organisational strategies and delivery frameworks.
Develop excellent practice in all organisational functions in promoting equal opportunity and positive attitudes to people who may experience inequality.
Challenge and prevent unlawful discrimination or harassment of individuals and groups using SHSC or potentially using services due to race, disability, gender, sexual orientation, age, religion or belief.

Appendix 1 - Scheme Action Plan

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
1	**Ensure that the action plan that forms part of this scheme is delivered and produce annual reports on progress**												
	1a	Annual report on progress against three statutory schemes and reporting of employment data is a statutory requirement	SD Gender Disability and Race Equality	JC /LJ	Annual reports published by the end of May each year	Organisation and the public assured of the action that the organisation is taking and the outcomes achieved relevant to equality duties	•	•	•	•	•	•	•
2	**Maximise opportunities for Involvement and Consultation with all relevant groups**												
	2a	Organisational Involvement mechanisms to consider specific needs of people in diverse groups in undertaking activity.	SD Race and disability	KRT/MB	in line with deadlines for consultation policy and services user involvement strategy	Data shows that membership reflects the local population in respect to age, race, gender, disability and sexual orientation. Any barriers have been identified and actioned.	•	•	•	•	•	•	•
	2b	Undertake action to increase numbers of service users from BME communities involved in service user and carer activity.	2,3	KRT/MB	2010	Numbers of service users involved in service user and carer involvement activity.	•						
	2c	Ensure social inclusion outcome pilots include representatives from BME groups.	2,4	TB/LJ	2009	Outcomes for BME groups are measurable.	•						
	2d	Initiatives aimed at measuring and ensuring quality are fully accessible and structured in a way that ensures that all relevant groups are engaged and encouraged to use these.	2,6,9,12	KRT/TB	2010	responses to Quality measurement and review are reflective of the diversity of service users	•	•	•	•	•	•	•

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
	2e	Consider dovetailing of Consultation within Equality Impact assessment and statutory involvement processes where appropriate.	all	KRT/JR	2010	Feedback represents a wide range of views from diverse communities.	•	•	•	•	•	•	•
3	**Mainstream the SHSC Impact assessment process and ensure that these are undertaken to a high standard**												
	3a	Training to be delivered to all staff undertaking business planning. EQIA integrated into business planning and service development processes. EIA incorporated into policy development in an efficient manner.	all	KRT/LJ	in line with business planning targets and policy on policies	Numbers trained. Post training evaluation. Standard of EQIA completed. Numbers of EQIA completed.	•	•	•	•	•	•	•
	3b	Implement IAPT EIS Action Plan	2,3	MCS/TA	2011	EIA complete and action plan in place.	•	•		•		•	
4	**Maximise opportunities for data collection, use this to influence the development of high quality services and challenge actual and potential inequality in service provision and employment.**												
	4a	Develop employment data reporting further in annual report and identify action. Specific action to increase mobility and increase in number of people from BME backgrounds taking up new posts. Focus on data on recruitment to IAPT re achieving access to IAPT.	SD	JC/LJ	annual	Reporting in line with current legislation	•	•	•	•	•	•	•
	4b	Development of an equality data collection monitoring and use policy.	1-12	KRT/XU	2009	Policy in place. All services clear of the responsibilities in respect to collection and use of data relevant to equality.	•	•	•	•	•	•	•
	4c	Implement revised reporting to the Mental Health Partnership Board for Ethnicity reporting.	1-12	GH/LJ	2009	Revised reporting agreement. Better informed planning and review of mental health services	•						

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
	4d	Set up a web based resource providing relevant data and evidence for all equality strands (for staff to reference).	1-12	KT/XU	2009	Resource in place to support equality impact assessment processes	•	•	•	•	•	•	•
	4f	Measure by ethnicity numbers using seclusion. Collect data on rates of compulsory detention and assessment for compulsory detention, and agree year on year action. Collect data on length of stay for people from BME groups and agree year on year action.	1,2,3	KRT/LJ	annual	Data is collected and used to produce annual action plans.	•						
5	**Achieve a high standard of service delivery which promotes equal opportunity and challenges discrimination**												
	5a	Implement the recommendations of the SHSC equality training 'stocktake'.	1-12	JC/LJ	2010	Recommendations have been reviewed and action agreed.	•	•	•	•	•	•	•
	5b	Service users and in particular BME service users and people with mental health conditions involved in the delivery of training.	2,8	KRT/MB	2010	Numbers of service users involved in staff training.	•	•				•	
	5c	Translating and interpreting policy and procedure are completed and implemented.	2,3,6,7	KRT/LJ	2010	Use of interpreting and translation services is accessible and in line with numbers of people using SHSC services.	•	•				•	
	5d	Improve accessibility of information for disabled service users. Undertake a detailed review of the availability of information and advice in a variety of formats. Develop a policy and action plan.	2,3,6,7	KRT/LJ	2009	Review completed and guidance in place and fully accessible to staff.		•				•	
	5e	Accessibility is considered in developing the SHSC external web site.	6,7	lead for web site development	2009	SHSC web site is accessible measured through user evaluation.	•	•				•	

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
	5f	Trainers employed by SHSC have knowledge and awareness of Equality issues. Incorporate action into trust training developments.	2,3,6,7	Training leads /LJ	2010	Trainers are competent in delivering training on an equitable basis and are knowledgeable about equality in training delivery.	•	•	•	•	•	•	•
	5g	All staff to attend a relevant and up to date induction programme on starting employment.	all	JC/JA	ongoing	Induction programme includes the most up to date information and is relevant.	•	•	•	•	•	•	•
	5h	All staff achieve core standard 6 indicators under Agenda for change relevant to their post. Support for service directorates to identify relevant evidence.	all	JC/IH	ongoing	Each service has clear links to support directorates. Each service is able to support staff to achieve Core Standard 6 for each post.			•				
	5i	Develop systems for making information available to managers on Workstep, Access to Work and other services that can assist when making at adjustments under the DDA	6,7	JC/IH	2009	Systems in place and used by staff		•					
	5j	Implement Action plan Identified As A Result Of Involvement In The National Collaborative Project on Violence and abuse	12	RB/TH	2010	Action plan in place.			•				
	5k	Consider the relevant recommendations of research into the experience of people who are lesbian gay or bisexual in relation to mental health services in Sheffield.	new	KRT/XU	2010	Relevant recommendations actioned.				•			
	5l	Staff training and development and or skill mix of teams ensures that all staff have the skills to support people across the age range.	new	CC/ Service Directors	2011	Review of staff training and skill mix indicates objectives achieved						•	
	5m	Develop the links of the chaplaincy service links with community teams.	new	JL/JR	2011	Provision of chaplaincy and support to staff across the service and the care pathway	•	•	•	•	•	•	•

