Single Equality and Human Rights Scheme 2010-2013

Equality Matters.... Embracing Equality and Diversity
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1. Introduction

Dudley and Walsall Mental Health Partnership NHS Trust is delighted to present this Single Equality and Human Rights Scheme for the period 2010 to 2013. Broad ownership of the Scheme and commitment to the actions contained in it are vital to its success and we have engaged and consulted with a wide range of internal and external stakeholders in developing our Scheme.

The Trust has been working hard to improve healthcare and treatment across Dudley and Walsall and has always worked to avoid any forms of discrimination in either our service delivery or as an employer. However, we appreciate that our community is becoming increasingly diverse and our understanding of equality and diversity, and how it impacts our community and staff, is becoming more sophisticated.

In addition, there is a changing legislative and regulatory framework that we need to operate within, which requires a more proactive and systematic approach to how we deliver equitable outcomes for everyone in Dudley and Walsall.

This Single Equality Scheme is a step in that process. It is designed to support the achievement of the Trust's corporate objectives and to be a public statement of our commitment to embedding equality into our strategic objectives/priorities.

1.1 What is a Single Equality and Human Rights Scheme (SEHRS)?

A Single Equality Scheme is a plan which outlines how we will promote equality through every aspect of our work. It takes into account the constant and rapid change among the communities we serve and their health care needs and it takes a human rights based approach.

The Equality Act 2010 consolidates, harmonises and expands existing discrimination law. It also includes a single public sector duty to eliminate discrimination and promote equality which will apply to all the protected characteristics, other than marriage and civil partnership. This single duty is due to come into force in April 2011. (See Appendix 2 for further details).

This document should be considered as our strategic approach to embedding equality and diversity into how we do business; it does not contain objectives for the improvement of specific health services or specific areas of clinical need. These local service based objectives will be outlined in specific service development or improvement plans. This document aims to outline our overall vision for ensuring that equality and diversity becomes a core operating principle for our service planning and delivery, resource allocation, decision making and workforce development.
1.2 The Purpose of the SEHRS is:

- To provide an environment for patients in which there is equality of access and where they are enabled to achieve maximum recovery and optimum independence in an environment in which their dignity, individuality and preferences are respected and their needs met
- To provide a framework for managers and staff to ensure that current and potential employees are treated with dignity, respect and fairness regardless of their background
- To bring together our work in relation to the Equality Act 2010 protected characteristics, including: disability, gender, ethnicity, age, sexual orientation, religion and belief, gender reassignment, pregnancy and maternity, marriage and civil partnership, together with social inclusion and human rights.

1.3 Our SEHRS Objectives and Aims

The objectives of the Trust’s Single Equality and Human Rights Scheme are to:

- Promote diversity, equality and human rights
- Meet our legal obligations under current legislation
- Support the achievement of the Trust’s corporate objectives; including working successfully in a changing NHS environment
- Discharge our responsibilities to promote equality of opportunity, eliminate unlawful discrimination, promote good relations between different groups and ensure compliance with our legal responsibilities
- Deliver a coherent and sustainable plan for embedding equality and human rights into the work of the Trust, making sure that we have in place the systems needed to deliver on equality, diversity and human rights, to monitor our progress and report on our achievements.

The aims of our SEHRS are to:

- Develop the capacity and capability for managing equality and diversity and mainstreaming it through our policies and procedures and all Trust activities so that it becomes integral to the way we do things
- Work with diverse voluntary, patient and other NHS bodies and the local community in the development, implementation, review and refinement of action plans to deliver improvements in our service, for example, with regard to health inequalities
- Remove barriers to services and employment
- Recruit, develop and retain a workforce that is able to deliver high quality services that are accessible, responsive and appropriate to meet the diverse needs of different groups and individuals
- Create a working environment where all staff are treated with professionalism, dignity and respect and are able to deliver and develop to the best of their ability without having to face discrimination or harassment
- Become an employer of choice for people from different backgrounds
- Have a workforce that is reflective of the local community, at all levels of the organisation
- Meet the legislative and policy drivers and ensure that equality and fairness are embedded in all areas of service delivery, planning and employment.
Dudley & Walsall Mental Health Partnership Trust provides a wide range of mental health services to a multi-cultural population of around 550,000 across Dudley & Walsall. 20% of the population of Walsall are from black and ethnic minority backgrounds compared to around 8% in Dudley.

The Trust employs some 1,500 staff across Dudley & Walsall. Recognising the multi-cultural nature of the population it serves and the staff it employs, the Trust has committed itself to ensuring that equality is at the heart of all we do to ensure the Trust achieves its vision for the delivery of mental health services across Dudley & Walsall.

“The Dudley and Walsall Mental Health Partnership NHS Trust aims to deliver flexible, high quality, evidence based services to enable people to achieve recovery.”

This Single Equality Scheme describes our strategy for ensuring we make a significant change in our performance on equality and diversity outcomes by 2013.

The equality and diversity strategy described within this scheme has taken account of a number of legal duties placed on the Trust to ensure equality and to address the institutional and systemic inequalities that some groups face.

The duties under these Acts require the Trust to ensure equality in both For the purposes of the SEHRS the overall functions of the Trust may be described as:

- Providing mental health services
- Employing staff.

We are also committed to achieving equality and diversity within our workforce. We strive to reflect the local population in our workforce and are committed to ensuring we are recognised as an employer who welcomes and promotes diversity and that we have a work culture where staff feel safe and where their contribution is valued.

2.1 Trust Values

- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Working together for patients
- Everyone counts (Mental Health is everyone’s business).

2.2 Trust Commitment

The Trust’s commitment to equality and diversity is not simply to ensure legislative requirements are met but to continuously improve our working practices so that we create an organisation which is recognised both internally and externally for embracing diversity and demonstrating equality.

The Trust is committed to putting the principles of equality and diversity into practice, both for our workforce and in the services we offer and we pledge we will:

- Promote equality and diversity and work towards eliminating all forms of discrimination
- Develop a culture that values individuals and groups regardless of their backgrounds
- Provide responsive and accessible services to the population we serve
- Forge partnerships with users, carers, staff and stakeholders to influence the development and improvement of services.

We will achieve this by:

- Developing and improving our services and mainstreaming equality and diversity into our policies, procedures and service planning, having a robust performance framework to monitor and assess progress
- Forging partnerships with users, carers, staff and stakeholders to influence the development of our workforce through training
- Having transparency in decision making.
2.3 Our Vision for Equality

We intend to build on the progress we have made to ensure equality in both service provision and employment and to achieve a significant change in our performance on equality and diversity outcomes by 2010-2013.

