Health Inequalities Impact Assessment
An approach to fair and effective policy making

Guidance, tools and templates
Acknowledgements

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Dr Margaret Douglas, Public Health Consultant, NHS Lothian and Chair of Scottish HIA Network and Dr Susie Palmer, Corporate Policy Officer, Glasgow City Council and Project Manager of the pilot that informed this version of guidance.

We would also like to thank the work of the pilot steering group who sponsored the development of this guidance:

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Foreword

Impact assessment is a key way in which we analyse and ensure the effectiveness and fairness of the policy decisions we make. Recognising the potential for policies to have unintended consequences, both on other areas of policy and on different groups in the population, and taking actions to mitigate these, is an essential skill for decision makers. I welcome the launch of the Health Inequalities Impact Assessment tool as a way of supporting people not only to mitigate potential negative impacts, but also to enhance the positive intentions of a proposed policy.

The launch of the Health Inequalities Impact Assessment tool follows a project to pilot the approach in Scottish Government Health Directorates and NHS Boards. The project was set up to address two Scottish Government commitments: the requirement to carry out robust Equality Impact Assessments of policies, programmes and functions; and the commitment in Equally Well to develop integrated impact assessment with a strong focus on health inequalities. Combining these strategic commitments, along with the duties set out in the Equality Act (2010) and the requirements of the Human Rights Act (1998), has led to the creation of a robust, yet proportionate, integrated impact assessment tool.

I am proud of the role that Scottish Government Health Directorates and NHS Boards have had in developing the tool and the resources that support it. This reflects the focus on Equity that sits at the heart of the Quality Strategy, as well as the requirement for a consistently high standard of impact assessment to ensure we deliver on the Quality Ambitions. In particular, by including a consideration of human rights, we have the opportunity to consider both the needs of particular groups who may be at a disadvantage, but also the needs of individuals, central to our ambitions for a person-centred NHS.

However, I am also clear that this is not simply a tool for the health sector. Equally Well makes clear the wide range of policies and sectors that contribute to reducing health inequalities and improving health outcomes. This tool will be a helpful resource to aid the consideration of health in policies across the Scottish Government.

The Health Inequalities Impact Assessment tool offers colleagues across the Scottish Government and its delivery partners a tried and tested approach to fulfilling our statutory and moral obligations to good decision making. I commend it to you.

Derek Feeley
Director General Health & Social Care and Chief Executive NHS Scotland
1. Introduction

Most policies have wider impacts beyond their intended outcomes, and may also impact differentially on different groups in the population. Impact assessment is a tool that helps policy makers to think through how a new or existing policy can affect people, in both a positive and less positive way. While the intentions behind a policy (or service) may be to impact on people positively, it will seldom have the same affect on everyone. People are different and policies (and services) affect people in different ways.

As well as being a good policy-making tool, impact assessment is one way to ensure that public bodies are meeting the public sector equality duty.

This duty is part of the UK Government’s Equality Act 2010 and came into force on 5 April 2011. It requires that people are not discriminated against on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief (including lack of belief), sex or sexual orientation. Importantly, it requires public authorities to consider and take action to advance equality of opportunity for people from these ‘protected characteristics’. In addition, all public authorities must act in accordance with the Human Rights Act 1998 and impact assessment can support consideration of a human rights based approach to policy making.

Equally Well, the report of the Ministerial Task Force on Health Inequalities, recommended the use of integrated impact assessment that also considers wider health inequalities. The Health Inequalities Impact Assessment (HIIA) approach was developed in response to this, integrating an approach to impact assessment covering health, equality and human rights issues and considering impacts on a wide range of population groups.

NHS Health Scotland’s Quality Strategy reaffirms the importance of assessing the impact of policies and services in order to tackle inequalities. All programmes, initiatives and interventions pursued to support achievement of the 3 Quality Ambitions (Effective; Safe; Person-centred) are to be impact assessed using this integrated approach to impact assessment.

This approach to impact assessment aims to improve policy making through a creative and systematic process that gives a broader perspective on issues and considers wider population groups – beyond those considered for a typical equality impact assessment (EQIA) – and a broad range of impacts. This process should be proportionate but still provide helpful and robust information to support decision making.

It seeks to define the likely positive and negative health, equality and human rights impacts of a policy (including unintended impacts) and the population groups who will bear them. The assessment considers impacts on equalities

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groups and other potentially affected populations. Impacts on disadvantaged groups, who already suffer poorer health, are particularly important.