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
	5n	Review name of the chaplaincy services to reflect its function.	new	JL/JR	2009	All references to “Chaplaincy and Spiritual Care” Department.	•						•
	5o	Consult with other chaplaincies to identify best practice in making information available about the service and how best practice is being implemented.	new	JL/JR	2010	Information that users and staff require to be accessible in a range of formats.	•						•
	5p	Review availability of information and prayer /quite rooms in all areas.	new	JL/JR	2010	All areas have appropriate quiet/ prayer space and or resources to meet diverse spiritual needs.	•						•
6	**Maximise opportunities for action to address Equality through governance structures**												
	6a	Agree year on year action at local level as a result of the 'count me in census'.	2,3,6	Service Directors /LJ	annual	Outcomes are defined in action plans and met.	•						
	6b	Cross-reference data on social inclusion by Ethnicity in particular access to settled accommodation and employment - agree local action dependant on findings.	1,2,3	Service Directors /LJ	2010	Data available.	•						
	6c	Undertake the disability standard 2009 and review and update action relevant to disability as a result.	6,7,8	JC/XU	2009	Complete the standard. Review benchmark against similar organisations. Action plan revised and in place.		•					
7	**Maintain effective partnership working to maximise the organisations potential to tackle inequality faced by people using or potentially using SHSC services.**												
	7a	Achieve actions for SHSC identified by the *Delivering Race Equality Mental health Group.*	2,3	JC/LJ	2010	Actions defined in plan relevant to SHSC achieved.	•						
	7b	Complete implementation of the 'EPIC' pilot projects.	2,3	CC/?	2010	Services in place and achieving outcomes.	•						

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
8	**Embed principles of Equality, Human Rights, and 'Fairness' through key organisational strategies and delivery frameworks**												
	8a	Implement Social inclusion and Recovery Strategy.	new 6,7,8	PS/Service Directors	in line with Strategy	Actions linked to strategy implemented	•	•	•	•	•	•	•
	8b	To implement the organisations 'employment strategy'.	6,7,8	PS/JL	in line with Strategy	Actions linked to strategy implemented	•	•					
	8c	Implementation of relevant aspects of the Learning disability BME strategy.	2,3	**TBA**	in line with Strategy	Actions in Strategy relevant to SHSC achieved.	•	•					
	8d	Implement the Dementia Strategy.	new	JH	in line with Strategy	Actions in Strategy Implemented						•	
	8e	Implement actions in the Spirituality Strategy.	new	PS	in line with Strategy	Actions agreed and undertaken							•
9	**Develop excellent practice in all organisational functions in promoting equal opportunity and positive attitudes to people who may experience inequality.**												
	9a	Work with employees who have expressed an interest in developing support mechanisms for staff to consider different types of support mechanism. Develop a plan to implement recommendations.	6,7,8	JC/IH/XU	2009	Proposals considered and action implemented.		•					
	9b	Publicise information about the support that disabled members of staff can expect to receive.	6,7,8	JC/IH	2009	A range of initiatives are in place to support staff and staff confidently disclose disability.		•					
	9c	Undertake a programme of training for SHSC staff to raise awareness of the barriers in service provision, which may face people who are considering or who have undergone gender reassignment.	ensure compliance gender reassignment legislation	KRT/KP/XU	2010	Training implemented and awareness increased. Identification of actions to improve the experience of gender reassignment people using services other than specialist gender reassignment services in the organisation.					•		

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
	9d	Join stonewall champions and develop an action plan as a result of review and benchmarking.		JC/XU	2009	Review benchmark against similar organisations develop action plan with support of Stonewall.				•			
	9e	Set up an LGB staff network.		JC/IH/XU	2009	Network in place and utilised by staff across the organisation.				•			
	9f	SHSC to sign up to Mindful Employer	6,7,8	PS/JL	2009	SHSC can confidently say it is a mindful employer.		•					
10	**Challenge and prevent unlawful discrimination or harassment of individuals and groups using SHSC or potentially using services due to race, disability, gender, sexual orientation, age, religion or belief**												
	10a	Ensure that Equality Impact assessment process cuts across all equality strands		JC/LJ	2009	EIA process covers all relevant groups	•	•	•	•	•	•	•
	10b	Undertake a specific review of employment policies to ensure appropriate support mechanisms are in place for employees who are considering or have undertaken gender reassignment. Establish a process for the transfer of relevant information relating to gender/gender reassignment at the point of recruitment or movements within the organisation.	Ensure organisation does not discriminate against people who have undergone gender reassignment	JC /IH	2009	Policies will be in line with guidance from NHS employers					•		
	10c	Keep under review undertake action in line with relevant NHS guidance on potential gender pay gaps	10,12	JC/ND	ongoing	SHSC operating in line with National guidance			•				

Objective number	Action ref.	Actions	Relevance to Statutory Duties	Owner / Action By Whom	Deadline	Outcome	Race	Disability	Gender	Sexual orientation	reassignmentGender	Age	Religion or belief
	10d	Undertake a review of occupational health's input regarding DDA related issues. Monitor where occupational health and workplace wellbeing input has supported change to support disabled staff and establish how successful these have been.	6,7	JC/IH?	2009	Procedures to support staff who are disabled are in place and effective		•					
	10f	Undertake a review of current arrangements (for allocation of resources to make reasonable adjustments) and make recommendations to SHSC executive.	6,7	JC/IH	2009	Review complete and recommendations actioned.		•					
	10g	Review 'access to –training' policy and procedures.	6,7	JC/ Training leads	2009	Review complete and action plan in place.	•	•	•	•	•	•	•