Our goals and measures of success, across all communities and groups, include:

- Treating all service users, carers and members of staff with respect and as individuals, and welcoming their involvement in ensuring equality in service provision and employment
- Increased levels of satisfaction with our services for service users and carers across all communities and groups
- Increased success in ensuring equality in outcomes for service users, and responding to their diverse needs
- Full compliance with the equality standards set by the Care Quality Commission (CQC) and the Equality Act 2010
- Being at the forefront of developing and applying best practice
- Increased staff satisfaction
- A workforce representative of communities and groups at all levels and across all occupations
- A workforce where there are no differences in staff experiences which we cannot justify
- Developing a service that involves communities and staff and uses this involvement to improve how we work
- Embedding equality and diversity considerations in all the key management decision making and policy development processes.

2.4 Our Achievements to Date Include:

- The successful delivery of class room based equality and diversity training to over 250 staff across Dudley and Walsall. (January 2010 – December 2010)
- Development of online training as well as equality and diversity included as part of staff induction.

2.5 The Trust’s Equality & Diversity Policy

We embrace and accept our legal, social and moral responsibility in relation to equality and diversity. We are committed to delivering equality of opportunity for all service users, carers, staff and the wider communities.

Our focus is to provide a service that is fair and accessible for the communities we serve in Dudley and Walsall, while recognising the need to challenge and reduce health inequalities.

We are committed to ensuring that everyone in Dudley and Walsall can access the care they need and that everyone is treated with dignity and respect. We also ensure our staff are equipped with the necessary skills and knowledge to understand and work with a diverse range of individuals, groups and populations.

To help us meet the needs of the communities we serve in Dudley and Walsall, including those who are from seldom-heard groups, we aim to:

- Reach out into different communities in innovative ways recommended by those communities
- Gain a better understanding of the cultural needs of people in Dudley & Walsall and any barriers that exist to achieving equitable treatment outcomes
- Carrying out equality impact assessments which look at the impact on different communities of our policies and service delivery decisions, so that we can take corrective action where necessary.
2.6 Workforce

Age

This data shows that currently our staff makeup is weighted heavily towards the older age groups. We have a high percentage of staff aged 40-49 years (36.32%) and also in the 50-59 years (21.77%) bracket.

![Age Distribution Pie Chart]

Gender

We hold a higher percentage of female staff (75.68%) in relation to male staff (24.32%).

![Gender Distribution Pie Chart]
Disability

Here we can see that a large percentage of our workforce state their disability status as ‘undefined’ (86.52%). 11.42% of our workforce state that they do not have a disability and 1.89% declare their disability. Only 0.16% of our workforce choose not to declare their disability.

Religious Belief

A high percentage (76.58%) of staff state their religion as ‘undefined’ and 2.63% of staff choose not to declare their religion. From the religions displayed, Christianity has the largest contribution (15.20%) with ‘Other’ at 2.47%. The other religions, apart from atheism which contributes 1.81%, all, individually, hold less than 1% of our workforce.
Sexual Orientation

Sexual orientation stands heavily undefined within our workforce data with 76.66% of our workforce grouping themselves under this category. We have a very small total population of people identifying themselves as gay and lesbian, in total 0.16%. Nearly a quarter (21.36%) of our workforce identify themselves as being heterosexual.

Ethnic Orientation

A high percentage (76.58%) of staff state their religion as ‘undefined’ and 2.63% of staff choose not to declare their religion. From the religions displayed, Christianity has the largest contribution (15.20%) with ‘Other’ at 2.47%. The other religions, apart from atheism which contributes 1.81%, all, individually, hold less than 1% of our workforce.
3.1 Dudley

The total population in Dudley Borough is 305,155 (2001 Census). The proportions of age groups within the population, however, are also known to be changing as people live longer. People over 60 now account for 22.2% of the total population and children and young people aged 0-19 is at 24.5%. 20-29 year olds is at 11.2%.

97.2% of the population of Dudley are born in the United Kingdom. Dudley has the highest percentage of people born in England. Conversely, it has the lowest percentage of people born in other parts of the United Kingdom, European Union and other countries.

Ethnic Groups

White ethnic groups make up 93.68% of the total population. The largest ethnic minority group in Dudley is the Pakistani, making up a little over 2% of the overall population. The next largest group is Indian, which constitutes just over 1.5% of the total population followed by Black African Caribbean at 1%.

Religion

The religion that people most identify with in the UK is still Christian. Dudley's religious population follows similar trends to the national picture. 77.7% of the population of Dudley state their religion to be Christian. The next highest group is Muslim at 2.5%, followed by Sikh 0.9%, Hindu 0.5%, Buddhist 0.2%, Jewish 0.1% and 11% identify themselves as having no religion or belief.

3.2 Walsall

The Borough of Walsall is located in the north of the West Midlands, immediately north of Birmingham. It is one of the four ‘Black Country’ boroughs. Walsall's population is 253,499.

Age

The number of 0 to 4 year olds has decreased in Walsall. Above average levels of 0 to 4 year olds are located within wards such as Blakenall, Palfrey, Pleck, St. Matthew's and Willenhall South. Below average levels occur to the east of the borough, including wards such as Aldridge Central and South, Pheasey and Streetly.

The percentage of 5 to 15 year olds in Walsall is 15.3%. Blakenall, Darlaston South, Palfrey and St. Matthew's are amongst the wards with above average levels of 5 to 15 year olds. By contrast, Aldridge North and Walsall Wood, Hatherton Rushall, Paddock and Streetly for example are wards with below average levels.

Brownhills, Short Heath and Willenhall North, for example, have above average levels of working age population. Bloxwich East, St. Matthew’s and Willenhall South have average levels and Bloxwich West, Blakenall and Pleck wards, for example, have below average levels of 16 to retirement age people.
Ethnic Groups

Walsall has a higher proportion of ethnic minority groups, at 13.6%, than the West Midlands (10.3%) and England and Wales (8.2%). A high proportion of Walsall’s ethnic population is comprised of Indians/Pakistanis and Bangladeshis (10.1%). Those from mixed groups is 1.4%. Black groups tend to live mainly to the centre and south of the borough with small pockets towards the north. Indians, Pakistanis and Bangladeshis live in and around the town centre. Mixed groups cluster to the south and west.