These assessments will provide the information and evidence needed to bring together the impacts of the policy and a set of recommendations to mitigate negative, and enhance positive, impacts.

Throughout the assessment, ‘health’ is not restricted to medical conditions but includes the wide range of influences on people’s wellbeing including, but not limited to, issues like experience of discrimination, access to transport, education, housing quality and employment.

This publication provides brief guidance to support those doing health inequalities impact assessments. It is recognised that organisations will have developed different approaches, support and governance arrangements to carry out impact assessment. It is recommended, however, that the assessment should be led by the individual responsible for the policy or proposal and, as appropriate, involve an equalities lead, analyst or researcher, and others with an interest in the policy area. The work done should be proportionate to the scope and scale of the policy.

Impact assessment can be a powerful lever for change and improvement in policy and service development. To maximise this, however, it should be completed in order to inform decisions about the preferred policy option and/or allow changes to be made. Information to inform the assessment should therefore be gathered in parallel with the development of the policy or service.

This guidance is intended to support those involved in carrying out a health inequalities impact assessment. It includes the steps involved in the process, providing guidance on each stage, and includes checklists, issues to consider, templates to support the write up and guidance for facilitators and scribes. NHS Health Scotland’s Equality Team will review and revise the guidance pack regularly to keep it up to date and helpful to those undertaking a health inequalities impact assessment.
2. Impact assessment steps

The process of the impact assessment is summarised below. Each step is described in further detail over the following pages.

- Establish small steering group for the work
- Define rationale and aims of policy
- Scoping workshop to identify affected populations and potential impacts
- Post-scoping meeting to prioritise impacts and identify evidence needed
- Appraisal of impacts: gather evidence needed to assess impacts and inform any changes to the policy
- Make recommendations
- Draft report
- Sign off

3. Establish steering group

It is helpful to have a small group leading the assessment. This may be a group that is already in existence to lead development of the policy, or a small group of 2–3 people may be established to do the impact assessment. It is helpful to include in this group the policy lead, an Equality and Diversity lead and an analyst or researcher.

When to do the assessment

The group should decide when to do the assessment. In general it should be done at an early enough stage in policy development to be useful to inform policy making, but not so early that direction of policy is unclear. In some cases it may be appropriate to do the scoping workshop early and revisit the evidence as the policy develops.
4. Define rationale and aims of policy

What will change as a result of the policy?

The first stage of the impact assessment is to state what is likely to change as a result of the policy. This involves drafting a short statement of the rationale and aims of the policy and a description of what will change.

Example

The Research Commissioning process is an important part of NHS Health Scotland activities. NHS Health Scotland commissions various types of research to inform the direction and development of their health improvement activities and subsequent evaluations.

The Research Commissioning Team manages and supports the commissioning of all research contracts within NHS Health Scotland, using a robust and transparent procedure. In accordance with information governance and procurement regulations, standard processes and supporting templates are used in the awarding of each contract.

Options to be assessed

All reasonable policy options being considered should be defined, including a ‘do nothing’ option, which will form the baseline for comparison.

These statements will be circulated to participants before the scoping workshop and form the first section of the subsequent report.

5. Scoping workshop

The next stage is to identify the affected populations and areas of potential impact on people’s health and wellbeing, including specific equality and human rights impacts. A quick and useful way to identify potential impacts is to hold a meeting or workshop of a small number of relevant stakeholders and go through the checklist in Appendix 1.

The steering group is responsible for planning the scoping workshop, arranging the venue, inviting stakeholders and briefing the facilitator in advance.
Facilitation

It is most helpful to identify a facilitator for the workshop. This may be the local Equality and Diversity lead or an alternative person who will be able to lead participants through the checklist. Contact the NHS Heath Scotland Equality Team if you require support in this area.

The facilitator’s role is to:

• lead the group through the checklist
• ensure everyone is able to participate and conversation is not dominated by one or two individuals
• challenge the group if they skip over potential impacts
• summarise the key impacts at the end
• ensure a comprehensive report of the discussion is prepared.

Detailed guidance for facilitators is provided in Appendix 2. You may also find it helpful to identify a scribe to take detailed notes of the discussion and to help the facilitator keep to time. If there is no scribe, the facilitator will need to undertake these tasks. A template for scribes to use to capture points made during the workshop is provided in Appendix 3.