Appendix 2 - Glossary

Belief	Includes non-religious worldviews such as humanism which are considered to be similar to a religion.
Bisexual	A person who is sexually attracted to people of either sex (man or woman).
BME – Black and Minority Ethnic	People of an origin or country who may or may not be black but are statistically and visibly fewer in number that the majority white population either locally or nationally.
Community Cohesion	The agreed UK definition states that community cohesion is what must happen in all communities to enable different groups of people to get on well together. A key contributor is integration which must happen to enable new residents and existing residents to adjust to one another.
Direct Discrimination	Treating a person less favourably unrelated to the merit, ability or potential of a person or group are used as explicit reasons for discriminating against them.
Disability Discrimination	The Disability Discrimination Act 2005 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long term adverse effect on his or her ability to carry out normal day-to-day activities.
Discrimination	Occurs when an individual or group of people is treated less favourably than others because of factors unrelated to their merit, ability or potential.
Diversity	The difference in values, attitudes, cultural perspective, beliefs, ethnic background, sexual orientations, skills, knowledge and life experiences of each individual in any group of people.
Duty	A mandatory and legal obligation.
EHRC	Equality and Human Rights Commission
Equal Opportunities (1)	The principle of equal treatment of all employees or candidates for employment, trainees or students, irrespective of 'race', religion/ belief or non-belief, gender, age, sexual orientation or disability.
Equal Opportunities (2)	The development of practices that promote the possibility of fair and equal chances for all to develop their full potential, in all aspects of life, and the removal of barriers of discrimination and oppression experienced by certain groups.
Equality (1)	Is not about treating everyone the same. It is about making sure that no one is disadvantaged in getting what they need. Equality is about a fairer society, with people being able to achieve their maximum potential.
Equality (2)	The vision or aim of creating a society free from discrimination, where equality of opportunity is available to individuals and groups, enabling them to live their lives free from discrimination and oppression.
Equality Act 2006	The legislation which legally created the Commission for Equality and Human Rights and introduced the Gender Equality Duty.
Equality Impact Assessment (EQIA)	A detailed and systematic analysis of the potential or actual effects of a policy or practice, provision or criterion to ascertain whether it has a different impact on identifiable groups of people. It is an anticipatory process that allows organisations to predict possible barriers faced by equality target groups. A judgement of adverse

	impact is made if the impact of a policy disadvantages one or more equality target group. Steps then have to be taken to mitigate this adverse or negative impact.
Ethnic Group	A group of people defined by their race, colour, nationality (including citizenship), ethnic or national origins.
Functions	The full range of a public authority's duties and powers including its role as service provider, policy maker and employer.
Gay Man	A man with a sexual orientation towards other men.
Gender	A concept that refers to the social differences between women and men that have been learned are changeable over time and have wide variations both within and between cultures.
Gender Identity	A person's sense of identity is often defined in relation to the categories of male and female. It is important to note that not everybody identifies only with one gender, or may identify with the opposite identity to which they have been biologically born.
Gender Reassignment	A process whereby an individual undertakes medical treatment to enable transsexual people to alter their bodies to match their gender identity.
Gender reassignment	An all encompassing term to cover transsexuals, transvestites and cross-dressers. More specifically it can refer to someone who experiences 'gender dysphoria' between their sexed body and society's construction of gender role. Can also refer to someone who consciously 'plays with' gender/sex role norms. A gender reassignment person may or may not choose to alter their bodies with hormone therapy or surgery.
General Duty (1)	The duty is an obligation given to public authorities and those providing public services, to pay due regard to eliminate sex discrimination and harassment and promote gender, race, age and disability within their policies, services and employment.
General Duty (2)	*The overall duties on public authorities to eliminate sex discrimination and harassment and to promote gender equality in their policies, services and employment.*
Harassment	Unwanted conduct that humiliates, seeks to violate dignity, intimidates or creates an offensive working environment. It can take the form of bullying, unwanted sexual advances, offensive jokes/banter and derogatory remarks.
Hate Crime	An offence committed against another person, with the specific intent to cause harm to that person due to their race, gender, sexual orientation, religion, age, disability or culture.
Hate Incident	Any incident, which may or may not be a criminal offence, but which is perceived by the victim or any other person, as being motivated by prejudice or hate.
Human Rights	The Convention Rights that are set out in Section 1 of the Human Rights Act 1998. This includes the right to life, to be free from torture, inhuman or degrading treatment; to be free from slavery; to liberty; to a fair trial or fair hearing; to respect for your private and family life and your home and correspondence; to respect for freedom of thought, conscience and religion; freedom of expression; freedom of association and assembly; to marry and have a family; to peaceful enjoyment of possessions; not to be denied the right education; free elections and not to be discriminated against in the enjoyment of any of these rights.