Religion

Walsall also shares the national religious trend and the majority, 72%, stated that they are from a Christianity faith followed by Muslim 5.4%, Sikh 3.0% and Hindu 1.6%. 
4.1 Legal Duties

There are a number of legal duties on the Trust in relation to equality. The legal duty to develop Equality Schemes relates to race, gender and disability, but the Equality Act 2010 extends this obligation to the other strands/protected characteristics (please see section 5). The development of our new Single Equality and Human Rights Scheme 2010-2013 has involved:

- Research of legislation, best practice and NHS national policies
- Mapping of the Trust’s good practice and areas for improvement
- Establishing a monitoring framework for all relevant employment, training and service delivery areas
- Consultation with staff, service users and partners
- Communication of the Scheme
- Establishing mechanisms for managing the performance of the Scheme and production providing progress reports.

4.2 Care Quality Commission Requirements

The Care Quality Commission is the independent regulator of health and adult social care services in England and their core function is to drive improvement across health and adult social care by:

- Putting people first and championing their rights
- Acting swiftly to remedy bad practice
- Gathering and using knowledge and expertise, and working with others.

All health care organisations are required to comply with the regulatory framework outlined by the CQC including the Trust. Core standard C7e required organisations “to challenge discrimination, promote equality and respect human rights” in accordance with the human rights and equality legislation, including the public duties to promote equality.

On the 1st April 2010 the CQC introduced a new registration and regulatory framework with specific areas of priority in relation to:

- Involvement and information for service users
- Personalised care, treatment and support
- Issues of safety and safeguarding
- Suitability of staffing
- Quality of management
- Suitability of management.

It should be noted that the standard of performance in relation to equality and diversity is now more firmly embedded in each of the core standards of performance rather than as a stand alone. This will require that organisations such as the Trust will be compelled to embed effective equality and diversity management into their core business processes to successfully achieve compliance against this new regulatory framework.

4.3 NHS Constitution

The aim of the constitution is to protect and renew the enduring principles of the NHS. It empowers staff, patients and the public by setting out existing legal rights, pledges and responsibilities and sets clear behaviours and values of all organisations providing NHS care. For patients and the public this includes:

- The right to access NHS services with minimum waiting times. No one can deny the right to access services because of your race, religion or belief, gender, disability, sexual orientation, gender reassignment, pregnancy and maternity, marriage and civil partnership, these are all unreasonable grounds
- The right to be involved in discussions and decisions about your healthcare and be given the information to enable you to do this
The right not to be unlawfully discriminated against in the provision of NHS services including on grounds of gender, race, religion or belief, sexual orientation, disability (including learning disabilities or mental illness), age, gender reassignment, pregnancy and maternity, marriage and civil partnership.

The right to be treated with dignity and respect in accordance with human rights.

The responsibility to treat NHS staff and other patients with respect and recognise a nuisance or disturbance on NHS premises could result in prosecution. For staff this includes:

- The right to a working environment free from unlawful discrimination on the basis of race, gender, disability, religion or belief, sexual orientation and age, gender reassignment, pregnancy and maternity, marriage and civil partnership.
- The right to expect reasonable steps to be taken by the employer to ensure protection from less favourable treatment, including bullying and harassment. Staff have legal duties, including the duty not to discriminate against patients or staff and to adhere to equal opportunities and human rights legislation.

4.4 NHS Operating Framework 2010/11

Revisions to Vital Signs and Existing Commitments in the NHS Operating Framework 2010/11, includes building a service that is personal, fair and diverse which requires recognition of the differing needs and skills offered by groups within our communities.

The revisions state that there are real opportunities presented by the Equality Act 2010 in developing such a service, where everyone counts.

In July 2010, the Department of Health (DoH) published an NHS white paper, Equity and Excellence: Liberating the NHS. A supporting document, Transparency in Outcomes: A Framework for the NHS put forward proposals for a framework that is designed to refocus the efforts and accountabilities running throughout the NHS on improving health outcomes achieved for patients. This framework will include a focussed set of national outcomes domains and supporting measures which patients, the public and Parliament will be able to use to judge the overall performance of the NHS. The proposed outcome domains are:

- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing the quality of life for people with long-term conditions
- Domain 3: Helping people to recover from episodes of ill health or following injury
- Domain 4: Ensuring people have a positive experience of care
- Domain 5: Treating and caring for people in a safe environment and protecting them from avoidable harm.
The equality areas or strands within Dudley and Walsall Mental Health Partnership NHS Trust are gender, disability, ethnicity, age, religion or belief, sexual orientation and gender identity. The strands are inclusive of all people. As a statutory body Dudley and Walsall Mental Health Partnership NHS Trust has general duties to promote equal opportunities relating to race, disability and gender and to eliminate discrimination (see note in the next column on the Equality Act 2010), as set out in the following legislation:

- The Disability Discrimination Act (DDA) 1995 and 2005
- The Race Relations Act 1976 (Amendment) 2000
- The Equality Act 2006
- The Equality Act 2010

Other relevant legislation:

- The Employment Equality (Age) Regulations 2006
- The Employment Equality (Sexual Orientation) Regulations 2003
- The Employment Equality (Religion or Belief) Regulations 2003
- The Human Rights Act 1998
- The Gender Recognition Act 2004
- The Sex Discrimination Act 1975
- The Sex Discrimination (Gender Reassignment) Regulations 1999

The Equality Act 2010 consolidates existing legislation into one single Act to make it easier for employers, staff and service users to understand their legal rights and obligations:

5.1 Race

There have been concerns for many years about the need for black and minority ethnic communities to receive more culturally sensitive and responsive mental health services, and the Trust is committed to ensuring rapid and sustained progress is made in the improvement of mental health services for black and minority ethnic communities.

Black and minority ethnic people are well represented in the workforce as a whole when compared with the wider local population. However, certain communities are under represented, and black and minority ethnic staff are under represented in certain occupations and at more senior levels in the organisation.