Who to invite to the workshop

Scoping workshop participants are usually professional stakeholders (either internal or external to the organisation). Experience suggests that the most successful workshops have 8–15 people with varied perspectives on the policy and/or who understand the needs of potentially affected communities. It is essential that all participants have sufficient knowledge of the policy area and the proposals to be able to discuss potential impacts meaningfully. Participants should therefore be sent a clear summary of the proposed policy and policy options in advance of the workshop.

Practical arrangements

Scoping workshops usually take 2½–3 hours including some time to discuss the policy at the beginning so that all participants have a good understanding of it. The workshop just needs a room large enough for the number of participants and a flip chart. You may want to have a formal presentation about the policy but often an informal discussion is more helpful.

At the workshop

Detailed guidance for facilitating the workshops is given in Appendix 2. The group will go through the checklist in Appendix 1. It includes prompts to address the questions:

• **Who will be affected by the policy?** The assessment should identify differential impacts on the health of different groups of the population. To do this you should identify all the groups that may be affected by the
policy – both the intended target groups for the policy and any others who may be affected unintentionally. The checklist has a list of potentially vulnerable populations and asks you to identify any ways these groups could be affected differentially.

- **What impacts could there be?** At this scoping stage, the aim is to identify ‘potential’ impacts on health, wellbeing and human rights that will be considered further during the assessment. The checklist includes a list of known ‘determinants’ of people’s health and wellbeing. These are things that are known to be associated with good or bad health outcomes. Most policies will not influence health directly but through these determinants. Not all of these will be relevant to each policy. In the scoping meeting the list is used as prompts to help the group identify the main issues to consider further. Appendix 6 contains further information on the relevance of each of these determinants for health, and some things that may influence them. The checklist also contains articles from the European Convention of Human Rights as prompts to identify ways the policy may either breach or promote human rights.

**Definition: differential impact**

Policies and services will affect population groups in different ways: this is known as ‘differential impact’. This could be negative – creating a disadvantage – positive, or neutral.

Example: A health board’s Communications Department has been asked to make efficiency savings of 15%. The department decides to make cuts to the language interpreting services it provides as they are the most costly, but to keep its British Sign Language (BSL) services as they are less costly.

A consultation and an equality impact assessment were carried out regarding the proposed change. During this process, concerns were identified that the proposed decision would have a differential impact on different groups of people, in particular black and minority ethnic (BME) patients and carers.

During the discussion there may be some repetition: for example, the same impacts may affect several population groups or one underlying issue may cause impacts on several determinants. The discussion should seek to include all relevant issues rather than excluding them. But after going through all the points on the checklist, the group should summarise and agree the key areas of impact that have been identified. For each key area of impact, associated key research or policy questions (and potential evidence sources to address these questions) should also be considered by the group, time permitting. Research/policy questions and consideration of potential evidence sources will be further developed during the next phase of the assessment.
Report of the scoping workshop

The output of the scoping workshop is a report with details of the impacts discussed at the workshop and a summary of the key impacts identified. Any tentative recommendations suggested at the workshop may also be recorded. It should be agreed who will draft the report from the scoping workshop, either the facilitator, scribe or the policy lead, and approve it prior to further circulation to workshop participants. The aim of scoping is to identify ‘potential’ impacts that may or may not arise as a result of the policy. The report of the scoping workshop should make this clear. It should also make clear that any recommendations are tentative. A template for reporting on scoping workshops is provided in Appendix 4.

6. Prioritisation of impacts

The steering group should meet following receipt of the report of the scoping workshop. The aims of this meeting are to:

- prioritise the impacts identified at the workshop
- decide what further evidence is needed in order to determine how significant impacts are, and/or to inform any changes to the policy.

The group should go through the summary of key impacts listed in the report of the workshop and decide on their level of priority. High priority impacts are those that are thought likely to be significant (as defined below) and which suggest that there may need to be amendments to the policy to prevent or mitigate negative impacts or enhance positive ones. The group will need to use its judgement to determine priority impacts, but if the scoping workshop suggests potential discrimination ‘because of protected characteristics’ (see Appendix 5), this should always merit further appraisal. You may find it useful to use the matrix of impacts in Section 7 below to complete the prioritisation exercise.

Impacts may be judged ‘significant’ if they:

- are likely to apply to a large number of people
- apply to a particularly vulnerable group of people
- have potentially severe negative impacts for a population group
- have large potential for additional positive effects.