Indirect Discrimination (1)	Applying a criterion, provision or practice that disadvantages people of a particular 'racial group', gender, disability, sexual orientation, age or religion/belief or non-belief
Indirect Discrimination (2)	When an apparently neutral criterion is applied to everyone but can only be met by a considerably smaller proportion of people from one group and is to their detriment, which cannot be objectively justified. For example, an unnecessary requirement to be less than 5' 10" would discriminate against men; a requirement to work full-time or refusal to allow flexible working might be unlawful indirect discrimination against women.
Lesbian	A woman with a sexual orientation towards another woman.
LGBT	Acceptable acronym for lesbian, gay, bisexual and transgender.
Monitoring	Both collecting numbers and assessing statistics and also more widely, regular consultation with those affected by a policy to see how well it is working.
Outcome	The changes, benefits or learning which results from what an organisation or project offers or provides.
Policy	The full range of formal and informal decisions made in carrying out a function or delivering a particular service.
Positive Action	The lawful means by which an organisation can take steps that actively encourage particular groups of people into work, education or training. Such encouragement can exclude other groups but this is entirely lawful if the action taken is designed to counteract the historic legacy of discrimination against the encouraged group in question.
Prejudice	Many people have prejudices or a faint dislike of people or groups. However, being prejudiced against a person or persons becomes very serious if that prejudice has an effect on the way that person is treated. Once a prejudicial thought is translated into a deed it becomes an act of discrimination.
Procedure	Any process used to carry out a function or to apply a policy.
Public authority	All bodies whose functions are functions of a public nature.
Racism	Racism is when a person holds beliefs or attitudes that people from a different race, ethnic group or skin colour from themselves is either biologically, intellectually, or physically inferior to themselves.
Religion	Includes majority and minority religions such as Islam, Christianity, Sikhism, Judaism and Zoroastrianism. In order to be protected under the Equality Act 2006, a religion must be recognised as being cogent, serious, cohesive and compatible with human dignity.
Sexual Orientation	The term that indicates sexual attraction to person's of the same, opposite or same and opposite sex.
Specific Duties	A specific obligation that an organisation has to perform.
Specific Duty	Steps that listed organisations have to take to meet the general gender equality duty.
Stakeholders	Any individuals or organisations that have an interest in, or could be affected by a policy. In a school stakeholders would include pupils, teachers, parents, staff, unions, local employers and people who use the school facilities.
Statutory	Something that has been approved by Parliament and that legally has to be done.

Transsexual	Term for a person who feels a consistent and overwhelming desire to fulfil their life as a member of the opposite sex.
Victimisation	An act that victimises or exploits someone.

Appendix 3 – Involvement and Consultation process' consultation on the scheme and how we decided priorities based on evidence and consultation

Disability Equality Involvement and Consultation

In developing the Disability Equality Scheme SHSC considered the involvement of disabled people who have an interest in the way that SHSC carries out its functions as a public organisation. This included people who use our services, carers, staff and. members of the public

The process for involving all of the above groups was:

Obtaining the views of staff and service users through direct and indirect contact

This involved staff and service users utilising discussions with:

- service users and carers from the three main functional areas of the Trust - Mental Health, Older Peoples Mental Health, Learning Disabilities;
- The Mental Health Partnership Network - Voluntary Sector;
- The Joint Consultative Committee of the Trust - Trade Unions;
- gathering views from disabled staff;
- gathering views from managers of services with respect to provision of the service and issues related to disabled staff;
- information gained through direct phone contact;
- an Invitation to be involved through a poster campaign;
- e-mail feedback; and
- attendance at meetings to gain feedback from within SHSC

Holding focus groups to gather information and seek views on information already available

Two focus groups were held, one for staff and one for service users and other people who may use or have an interest in the service:

- the Service Users Focus group was supported by the Patient Experience services within the Trust; and
- the Staff Focus Group was facilitated with the Human Resource Directorate

Seeking information relevant to SHSC's Disability Equality Scheme from partner organisations

Both the Primary Care Trust and the Local Authority are key partners of SHSC. Both organisations agreed to share any relevant findings that would potentially impact on services that may be provided through SHSC. In addition both organisations retain a commitment to work in partnership in involving disabled people in the implementation of their schemes.

The public who may have an interest in SHSC functions

Initial plans involved attendance at local area meetings; however review of minutes of those areas with a high proportion of disabled people indicated that meetings did not offer the opportunity to seek a range of views. In addition involvement from disability organisations was also sought; their availability was limited however by the number of other organisations also seeking their involvement in the development of disability equality schemes. In light of this key action points in the implementation of the SHSC scheme included the need to work jointly wherever possible in involving disabled people in the implementation of the scheme and to ensure that disabled people are fully involved in SHSC structures which support the business of the organisation.

Gender Equality Involvement and Consultation

When the SHSC Gender Equality Scheme26 was being developed SHSC considered how to involve all people who appear to have an interest in the way that the organisation carried out its functions as a public organisation. This process included:

- specific local consultation involving key stakeholders
- consideration of action to gather further information to use in the ongoing development and implementation of the scheme
- engaging with initiatives developed by national programmes with the aim of assisting Trusts in developing their schemes; and
- consideration of the outcomes of relevant consultative events that had taken place in relation to gender equality within the previous 12 months

Obtaining the views of staff and service users through direct and indirect contact

The draft Gender Equality Scheme26 was published on the internet site from the 13th of March 2007 for consultation. This ended on the 10th of April 2007 however comments were considered until mid April. The scheme was specifically sent for comment to all specialist services and to equality leads in Sheffield City Council and Sheffield Primary Care Trust. Information was provided to staff through posters publicising the Gender Equality Duty and by e-mail to all staff. The draft scheme was forwarded to all SHSC board members whose membership included stakeholder organisations, service users and carers, and staff trade union representatives.

A steering group was convened with the aim of overseeing the development of the scheme membership currently included:

- Trade Union Representatives from AMICUS and the RCN;
- Substance Misuse Service;
- Older Peoples Services;
- Estates;
- Patient Experience;
- Equality and Diversity;
- Human Resources;

- Gender reassignment Service;
- Learning Disability Services;
- Recovery Rehabilitation and Specialist Services; and
- Acute and Community Services

Members who were unable to attend steering group meetings during the consultation period were contacted directly. The steering group met on three occasions during the consultation period to develop the scheme and consider consultative feedback.

Reviewing information gathered through consultation exercises undertaken relevant to gender

In June 2006, SHSC undertook an event which focused specifically on organisational progress in relation to mainstreaming gender and women's mental health services. The event was attended by staff, service users and voluntary sector representatives. The aim of the event was to highlight progress and identify priorities for future action in relation to the provision of services to women. The outcome of this event was therefore particularly influential in informing the service objectives identified in the Gender Equality Scheme26.