The Trust has a team of BME Community Development workers which will assist the Trust to continue to:

- Demonstrate progress in ensuring a workforce representative of the local population at all levels and across all occupations
- Fully identify and consider the needs of black and minority ethnic people, including refugee and asylum seekers, when planning and delivering services
- Provide the necessary interpreting and translation support to ensure that black and minority ethnic people have access to the necessary information on services provided
- Ensure that irrespective of ethnic origin, all people experience equal outcomes from the services received
- Ensure that irrespective of ethnic origin, all service users are treated with the dignity and respect they deserve.
5.2 Disability

As an organisation providing services to people with mental health problems, we are particularly committed to ensuring that the protection of the Disability Discrimination Act in relation to mental illness as a disability is provided to users of our services.

In comparison to non-disabled people, disabled people are nearly twice as likely to be unemployed, nearly seven times more likely to be out of work and claiming benefits and half as likely to have academic qualifications. Over 40% of disabled people also experience major problems accessing goods and services.

It is estimated that some 11% of the working population has a condition that has a significant and long term effect on an individuals ability to do their job.

The Trust will continue to:

- Encourage participation by disabled people in public life
- Take account of disabled people’s disabilities, including treating disabled people more favourably than others when appropriate.

5.3 Sex

Gender is a significant determinant of an individual’s pathway to, exclusion from and avoidance of mental health services, but it is a factor to which insufficient attention has been paid in the past. The Trust is committed to ensuring equality of access and outcomes for all service users, regardless of gender.

The threat and use of social and domestic violence against women can limit choice and aspirations. The effect can be to reduce women’s participation in everyday life, both in terms of employment opportunities and accessing health services.

The Trust will continue to:

- Recognise that traditionally caring and domestic responsibilities are often held by women. Support the fact that both men and women may need to work flexibly or part time or take a break to meet their caring responsibilities
- Ensure there are no differences in the experiences of male staff and female staff which we cannot justify
- Analyse more thoroughly the provision of services by gender of service user
- Work to achieve the standards set out in the Department of Health’s national plan for the provision of mental health services to women
- Tackle sexual harassment at work and ensure a working environment free from harassment and bullying
- Work in partnership with other organisations to combat physical, sexual and domestic violence affecting women, men and children.

The Trust will continue to meet its general duty under the Equality Act to:

- Eliminate unlawful discrimination and harassment (related to gender)
- Promote equality of opportunity between men and women.
5.4 Gender Reassignment

Gender Reassignment is where a person has proposed, started or completed a process to change his or her sex. A transsexual person also has the protected characteristic of gender reassignment.

Gender identity relates to a person’s sense of knowing which gender they belong to. For example, if a person sees themselves as male and identifies as such, their gender identity is male, even if their body is biologically female. Gender dysphoria and gender variance are terms used to describe the feeling of being trapped in a body of the wrong sex and there is currently little information on the prevalence of this condition although, as noted earlier, NHS data suggests that 1 in 4,000 people in the UK are currently accessing medical help for gender dysphoria.

The term transsexual describes people who experience long-term and severe gender dysphoria and are about to undergo, are undergoing or have undergone treatment to alter their sex and realign their physical characteristics with their gender identity. This process is sometimes known as transitioning. A person who has transitioned from female to male may be known as a trans man and a person who has transitioned from male to female may be known as a trans woman. Transsexualism should not be confused with sexual orientation; like anyone else, trans people may be gay, lesbian, bisexual or heterosexual. The Department of Health estimates that the number of transsexual people in the UK is 1 in every 11,500. However, many organisations working with trans people believe this to be an underestimation.

The Trust will:

- Review and ensure Trust policies and procedures in terms of employment and service delivery take into account the protected characteristic of gender reassignment
- Consult and monitor the needs of staff and service users going through the gender reassignment process
- Work with staff and service users to ensure no discrimination occurs on the grounds of gender reassignment.

5.5 Age

Age equality is concerned with responding to differences between people that are based on age and with avoiding preventable inequalities between people of different ages. We recognise that ‘ageism’ can have a profound affect on older and younger people, on the quality of their lives, their access to services and to employment. The Employment Equality Act (Age) Regulations (2006) makes age discrimination illegal in all aspects of employment. Whilst the legislation does not currently cover the provision of goods, facilities and services or the exercise of public functions, it is anticipated that age will be addressed in more detail within the new legislation resulting from the Equality Act 2010.

The Trust recognises that negative assumptions can be made about people because of their age. Young people and older people can be affected by such assumptions, both in terms of service delivery and employment. Young people are essential to bring fresh perspectives and ideas and to replenish the workforce over time. As well as continuing to contribute new ideas older people have a wealth of valuable skills, expertise, knowledge and experience, all of which are essential to a balanced workforce.
The Trust will continue to:

- Work to ensure no age discrimination in the provision of services, specifically to older and younger service users
- Promote recognition that ageism is harmful as it undervalues the contribution that young and older can make
- Review and revise our employment and service policies and procedures to ensure they are not ageist
- Comply with the Age Equality Duty (2013).

5.6 Sexual Orientation


The Trust will ensure that sexual orientation is included within our approach to equality and diversity and, specifically, within our equality impact assessment processes. There is evidence that there is still homophobia and discrimination in parts of the NHS (‘Being the Gay One’ Stonewall and the Department of Health, 2007) and we are committed to combating discrimination of this kind.

The Trust will continue to:

- Ensure that policies and practices in employment and service delivery are not based on the assumption that everyone is heterosexual
- Respect the right of every individual to choose whether or not they are open about their sexuality, and not to make any assumptions about those choosing not to be open about their sexuality
- Create a climate of respect and tolerance in the workplace where all people feel safe to make their sexuality public
- Ensure that, wherever possible, conditions of employment offer the same benefits to same-sex relationships as heterosexual relationships
- Consult with, and monitor, the needs of gay, lesbian, bisexual and transgender staff, service users and carers.

5.7 Religion and Belief

The Employment Equality (Religion or Belief) Regulations (2003) prohibits discrimination to employees on the grounds of their religion or belief. The Equality Act 2010 identifies religion and belief as follows:

- “Religion” means any religion and a reference to religion includes a reference to lack of religion
- “Belief” means any religious or philosophical belief. A reference to belief includes a reference to lack of belief.

The Trust has a multi-faith workforce providing services to a multi-faith population. We are committed to recognising the needs of service users and staff of diverse religious and faith groups and to responding sensitively and appropriately to their needs.

We recognise that to hold a religious or other belief is a basic human right that should be treated with respect and tolerance. Equally, we recognise the importance of respecting the views of those who do not hold religious or other beliefs. The Trust also acknowledges that people can experience harassment, discrimination or differential treatment because of religious beliefs that they may or may not hold.