For each priority impact, the group should decide what research or policy questions need to be examined during the appraisal phase to inform any changes to the policy. The questions may include, for example:

- How many people – in different population groups – are targeted by the policy?
- How many people – in different population groups – may bear any unintended consequences of the policy?
• How will different groups of people be affected by the policy?
• What value do different groups of people place on these impacts?
• What is the evidence that the suggested intended or unintended impacts will arise?
• What is the evidence of ways to prevent or mitigate negative impacts?
• What is the evidence of ways to enhance positive impacts?

For some of the impacts it may be decided that no further evidence is required. This may be because the evidence has already been gathered as part of policy development, or because changes to the policy that would improve the impacts are already apparent.

Having identified the questions to be answered, the group should identify the kinds of evidence needed to answer them. Further information about kinds of evidence is given below. The appraisal phase of the impact assessment then focuses on answering these questions. The group should apply its judgement throughout the assessment to ensure the work is proportionate to the impacts identified.

7. Appraisal of impacts

The appraisal stage involves collecting the evidence to answer the questions about the priority impacts. This should provide information to help determine how significant impacts are and inform changes to the policy. It might be that evidence does not exist at the current time as in many cases there are gaps in our information, evidence and data collection methods in order to understand the impacts on particular groups. However, this should not deter you from asking the question as it may lead to an action to address the gap.

All the work done should be proportionate to the significance of the potential impacts. You should avoid collecting large volumes of data that is not going to increase understanding of the impacts of the policy.

The kinds of evidence sources will depend on the questions to be answered. Some suggested sources of evidence for different kinds of questions are given below.
### Sources of evidence

<table>
<thead>
<tr>
<th>Questions</th>
<th>Potential evidence sources</th>
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| • How many people – in different population groups – are targeted by the policy? | **Routinely collected data**: for example, data on service users, workforce data etc.  
**Survey data**: for example, there may be surveys of the proportion of people in different equality groups who will need the service that is the subject of the policy. |
| • How many people – in different population groups – may bear any unintended consequences of the policy? | **Consultation findings**: Formal and informal consultation may give insights into how different groups of people may respond to the policy, any barriers they may face in benefiting from the policy, and the value they place on different impacts. This may involve including specific questions in a formal consultation on the policy; informal consultation with stakeholders; or using information gathered in previous consultation exercises.  
**Previous research**: there may be previous research on people’s views of similar policies. |
| • How will different groups of people be affected by the policy?  
• What value do different groups of people place on these impacts? | **Previous research**: Published literature may provide information on findings of research on the impacts of similar proposals, and give evidence for links between the proposal and health.  
The ‘Key issues to consider’ document (Appendix 6) includes some possible sources. |
| • What is the evidence that the suggested intended or unintended impacts will arise?  
• What is the evidence of ways to prevent or mitigate impacts that are negative?  
• What is the evidence of ways to enhance positive impacts? |                                                                                                           |
Using the evidence

The evidence sources should be used critically to allow you to describe the impacts and complete the matrix below as part of the final report (Appendix 7).

Impacts in another setting or location may differ from those that arise in Scotland so it is important to consider the relevance of research evidence to a Scottish context.

It is helpful to have an estimate of the number of people likely to bear impacts. This may be done by applying estimates from the literature to the affected populations. When doing this it is important to note in the report that vulnerable populations often bear adverse impacts disproportionately.

Often there is a lack of research evidence about the links between a proposal and health, although there may be plausible theoretical grounds to expect an impact. In other cases, there is good evidence for parts of a causal chain but not for other links in the chain. For example, an assessment of a policy on public parks may note that there is strong evidence of an association between regular walking and health, and less strong but suggestive evidence of a link between park design and walking. In these cases, poor or insufficient evidence should not be confused with evidence of no effect. But the assessment should make clear the strength of the evidence for the impacts.

Presentation of the findings

In presenting the evidence in the final report, you should summarise the impacts in a matrix like the one on p.14 and also describe the impacts and how they are expected to arise.
Matrix of impacts

Use the matrix of impacts (template in Appendix 7) to summarise the priority impacts of the policy. The impacts in the first column should be defined in terms of people’s health or wellbeing.

The matrix should be completed for each of the policy options being considered.

Impacts Matrix
Option: ____________________________________________

<table>
<thead>
<tr>
<th>Impacts Matrix Option:</th>
<th>Positive/ negative</th>
<th>Affected populations</th>
<th>Likelihood definite/probable/possible/speculative</th>
<th>Severity major/moderate/minor</th>
<th>Number of people affected</th>
<th>Other comments</th>
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How will each impact arise?