SHSC were also been involved in initiatives developed through the National Institute for Mental Health England[38] to assist Trusts in production of their Gender Equality Schemes. In the autumn of 2006 SHSC was invited to participate in a survey (by questionnaire) on the provision of mental health services for women. The results of the survey were used to inform development of the Gender Equality Scheme26.

Gender Reassignment

An SHSC representative is involved in Department of Health work on gender reassignment and their views were specifically considered in development of the Gender Equality Scheme26 actions relevant to this area.

Race Equality Involvement and Consultation

Revised actions relevant to race equality have been heavily influenced by the Department of Health Delivering Race Equality[39] action plan. SHSC is a member of a multiagency group focused on developing actions relevant to delivery of these national objectives. A Learning Disability BME strategy is already in place which was developed following local consultation.

Development and Consultation on a Single Equality Scheme

The development of this scheme was overseen and influenced by a project development group that had representation from the following areas:

- adult mental health services;
- Learning Disability Services;
- older peoples services;
- staff side;
- Information Governance;

- Human resources;
- staff Governor;
- service user Governor;
- carer Governor;
- Procurement;
- Patient Experience;
- Transcultural team professional lead;
- Chaplaincy; and
- Senior Nurse representative practice development

We published the draft scheme on our public web site37 from the 13th July 2009 to the 31st of August 2009. We sent copies of the draft scheme to our stakeholders and relevant representative groups which were:

- Sheffield City Council (Neighbourhoods and Community Care);
- Sheffield PCT;
- NHS Sheffield;
- Inclusive Living Sheffield;
- Voluntary Action Sheffield;
- Sheffield Race Equality Council;
- SACHMA;
- SADACCA;
- Community Development Worker Team;
- ISBME (Improving Services to BME Communities);
- Delivering Race Equality Mental Health Group;
- Sheffield Hallam University;
- Sheffield University; and
- we also sought comments from local and regional equality leads, our governors and staff.

The local equality leads cover the following organisations:

- Fire Service;
- Crown Prosecution Service;
- South Yorkshire Police;
- Sheffield City Council;
- Sheffield Teaching Hospitals;
- Sheffield Children's Hospital;
- Sheffield Probation Service;
- Sheffield Hallam University;
- The University of Sheffield;
- Sheffield PCT; and
- NHS Sheffield

Scheme feedback

We received the following feedback on the scheme which has been consolidated however full details are available on request:

Question	Response(S)	Responses received from	Comments
1. Do you have any comments about the objectives in the draft scheme	All feedback on the draft scheme indicated that the scheme appeared comprehensive. There were no amendments or additions suggested to the objectives	Governors Staff Equality leads	1 Organisation did not received a copy of the draft scheme in time to comment – agreement on how to continue to include this organisation in implementation of the scheme has been made
2. Do you have any comments on the draft action plan	There were some comments on the grid used to identify where an action covers a specific equality strand i.e. that the action covers this strand but this has not been indicated in the action plan. Where this was identified the draft was revised. A number of comments were made about inconsistency with and use of abbreviations – these have been rectified in the final scheme. We were asked to consider moving the legislative information to an appendix – we did not do this as it was felt that the document was short and the legislative information was specifically relevant to the scheme. It was noted that there was a discrepancy between paperwork in use in the trust and the information provided in the appendices – the final document rectifies and clarifies this area. We were asked why we had not included Pregnancy and Maternity - marriage and civil partnership	Governors Staff Equality leads PCT Other stakeholders	

	(these are 'protected characteristics' in the Single Equality Bill) we had not included these as when the drafting of the scheme started the Single Equality Bill had not been published however should legislative changes mean that we need to take account of these areas specifically in the future we would plan to amend our scheme accordingly.		
3. Have you any suggestions about things we may have overlooked	**The interface between contractual requirements of commissioners and the objectives of our scheme were discussed – no specific alternations to the scheme were made however review suggests that contract requirements are met through scheme objectives and specifically objective 4.** **We were asked to update the list of impairments noted on page 17 – this has been done in the final paper.**		
4. Other comments	**We received a couple of comments about the image used in our draft paper people felt that this was not representative – this has been rectified in the final paper.** **We received a query regarding how we would meet the needs of people from small BME communities – we looked into the specific issue raised and plan to send a specific response in this case.** **Some minor amendments to the information about Trust functions suggested.**		

Appendix 4 - Equality Impact Assessment Format and Guidance

The information in these appendices describes our guidance and procedures for undertaking equality impact assessment.

SHSC GUIDANCE ON COMPLETION OF AN EQUALITY IMPACT ASSESSMENT

Background

SHSC (The Trust) is a public authority and as such it is legally required to undertake Equality Impact Assessments (EQIA) on its key functions in the areas of Race, Disability and Gender Equality. As the Trust has adopted the principle of a Single Equality Scheme this guidance is framed so that the EQIA is undertaken taking account of the seven equality strands (Race, Disability, Gender, Sexual Orientation, Gender reassignment, Age, Religion or Belief).

The purpose of an Equality Impact Assessment (EQIA) is to improve the work of SHSC by making sure it does not discriminate and that, where possible, it promotes equality. An EQIA is a way to make sure that when policy decisions are being made or operational policies are being developed that these are carefully considered for their impact on equality and that informed action to improve strategies, policies and projects, is undertaken where this is appropriate. Carrying out an assessment means that as far as possible, any negative consequences of a strategy, policy or project are eliminated or minimised and opportunities for promoting equality are maximised.

Introduction

This guidance relates to policies in their widest context and is aimed at providing guidance and information to any person who has a **lead responsibility** for policy development. The **process** for undertaking EQIA is incorporated into two main policies and their related procedures:

- Operational Policies; and
- development of business or service development plans which involve 'policy' decisions

The Service Development Directorate Patient Experience, Inclusion and Diversity (PEID) team can provide:

- advice and support on the process and paperwork used when undertaking impact assessments;
- information about how to access and use data and other relevant information; and
- advice and support when undertaking consultation as part of the process of EQIA

The lead responsibility for undertaking an assessment lies with the person who is developing the policy or leading the process of business planning, service development or review.