The Trust will continue to:

- Inform staff of the need to be tolerant and understand others’ religions and beliefs
- Within our flexible working practices, provide scope for prayer and reflection
- Ensure sensitivity and respect to service users faith and avoid service delivery that is offensive to people’s beliefs
- Welcome different forms of dress according to cultural and religious backgrounds, balanced with the need to provide a safe and service user focused place of work
- Promote an inclusive working culture where people can practice their religion or belief safely and without fear of harassment and discrimination.
5.8 Marriage and Civil Partnership

People who are married or have a civil partner are in a marriage or civil partnership. A married man and a woman in a civil partnership both share the protected characteristic of marriage and civil partnership. People who are not married or civil partners do not have this characteristic.

The Trust will:

- Respect the right of every individual to choose whether or not they are open about their sexuality, and not to make any assumptions about those choosing not to be open about their civil partnership or marriage
- Create a climate of respect and tolerance in the workplace with regards to civil partnerships and marriage
- Ensure that wherever possible conditions of employment offer the same benefits to same-sex relationships as heterosexual relationships.

5.9 Pregnancy and Maternity

For women this is when they are pregnant or during maternity, as distinct from their sex, in specified situations outside work. It protects a woman from discrimination because of her current or a previous pregnancy. It also protects her from maternity discrimination, which includes treating her unfavorably because she is breast-feeding, for 26 weeks after giving birth and provides that pregnancy or maternity discrimination as defined cannot be treated as sex discrimination.

Pregnancy discrimination includes unfavourable treatment in relation to:

- Opportunities such as allocation of work, training, promotion and other benefits
- Pregnancy related sickness (e.g. being disciplined or marked down on performance)
- Sick pay in that pregnancy related sickness must be treated for the purposes of pay as any other sickness
- Discretionary bonus relating to the period prior to her maternity leave; this should not be adversely affected because of pregnancy or pregnancy related sickness
- Dismissal including redundancy, because she is pregnant or, absent with a pregnancy related illness. Redundancy procedures, consultation and criteria must not disadvantage her.
Maternity discrimination includes unfavourable treatment in relation to:

- Denial of the right to return to same job after leave: If she is not allowed to return to the same job after her maternity leave and this is because she has been on maternity leave, this will be discrimination.
- Denial of a pay rise because of her maternity leave or pregnancy.
- Failure to consult on redundancy or major changes to the workplace.
- Promotion or job opportunities.
- Appraisals: A woman should be appraised as normal, although in practice the appraisal could take place before or after maternity leave.

The Trust will:

- Ensure that policies and practices in employment and service delivery consider issues of pregnancy and maternity.
- Create a climate of respect and tolerance in the workplace.

5.10 Human Rights

“Human Rights based approach is about applying internationally agreed standards across the whole of healthcare. It’s a way of thinking and seeing that should underpin everything that we do.” (Department of Health (2008) Human Rights in Healthcare: A Short Introduction)

The Trust is committed to a human rights based approach. We recognise that much of our work has the potential to promote key human rights, such as the right to life and the right to education. We also recognise that there are potential risks to human rights through some of our functions, for example the way in which we use and store confidential information about individual patients and staff (the right to respect for private and family life, home and correspondence).

We also recognise that members of particular groups - disabled people, older people, younger people, Black Minority Ethnic (BME) people, lesbians and gay men, transgender people and those who are socially excluded (such as homeless people) - may be more vulnerable to human rights breaches.

The Human Rights Act 1998 says all public authorities, including the Trust, must act in accordance with the European Convention of Human Rights. Among the rights set out in the Act are the right to liberty and security; respect for private and family life; freedom of expression; and freedom of thought, conscience and religion. The Act protects the right to enjoy these freedoms without discrimination.

The Human Rights Act has brought about some important changes to the Mental Health Act. For example, it has led to a change in the rules for identifying the nearest relative so that gay and lesbian partners are treated in the same way as people who are married or in heterosexual relationships.

The Trust will continue to take account of human rights in both employment and service delivery, and in particular the rights of individuals detained under the Mental Health Act.
6. Prohibited Conduct

6.1 Direct Discrimination

Direct discrimination occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have (see perceptive discrimination below), or because they associate with, someone who has a protected characteristic.

6.2 Indirect Discrimination

Already applies to age, race, religion or belief, sex, sexual orientation and marriage and civil partnership. Now extended to cover disability and gender reassignment.

Indirect discrimination can occur when you have a condition, rule, policy or even a practice in your company that applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if you can show that you acted reasonably in managing your business, i.e. that it is ‘a proportionate means of achieving a legitimate aim’.

6.3 Associative Discrimination

Already applies to race, religion or belief and sexual orientation. Now extended to cover disability, gender reassignment and sex. This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

6.4 Perceptive Discrimination

Already applies to age, race, religion or belief and sexual orientation. Now extended to cover disability, gender reassignment and sex. This is direct discrimination against an individual because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

6.5 Harassment

Harassment is “unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”.

Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnership. Employees will now be able to complain of behaviour that they find offensive even if it is not directed at them, and the complainant need not possess the relevant characteristic themselves. Employees are also protected from harassment because of perception and association.

6.6 Third Party Harassment

Already applies to sex. Now extended to cover age, disability, gender reassignment, race, religion or belief and sexual orientation. The Equality Act makes employers potentially liable for harassment of employees by people (third parties) who are not employees of the organisation, such as service users.

6.7 Victimisation

Victimisation occurs when an employee is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act, or because they are suspected of doing so. An employee is not protected from victimisation if they have maliciously made or supported an untrue complaint.
7. Delivering Equality

The Trust recognises the importance of ensuring there is clarity and understanding across the organisation on how best to ensure we deliver on equality, ensuring that we achieve our vision for equality in both employment and service delivery.

The progress we have made to date demonstrates that the Trust and its staff generally understand the importance of equality and diversity, and that organisationally we have identified the key issues that need addressing and the main obstacles to change.

In sustaining and building on the progress we have made in ensuring equality we recognise that our focus now has to be step changed during 2010 – 2013 to ensure that the need for change is accepted at all levels, by all teams and by individual members of staff, and that we can evidence that equality and diversity is ‘embedded’ at all levels of the organisation and in all management processes.