Use narrative and/or diagrams to explain the links between the policy and the impacts identified in the matrix. Refer to the evidence to justify your descriptions. Comment on how these impacts will be borne by different groups of people. It is also important to consider how the policy can promote equality of opportunity for particular groups as well as identifying and addressing negative impacts. For potential adverse impacts on human rights, the process below should also be followed.
Additional considerations for human rights impacts

1. What are the rights at stake?

For any human rights potentially at stake, identify whether they are absolute, limited or qualified (see definitions below).

<table>
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<tr>
<th>Hierarchy of convention rights</th>
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<tr>
<td><strong>Absolute rights</strong>: You must ensure the proposal will not adversely impact on absolute rights such as the right to life or to freedom from degrading treatment. This may require remedial measures or amendments to the proposal.</td>
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<tr>
<td><strong>Limited rights</strong>: If the proposal may impact on a limited right, such as the right to liberty, you must ensure this is in accordance with the specific, defined exceptions in the Human Rights Act.</td>
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<tr>
<td><strong>Qualified rights</strong>: If the proposal may impact on a qualified right, such as the right to private and family life, you must ensure that any interference with the right has a legal basis, is in pursuit of a legitimate aim, and is necessary and proportionate.</td>
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2. What is the interference or limitation with the right?

Consider the following:

- Whether those rights are being interfered with?
- If that is the case, can they be legitimately interfered with, i.e. is/are the right/s involved qualified/absolute?
- Is the decision justified and proportionate to the aim?
### Legal basis for interference or limitation

<table>
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<th>Legal basis for interference or limitation</th>
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<tr>
<td><strong>Legality:</strong> There must be a legal basis in domestic law for the policy or practice.</td>
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**Legitimate aim:** Even where the policy or proposal is in accordance with the law the purpose of the policy/proposal must pursue a legitimate aim or fall under one of the specific exceptions in the Article in question. For example, Article 8 of the Convention states that any exception must be:

> ‘Necessary in a democratic society in the interests of national security, public safety or the economic wellbeing of the country, for the prevention of disorder or crime, for the protection of health or morals, or for the protection of the rights and freedoms of others.’

**Proportionality:** Any restriction to the right must be the minimum necessary to achieve the legitimate aim. The following questions might help you to determine whether a restriction is proportionate or not:

- What is the problem being addressed by the restriction upon someone’s rights?
- Will the restriction lead to a reduction in the problem?
- Does a less restrictive alternative exist and has it been tried?
- Does that restriction involve a blanket policy or does it allow for different individual cases to be treated differently?
- Has sufficient regard been paid to the rights and interests of those affected?
- Do safeguards exist against error or abuse?
- Does the restriction destroy the basic ideas behind the human rights at issue?

If the restriction is disproportionate then ways to minimise the interference with the right should be considered and included in your recommendations. If you are happy the restriction is proportionate then there is less likelihood that there is a breach of the right at stake.

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You are strongly advised to seek legal advice to support your conclusions.
8. Make recommendations

Are any changes required to the policy?

The steering group should consider the identified impacts and make any recommendations to improve the policy. As appropriate, the group may consult with any wider group developing the policy. Recommended changes must be based on findings and aim to mitigate adverse impacts, especially on disadvantaged groups, or enhance positive impacts. You may identify a preferred option based on evidence of best equality, health or human rights impacts.

Future monitoring evaluation and research

The impact assessment is likely to raise questions about how the policy will impact on different groups once implemented. These will require monitoring of policy outcomes in different population groups. Monitoring of these equality impacts should be mainstreamed into evaluation of policy outcomes. Recommendations for future monitoring of the policy should focus on issues raised by the impact assessment rather than repeating existing plans for policy monitoring and evaluation. For example, this may include monitoring of:

- whether the recommendations of the impact assessment are implemented
- outcomes of policy on different population groups – using routinely collected equality data to do this.

If the impact assessment has identified gaps in evidence, you might want to recommend action to fill these gaps. This may involve new research or improvements to routine data systems to provide better data.
9. Reporting and sign-off

The report should be completed in time to inform policy development and implementation. Some further assessment, research or monitoring may be required beyond this, and this further work should be highlighted in the recommendations section.

Use the headings below to write up the assessment before formal sign off through your organisation’s governance arrangements. A template with further detail is provided in Appendix 7.

1. Rationale and aims of policy
2. Policy options
3. Methods and evidence sources
4. Summary of impacts on populations
5. Matrices of impacts
6. Description of impacts and pathways
7. Recommendations
8. Sign-off