When Should an Equality Impact Assessment be undertaken?

- all operational policies must have an impact assessment - the Policy on Policies provides a detailed flow chart which identifies the stages at which this should take place;
- impact assessments should also be undertaken as part of the service change process, an initial screening should be completed once a preferred option has been identified. If a full impact assessment is indicated then this must be carried out, including consultation, and be presented in the full business case. If the EQIA shows that the service change will have an impact then any actions identified against this must be demonstrated within the business plan;
- any proposals going through the Executive Management Group or other governance groups should have as **a minimum a stage 1** Impact Assessment completed and attached to the proposal.

The Impact Assessment Process

This is outlined in the following flow chart. There are two stages to undertaking an EQIA:

Stage 1 – Initial screening

Initial screening involves careful consideration of the reasons for the policy and an exploration of any information available or accessible that may be relevant. The type of information that may be collected is listed in Appendix 6 on page 58. The flowchart following shows the process that needs to be worked through to complete stage 1. At the end of stage 1 a decision is made by the person with lead responsibility for the policy as to whether a full EQIA is needed. This decision will be based on whether a policy is likely to have a medium to high negative impact on any of the six relevant groups.

The Initial Screening pro forma which is found in Appendix 5 on page 56 must be completed and sent to the PEID team – the assessment will be reviewed and signed off by the team and then published.

Stage 2 – Full EQIA

A full EQIA is only required where a policy will have a medium or high potential negative impact on any of the six equality groups. This impact may be intentional or unintentional. In some cases a policy may lead to inequality but this may be justified by the aims and objectives of the policy or the strategic aims of the organisation. If this is the case then the person responsible for the policy will have to consider this point carefully, taking legal advice if necessary particularly if the policy leads to direct or indirect discrimination against another group.

How Is A Full EQIA Undertaken?

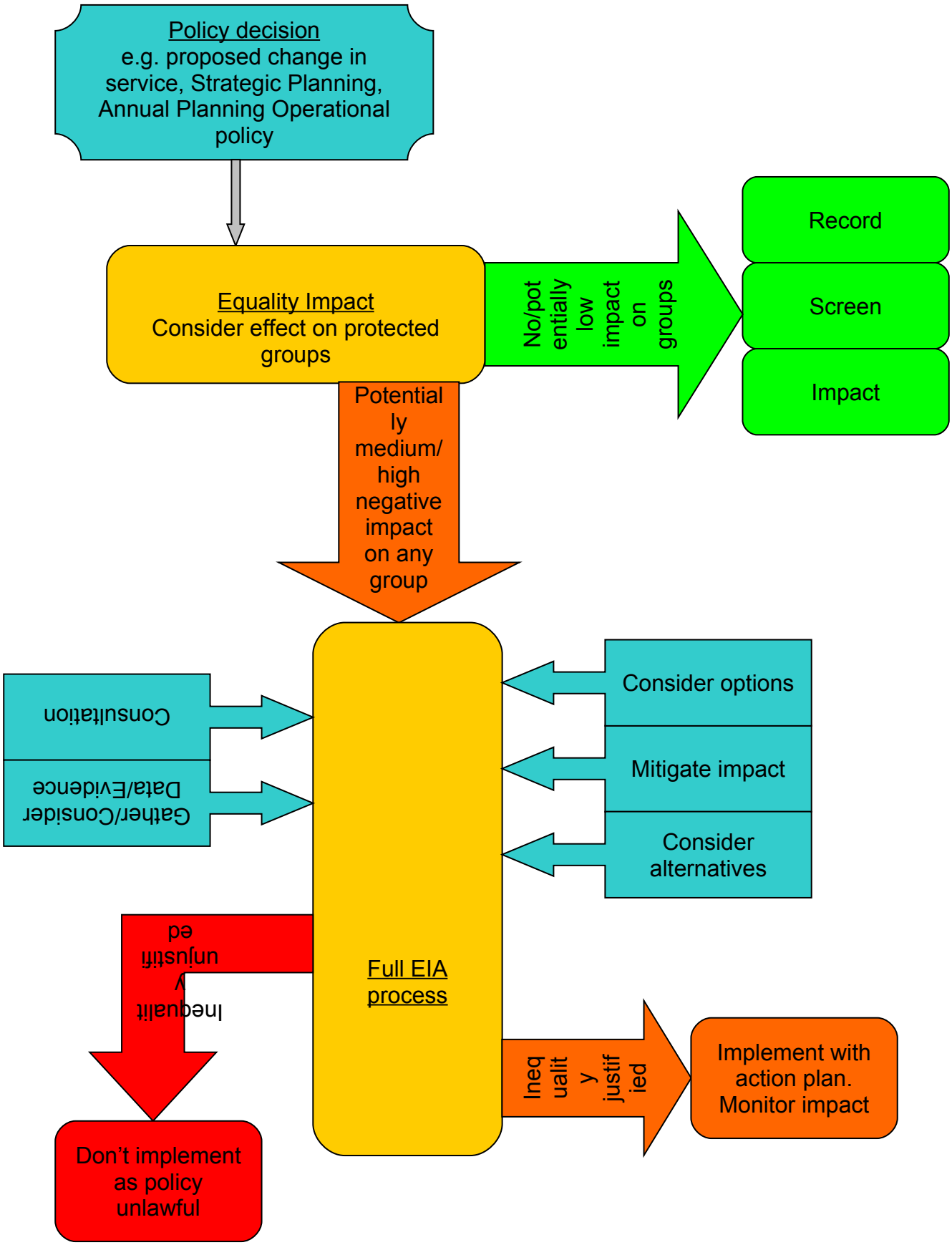
The following flow chart outlines this process. A full EQIA will be considered by the relevant group and signed off by that group. The completed EQIA report will be forwarded to PEID by the person responsible for the policy. PEID will then publish the EQIA.