To ensure we deliver this improvement we recognise the importance of:

- Working with our commissioning Primary Care Trusts, Dudley Borough Council and Walsall Borough Council to ensure that equality and diversity issues are an integral part of commissioning, designing, delivery and evaluation of our services.
- Improving the analysis of data to ensure more informed judgements are made on priorities for future actions and success of actions already being undertaken.
- Ensuring that our vision for equality, why equality is so important to the Trust, and the objectives we have set ourselves, are understood by all staff.
- Individual members of staff seeing equality and diversity as an ongoing feature of their working life, actively exploring equality and diversity issues and taking personal responsibility for ensuring they are culturally competent.
- Progress on equality and diversity being regularly reported at all levels in the Trust and in all management and decision making forums.
- Support for specific equality and diversity projects and change programmes coming from all functions, not just the equality and diversity function.
- Progress on ensuring equality is an integral part of individual and organisational performance management.
### 7.1 Equality Delivery System (EDS)

The Trust’s Single Equality and Human Rights Scheme is being directly aligned to the 13 EDS goals and outcomes. It is recommended that the Trust’s plans for meeting the requirements of EDS are the priority of the Equality & Diversity Working Group once its membership is confirmed.

The EDS requires the Trust in collaboration with local interests, to analyse and grade their performance and set defined equality objectives, supported by an action plan. Performance against the selected objectives will be annually reviewed. These processes will be integrated within mainstream business planning of the Trust.

Current EDS proposals envisage that the NHS Commissioning Board will publish a set of outcomes against which NHS performance should be analysed and a set of grades in the form of Red, Amber, Green, Gold Star rating.

It is further proposed that the Care Quality Commission (CQC) will take account of the ratings and in particular any highlighted concerns as part of its process to monitor registration status. The Commissioning Development Board is currently in the process of hard wiring the EDS into the architecture of the NHS as a routine process for all NHS organisations to undertake.

Central to the EDS are its objectives and outcomes. NHS organisations analyse their equality performance against 12 outcomes grouped under the following four objectives:

1. Better health outcomes for all
2. Improved patient access and experience
3. Empowered, engaged and inclusive staff
4. Inclusive leadership at all levels

The EDS does not replace legislative requirements for equality; rather it is designed as a performance and quality assurance mechanism for the NHS and a means by which the Trust will meet the requirements of the Equality Act (2010) and the NHS Act (2006).

Both the Equality & Human Rights Commission and the Government Equalities Office have endorsed draft EDS proposals.

### 7.2 Equality & Diversity Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>1. Better health outcomes for all</td>
<td>Achieve improvements in patient health, public health and patient safety for all, based on comprehensive evidence of needs and results</td>
</tr>
<tr>
<td>2. Improved patient access and experience</td>
<td>Improve accessibility and information, and deliver the right services that are targeted, useful, useable and used in order to improve patient experience</td>
</tr>
<tr>
<td>3. Empowered, engaged and inclusive staff</td>
<td>Increase the diversity and quality of the working lives of the paid and non-paid workforce, supporting all staff to better respond to patients’ and communities’ need</td>
</tr>
<tr>
<td>4. Inclusive leadership at all levels</td>
<td>Ensure that throughout the organisation, equality is everyone’s business, and everyone is expected to take an active part, supported by the work of specialist equality leaders and champions</td>
</tr>
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</table>
7.3 Organisational Arrangements

Effective organisational arrangements are essential to ensure that our commitment to ensuring equality is delivered in practice. How we progress certain actions, or change the way we do things to deliver on equality, will be detailed in the appropriate policies and action plans. The Trust recognises the need for effective leadership, supported by a strong organisational framework, to ensure a continuing improvement in our performance on equality and diversity outcomes.

7.4 Leadership and Responsibility for Delivering Equality and Diversity

The Equality & Diversity Lead will champion the equality and diversity agenda and is responsible for:

- Providing leadership on the agenda, acting as overall champion to ensure appropriate equality and diversity strategies and policies are developed and put into practice
- Making sure equality and diversity is at the heart of everything we do and that there is continual improvement in equality of outcomes for service users and employees
- Communicating our plans to ensure equality to others both within and outside the Trust
- Answering to service users and staff for what we do and what we achieve in terms of equality and diversity
- Ensuring that all areas of the Trust are held to account by reviewing performance and tackling poor performance.
Equality Impact Assessment (EIA) is a key driver for each of our commitments and provides the critical systems tool for identifying priority areas for action and making real and tangible improvements. This work is particularly relevant for the Trust as a key mechanism to aid service development and service changes and the opportunity to promote equality through such developments.

An EIA is a systematic appraisal of the actual or potential effects of a function or policy on different groups of people. It is conducted to ensure compliance with public duties on equality issues (which in some areas go beyond a requirement to eliminate discrimination and encompass a duty to promote equality), but more importantly to ensure effective policy making that meets the needs of all groups.

Like all other public bodies, the Trust is required by law to conduct impact assessments of all functions and policies that are considered relevant to the public duties and to publish the results. An EIA must be completed when developing a new function, policy or practice, or when revising an existing one. In this context a function is any activity of the Trust, a policy is any prescription about how such a function is carried out, for instance a strategy, guidelines or manual, and a practice is the way in which something is done, including key decisions and common practice in areas not covered by formal policy.

It is important that all policies are informed by the knowledge of the impact of equalities issues accumulated across the organisation. Staff working on policy development will contact the Equality & Diversity Lead to discuss the issues arising in their policy area as early as possible in the development process and before commencing the EIA.

8.1 Embedding the Process

We recognise that completing EIA’s is a key requirement under the equality duties and also the specific duties of the Care Quality Commission. We have taken a number of significant steps to establish and embed processes for conducting assessments. These have included:

- The development of an EIA framework to cover all equality strands and protected characteristics, including a toolkit and guidance
- EIA training programme delivered to staff
- The publication of the results of assessments on our website
- Equality & Diversity Working Group and the Policy & Procedure Focus Group provides quality assurance to completed assessments.

The EIA’s we have completed so far demonstrate that staff across the organisation are developing skills in identifying both the negative and positive impacts on particular groups which might arise from their policies and practice. The assessments have also revealed significant gaps in our equalities evidence base, particularly with regard to service provision.

In order to develop our assessments, we recognise that we must develop ongoing mechanisms for consulting particular groups within our workforce, our partners and the communities we serve. We also need to identify clearer actions from our assessments, including actions to change policy or practice, to support or mitigate implementation, to consult and gather evidence and to monitor future impacts.
Our enabling strategy is that we will embed equality analysis into all service decision making, using a shared and rigorous EIA process. This will be achieved through the following outcomes:

- Publication of screens and full EIAs on our website significant negative impacts included on Corporate Risk Register
- Annual EIA reports, including consultations, will be produced and presented to the Equality and Diversity Working Group
- Our EIA toolkit will include clear and comprehensive details on how to carry out consultations, promote good race relations and involve disabled people.

These outcomes will enable Dudley and Walsall Mental Health NHS Trust to meet CQC Regulations 9, 11, 12 & 14 and comply fully with the Equality Duties, under the Equalities Act 2010.

It is our aim to ensure our workforce is competent to address equality issues within both strategic and operational activities.

Our services are provided through our staff, usually through direct contact with the service user or other member of staff. Given the multi cultural environment within which staff work it is vital each member of staff ensures the service they provide is culturally sensitive, and responsive to the needs of the individual.

The Trust recognises that effective equality and diversity training of staff is essential if we are to deliver services that really do ensure equal outcomes for all groups and individuals. The provision of equality and diversity training has been reviewed.

During 2010/2011, we have focused on a more structured and comprehensive approach to ensure our staff have the necessary knowledge and skills, including the implementation of a revised equality and diversity training programme. This programme includes:

- Equality and diversity essentials for all staff
- Equality and diversity training for managers
- Equality impact assessments
- New legislation
- Human Rights.

Managers have a duty to identify and meet specific equality and diversity training needs of a new employee during their initial induction and orientation into their job. Further training and development needs will be identified in the annual development review for individual employees.

We recognise that Clinical Supervision and the Care Programme Approach are key processes in ensuring clinical staff have the necessary skills and knowledge to provide culturally sensitive and responsive services.

We will therefore be ensuring that both these important processes pick up on the equality and diversity dimensions of individual performance and care plans.
Equalities monitoring is the process of collecting, storing and analysing information about people’s gender, ethnicity, disability, age, religion or belief, sexual orientation and gender reassignment. Effective data collection/monitoring is essential in order to build a sound evidence base for service planning and delivery, as well as workforce development. This activity is, therefore, central to all of the strategic themes in this Single Equality and Human Rights Scheme. The main components of an effective monitoring system are:

- Explaining to service users and staff why monitoring takes place
- Ensuring that those who collect the data understand its importance and can explain to others why it is necessary and how it benefits them
- Monitoring different aspects of work:
  - Access
  - Experience
  - Outcome
- Giving specific officers responsibility for introducing and maintaining the system to ensure that it is effective
- Analysing the monitoring records regularly, with annual reports
- That people only have to give information on a voluntary basis; and
  That people should be invited to self-assess (rather than someone else doing it for them). If assessment is done by a third party, this must be distinguished from self-assessment data.

It is important to be clear about categories for ethnic monitoring and to consult local communities on which categories to use, e.g. by breaking down a category such as ‘Black African’ or ‘White Other’. This will ensure that the data collected accurately reflects the local population or workforce. Monitoring must also be part of an ongoing cycle of identifying and exploring patterns, changing the way we deliver services and checking to see whether the changes are working:

- We will be clear about why we want the information and what it will be used for, including who will have access to it
- We will reassure the person we are asking for the information that it will not affect the service they get/any benefits they might receive, etc
- We will make sure that the person understands that giving this information is voluntary
- We will choose an appropriate moment to gather the information. This might happen naturally as part of a needs assessment, but if not, it is often best to wait until the enquiry or issue at hand has been dealt with
- We will allow the person to self-classify wherever possible and be clear about the categories available
- We will acknowledge the information we are given but will not comment on it in a negative or positive way - our job here is to collect facts
- We will reassure the person about the confidentiality of the information, and if appropriate explain that the information is protected by the Data Protection Act
- We will get the person’s explicit consent to store the information
- We will think about how to ask the questions beforehand.
There is a clear and growing requirement for public sector bodies to engage with local people about the services they provide. We are required to show:

- How the public has been involved in setting priority outcomes
- How the public has been involved in assessing how these outcomes have been delivered.

It is recognised that engagement with community groups and organisations needs to develop further and in particular for the purposes of the Single Equality and Human Rights Scheme effectively incorporate under-represented communities. This development will take place by utilising existing structures and networks and specifically by:

- Working with existing umbrella groups addressing diversity and equality. This will enable key personnel and resources available for work on equality and diversity to work together with public sector partners on how consultation and engagement is currently being undertaken with under-represented groups.
- Identifying key communities or sections of the community where there is little or no contact from public sector partners e.g. Gypsy Roma and traveller communities, people with hearing impairments, people going or having gone through gender reassignment. Mechanisms for consultation and engagement with these sections of the community will then be put in place.

In developing genuine engagement and trust with communities and staff, consultation and engagement will be developed and include:

- Clarity on the questions/areas of work being consulted on and who needs to be consulted
- A clear plan for engagement that addresses all the agreed standards and has been costed and resourced
- All information is made available in appropriate formats
- All responses are recorded accurately
- The responses to the consultation are fed back to all participants
- The engagement influences strategy and service delivery demonstrating the success of the engagement process. The effectiveness of the consultation and engagement will be monitored and measured as part of the ongoing review process on the Single Equality and Human Rights Scheme.

Our enabling strategy will be achieved through the following outcomes:

- We will have in place a reliable data gathering and analysis process which ensures a more complete and comprehensive profile of our community across all equality strands
- We will have in place a reliable data gathering and analysis process which ensures a more complete and comprehensive profile of our staff across all equality strands
- We will have in place a reliable data gathering and analysis process for equality performance monitoring which ensures a more complete and comprehensive profile of our supply chain across all equality strands/protected characteristics.
Appendix 1 - Useful Contacts

For further information or to raise general issues around Equality & Diversity, please contact:

Paul Singh
Equality & Diversity Lead
Dudley & Walsall Mental Health Partnership Trust
Trust Headquarters
2nd Floor
Trafalgar House
47 - 49 King Street
Dudley
DY2 6PS
Telephone: 01384 362384 or 07795 238173
Email: gurwinderpaul.singh@dwmh.nhs.uk

For information or any issues concerning culture and Black Ethnic Minority concerns then please contact:

Roy McFarlane
CDW Coordinator
Telephone: 01384 366518 or 07919 695568
Email: Roy.mcfarlane@dwmh.nhs.uk