If a policy is unlawful due to direct or indirect discrimination then it cannot be implemented unless the policy can be changed to address this.

What about positive Impacts?

When a policy is being developed an EQIA is a helpful process in ensuring that any positive impact for a particular group is maximised. The lead for the policy is asked to consider this as part of the initial screening process.

Equality Impact Process -
Improving services, challenging inequality



APPENDIX 5 – EQUALITY IMPACT ASSESSMENT OF POLICY DECISIONS

Sheffield Health and Social Care NHS
NHS Foundation Trust

Pro – Forma for SHSC Equality Impact Assessment
For Review of Functions Policies or Projects

STAGE 1 ASSESSMENT PRO FORMA AND EQUALITY IMPACT GRID

Date Assessment completed .....

Name of Policy / Function/ Project (please delete as appropriate) .....

REF No (Policy) .....

Directorate .....

Applies to the following service area .....

Lead for Assessment .....

Other persons directly involved in undertaking this assessment .....

.....

PART ONE

Please complete the relevant sections of this page.

Overall aim of Policy / Function/ Project:
Who is intended to benefit from this Policy / Function / Project:
What are the intended outcomes of this Project / Review of Function

Are there any other Policies, Functions, Project, or initiatives that this Policy / Function / Project will have implications for?
Have you considered available relevant data when developing this Policy / Function / Project? (see appendix one)

	Negative Impact – It could potentially Disadvantage	Positive Impact – It could potentially Advantage	Reason / Evidence
RACE			
° Groups to consider	° Asian – Asian British ° Black – Black British ° Chinese	° People of mixed race ° White people including Irish people	
GENDER			
Groups to consider	° Male ° Female ° Transgender		
DISABILITY			
The Disability Discrimination Act 1995 defines disability as *'a physical or mental impairment which has a substantial and long-term effect on a persons ability to carry out normal day-to-day activities'.*			
SEXUAL ORIENTATION			

Groups to consider	° Lesbians ° Gay men ° People who are Bisexual		
AGE			
RELIGION OR BELIEF			
Groups to consider	° Religious groups cover a wide range, the most common of which are: Muslims, Buddhists, Jews, Christians,	Sikhs, Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.	

If you have identified that there may be a negative impact for any of the groups above is the negative impact:

INTENDED? YES ☐ No ☐

LEGAL? YES ☐ No ☐ Don't know ☐ → **Take legal advice and address legality of the policy**

(I.e. does it breach antidiscrimination legislation either directly or indirectly?)

Level of Impact HIGH ☐ → **Complete a full Impact Assessment**

……MEDIUM ☐ → **Complete a full Impact Assessment**

……LOW ☐ → **Consider areas 1 below**

1. Can the low negative impact be removed?

If you have not identified a negative impact ….

2. Can any Positive impact be improved?

3. If there is no evidence that the policy promotes equality and equal opportunity or improves relations with any of the above groups, could the policy be developed or changed so that it does?

Having considered the assessment is any specific action required - Please outline this using the pro forma action plan

(The lead for the policy is responsible for putting mechanisms in place to ensure that the proposed action is undertaken)

STAGE 1 COMPLETED BY ……

SIGNATURE ……

Stage 1 EQIA received by Patient Experience and Equality Team ……

Stage 1 outcome agreed

Signed ……

(Head of Patient Experience and Equality)

Stage 1 Outcome needs review (Date is)

Returned to lead (Date) ……

Signed ……

If a full EQIA is required the stage 1 assessment form should be retained and a completed EQIA report submitted to the relevant governance group for agreement by the chair. The chair will forward the completed reports to the Patient Experience and Equality team for publication.

APPENDIX 6 – EQUALITY IMPACT ASSESSMENT OF OPERATIONAL POLICY

Supplementary Section A - Stage One Equality Impact Assessment Form

Please refer back to section 6.5 for additional information

1. Have you identified any areas where implementation of this policy would impact upon any of the categories below? If so, please give details of the evidence you have for this.

Grounds / Area of impact	People / Issues to consider	Type of impact		Description of impact and reason / evidence
		Negative (it could disadvantage)	Positive (it could advantage)	
Race	People from various racial groups (e.g. contained within the census)			
Gender	Male, Female or transsexual/transgender. Also consider caring, parenting responsibilities, flexible working and equal pay concerns			
Disability	The Disability Discrimination Act 1995 defines disability as *'a physical or mental impairment which has a substantial and long-term effect on a persons ability to carry out normal day-to-day activities'*. This includes sensory impairment. Disabilities may be visible or non visible			
Sexual Orientation	Lesbians, gay men, people who are bisexual			
Age	Children, young, old and middle aged people			
Religion or belief	People who have religious beliefs, are atheist or agnostic or have a philosophical belief that affects their view of the world. Consider faith categories individually and collectively when considering possible positive and negative impacts.			

2. If you have identified that there may be a negative impact for any of the groups above please complete questions 2a-2e below.

2a. The negative impact identified is intended ☐ OR 2b. The negative impact identified not intended ☐

2c. The negative impact identified is legal ☐ OR 2d. The negative impact identified is illegal ☐ OR (see 2e)
(i.e. does it breach antidiscrimination legislation either directly or indirectly?)

2e. I don't know whether the negative impact identified is legal or not ☐
(If unsure you must take legal advice to ascertain the legality of the policy)

3. What is the level of impact?

☐ HIGH - complete a FULL Impact Assessment (see end of this form for details of how to do this)

☐ MEDIUM - complete a FULL Impact Assessment (see end of this form for details of how to do this)

☐ LOW - consider questions 4-6 below

4. Can any low level negative impacts be removed (if so, give details of which ones and how)

5. If you have not identified any negative impacts, can any of the positive impacts be improved? (if so, give details of which ones and how)

6. If there is no evidence that the policy promotes equality and equal opportunity or improves relations with any of the above groups, could the policy be developed or changed so that it does?