Tracy Cross
Community Development Worker (Dudley Locality)
Telephone: 01384 366517 or 07919 695540
Email: Tracy.cross@dwmh.nhs.uk

Kuldeep Singh
Community Development Worker (Dudley Locality)
Telephone: 01384 366517 or 07766 368373
Email: kuldeep.singh@dwmh.nhs.uk

Michelle Raouf
Community Development Worker (Dudley Locality)
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Email: Michelle.raouf@dwmh.nhs.uk

Stephanie Ledgister
Community Development Worker (Walsall Locality)
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Email: Stephanie.ledgister@dwmh.nhs.uk

Lourenzita Haye
Community Development Worker (Walsall Locality)
Telephone: 01384 366517 or 07766 252782
Email: Lourenzita.haye@dwmh.nhs.uk
There are a number of important laws that have been introduced with the aim of reducing and tackling discrimination, particularly in the workplace, including:

- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976 and (Amendment) 2000
- Disability Discrimination Act 1995 and 2005
- Protection from Harassment Act 1997
- Human Rights Act 1998
- Local Government Act 2000
- Employment Equality (Religion or Belief) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Civil Partnership Act 2004
- Gender Recognition Act 2004
- Equality Act 2006
- Racial and Religious Hatred Act 2006
- Employment Equality (Age) Regulations 2006

In addition to these are the three public duties around race, disability and gender that underpin our Single Equality Scheme.

**Race Equality Duty**

The Race Equality Duty was introduced in December 2001. The Race Relations Act 1976, as amended by the Race Relations Amendment Act 2000, places a general duty on all public authorities, when carrying out their functions, to have due regard to the need to:

1. Eliminate unlawful racial discrimination under the Race Relations Amendment Act 2000
2. Promote equality of opportunity
3. Promote good relation between people of different racial groups.

**Disability Equality Duty**

In December 2006, the Disability Discrimination Act 1995 was amended to place a duty on all public bodies to promote disability equality. This affects all public bodies.

The Disability Equality Duty requires the public sector to actively promote disability equality, and is similar to the duty to promote race equality under the Race Relations (Amendment) Act. The Act sets out what is known as the “General Duty”. This means that all organisations must have due regard to the need to eliminate unlawful discriminate on and promote equal opportunities for disabled people. We also need to consider the elimination of harassment of disabled people, promotion of positive attitudes and the need to encourage the participation of disabled people in public life:

4. Eliminate unlawful discrimination
5. Eliminate harassment of people with disabilities that is related to their disability
6. Promote equality of opportunity between disabled people and other people
7. Take steps to take account of people with disabilities, even where that involves treating people with disabilities more favourably than others
8. Promote positive attitudes towards people with disabilities

**Gender Equality Duty**

A public sector duty on gender equality was introduced in the Equality Act 2007. The duty is modelled along the lines of the existing race and disability duties, with a clear focus on outcomes. The Equality Act 2007 sets out the framework for the gender duty by legislating for a general duty which will require public bodies to:

10. Ensure that they do not unlawfully discriminate between women and men when carrying out their employment or service functions
11. Harassment that is unlawful under the Sex Discrimination Act 1975 and the Equal Pay Act 1970
Appendix 2 - Public Sector Equality Duties and Legal Framework

Specific Duties

The duties give key public bodies a Specific Duty which defines for them a framework to use to meet the General Duty. The main element of this is the requirement to produce Disability, Gender and Race Equality Schemes.

Each of the specific duties has informed the framework of this Single Equality. It is important to note that there are differences within each of the three duties, for example, under the Disability Discrimination 2005 there are specific requirements to involve disabled members of the public - including patients, carers, and staff - in the development and ongoing monitoring of the scheme. Specifically it is required those organisations:

- Involve disabled people in producing the scheme and developing the Action Plan
- Identify how they will gather and analyse evidence to inform their actions and track progress
- Set out how they will assess the impact of their existing and proposed activities on disabled people
- Produce an Action Plan for the next three years
- Report on their progress every year and review and make appropriate revisions to this scheme at least every three years.

In producing this Single Equality Scheme, we have also sought to anticipate the Equality Act 2010.

Equality Act 2010

The Single Equality Bill was initially introduced on 27 April 2009 and became an Act of Parliament on 8 April 2010. The Equality Act 2010 is intended to provide a new cross-cutting legislative framework to protect the rights of individuals and advance equality of opportunity for all; to update, simplify and strengthen the previous legislation; and to deliver a simple, modern and accessible framework of discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society. The provisions in the Equality Act 2010 will come into force at different times to allow time for the people and organisations affected by the new laws to prepare for them.

The Government is currently considering how the different provisions will be commenced so that the Equality Act 2010 is implemented in an effective and proportionate way. However, the bulk of the Act’s core provisions came into force in October 2010.

The Equality Act 2010 makes equality legislation simpler and stronger in a number of different ways:

1. Simpler Law

Less complex and unwieldy law, through:

- Replacing nine major pieces of legislation and around 100 other instruments with a single Act
- Harmonised definitions and exceptions so there are common approaches, where appropriate.

Clear and consistent protection, through:

- Levelling up protection for people discriminated against because they are perceived to have, or are associated with someone who has, a protected characteristic, so providing new protection for people like carers
- Clearer protection for breastfeeding mothers;
- Levelling up protection from discrimination in private members’ clubs
- Extending the scope to use positive action.

Giving people better access to their rights, through:

- Simpler, clearer law and guidance so that employers and service providers are clear what they need to do to comply
- Giving employment tribunals powers to make recommendations in more cases, to help employers improve their practices and their compliance
- Protecting people from dual discrimination - direct discrimination because of a combination of two protected characteristics.

2. Stronger Law

Better, more inclusive public services which help people achieve their potential, through:

- A new duty on strategic public bodies to consider reducing socio-economic inequalities
- A new integrated Equality Duty on public bodies
- Using public procurement to improve equality.
Fairer services for older people, through:

- Banning age discrimination in service and public functions
- More transparency, through: a power to require gender pay and employment equality publishing by public bodies
- Encouraging businesses to publish their gender pay gap, with a power to require this if insufficient progress is made voluntarily
- Stopping employers using pay secrecy clauses to prevent employees discussing their own pay
- More rights for disabled people, through a new right for disabled people, who live in leased homes to have reasonable adjustments made to communal areas like entrances and hallways, provided they meet the cost.