7. Having considered the assessment, is any specific action required - Please outline this using the pro forma action plan below
(The lead for the policy is responsible for putting mechanisms in place to ensure that the proposed action is undertaken)

Issue	Action proposed	Lead	Deadline

8. Lead person Declaration

8a. Stage One assessment completed by: ……. ……..(name) ……..(signature) ……..(date)

8b. Stage One assessment form received by Patient experience and Equality Team ……..(date)

8c. Stage One assessment outcome agreed ☐ ……..*(sign here)*…… (Head of Patient Experience and Equality)
OR ……. ……. (date agreed)

8d. Stage One assessment outcome need review ☐ ……. ……*(sign here)*…… (Head of Patient Experience and Equality)
……. (date returned to policy lead for amendment)

(if review required – please give details in text box below)

If a full EQIA is required the stage 1 assessment form should be retained and a completed EQIA report submitted to the relevant governance group for agreement by the Chair. The Chair will forward the completed reports to the Patient Experience and Equality team for publication.

Any questions relating to the completion of this form should be directed to the Head of Patient Experience and Equality.

Appendix 7 – Human Rights Act Assessment Form

Supplementary Section B - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a persons Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site http://www.shsc.nhs.uk/humanrights-273.asp (relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including caselaw) or policy?

☐ Yes. No further action needed.
☐ No. Work through the flow diagram over the page and then answer questions 2 and 3 below.

2. On completion of flow diagram – is further action needed?

☐ No, no further action needed.
☐ Yes, go to question 3

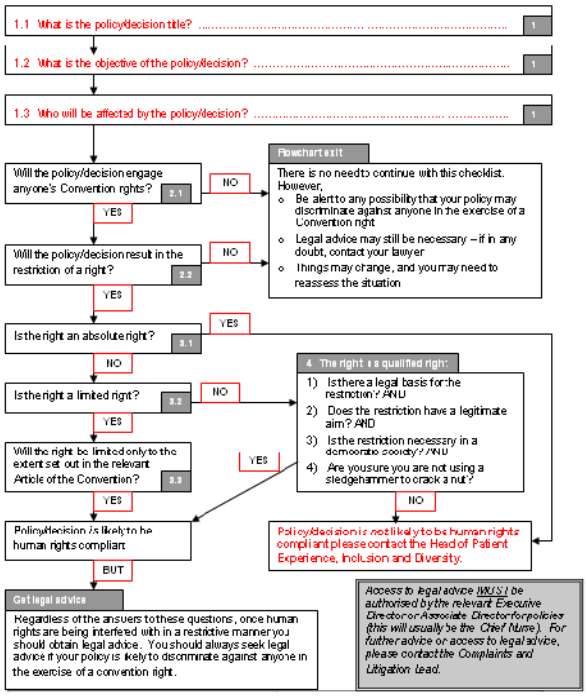
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



[1] Available from http://www.shsc.nhs.uk/strategygroup-240.asp
[2] See http://www.statistics.gov.uk/census2001/profiles/00CG.asp
[3] See http://www.sheffield.gov.uk/your-city-council/sheffield-facts-figures/population-information
[4] http://www.sheffieldchildrens.nhs.uk/
[5] Derived from http://www.sheffield.gov.uk/EasySite/lib/serveDocument.asp?doc=98557&pgid=112081
[6] Derived from http://www.sheffield.gov.uk/EasySite/lib/serveDocument.asp?doc=98686&pgid=112165
[7] Derived from http://www.statistics.gov.uk/census2001/profiles/00CG.asp
[8] See http://www.disabilitystandard.com/
[9] See http://www.stonewall.org.uk/workplace/1447.asp
[10] http://www.sheffield.nhs.uk/
[11] http://www.shsrc.nhs.uk/
[12] http://www.sheffield.ac.uk/
[13] http://www.shu.ac.uk/
[14] See http://www.equalities.gov.uk/docs/impactassessmentprogress.doc
[15] page 8 of http://www.sheffieldfirst.org.uk/EasySite/lib/serveDocument.asp?doc=155014&pgid=153033
[16] http://www.health.org.uk/
[17] See http://www.drc.org.uk/citizenship/howtouse/socialmodel/index.asp
[18] South Essex Service User Research Group (SE-SURG), Secker J and Gelling L (2006) Still dreaming: Service users' employment, education and training goals. Journal of Mental Health. Vol 15, No 1, pp103-111.
[19] At http://www.shsc.nhs.uk/files/DES_-_Final.pdf
[20] http://www.shsc.nhs.uk/files/annual-reports/shsc-annual-report-2007-8.pdf
[21] http://www.direct.gov.uk/en/DisabledPeople/Employmentsupport/LookingForWork/DG_4000314
[22] http://www.cesi.org.uk/subscriptions/news/111108_psa.htm
[23] http://www.sheffieldfirst.net/EasySite/lib/serveDocument.asp?doc=142619&pgid=92464
[24] http://www.csip.org.uk/
[25] See http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4072067
[26] http://www.shsc.nhs.uk/files/GES/ges2007%281%29.pdf
[27] See http://www.mhact.csip.org.uk/our-work/specialist-mental-health-services/implementation-of-violence-and-abuse-mental-health-policy.html
[28] See http://www.shsc.nhs.uk/services-335.asp
[29] http://help.northwest.nhs.uk/library/item/159
[30] National survey sexual attitudes and lifestyle (2000) http://www.natcen.ac.uk/
[31] See http://www.shsc.nhs.uk/files/Diversity/SWEPT_UNDER_THE_CARPET.doc
[32] Mental disorders, suicide and deliberate self harm in lesbian, gay and bisexual people – a systematic review (2008) CSIP/NIMHE
[33] See http://www.publichealthsheffield2006.nhs.uk/equality/
[34] Mental health and social wellbeing of gay men, lesbians and bisexuals living in England and Wales (2003)
[35] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_099858.pdf
[36] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093132.pdf
[37] http://www.shsc.nhs.uk/
[38] http://www.nmhdu.org.uk/
[39] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4100773