

Health and the Disability Equality Duty

A guide to the
Disability Equality Duty
for NHS Health Boards
in Scotland

Foreword

We all want to live in communities where we can participate fully and equally. We all want those responsible for making and delivering national policy to take account of our needs and aspirations. We all want to be able to use essential services like health care, to have equal access to justice and, if we wish, to take up opportunities for education and training, to contribute to public life and not to be excluded. We know that for many disabled people this hasn't yet happened and there remains considerable work to be done to reach this objective.

To ensure we do so we have the Disability Equality Duty for the public sector. This new legal duty will mean that any public body must look at ways of ensuring that disabled people are treated equally.

This new law requires organisations like yours to be proactive in ensuring that disabled people are treated fairly. You need to gather and use evidence, impact assess your policies, procedures and practices and, crucially, involve disabled people in this.

However, this duty is not necessarily about changes to buildings or adjustments for individuals. Other parts of the Disability Discrimination Act already deal with these areas. The Disability Equality Duty is about weaving equality for disabled people into the culture of public authorities in practical and demonstrated ways. This means including disabled people and disability equality in policy development and actions from the outset, rather than focusing on individualised responses to specific disabled people. It is about planning for equality at the beginning rather than trying to add it at the end.

It will not only improve your performance on disability equality, but will help you to meet your wider objectives and strategic priorities.

Bert Massie
Chairman
Disability Rights Commission

Elaine Noad
Scotland Commissioner
Disability Rights Commission

Contents

1. About this guidance	Page 3
1.1. What does this guidance cover?	Page 3
1.2. Who is this guidance for?	Page 3
1.3. How to use this guidance	Page 4
2. What the Disability Equality Duty means for NHS boards	Page 5
2.1. The purpose of the DED	Page 5
2.2. An end to institutional discrimination	Page 5
2.3. The social model of disability	Page 5
2.4. Disabled people and health inequalities	Page 6
2.5. Benefits for health boards	Page 6
3. DED and the wider equality framework	Page 7
3.1. Disability discrimination legislation – what’s new about the DED?	Page 7
3.2. NHS Scotland Fair For All – Disability Initiative	Page 8
3.3. The race and gender equality duties	Page 9
4. The general duty	Page 10
4.1. An overview of the general duty	Page 10
4.2. Promoting equality of opportunity	Page 10
4.3. Eliminating unlawful discrimination	Page 11
4.4. Eliminating disability-related harassment	Page 11
4.5. Promoting positive attitudes towards disabled people	Page 12
4.6. Encouraging participation by disabled people in public life	Page 14
4.7. More favourable treatment	Page 15
4.8. ‘Due regard’	Page 15
5. The specific duties	Page 17
5.1. An overview of the specific duties	Page 17
5.2. The Disability Equality Scheme	Page 17
5.3. Transparency	Page 18
5.4. Involvement of disabled people	Page 19

5.5.	Impact assessment	Page 23
5.6.	Gathering evidence	Page 25
5.7.	The action plan	Page 29
5.8.	DES implementation	Page 31
5.9.	Reporting on the DES	Page 31
6.	Making it happen	Page 33
6.1.	Leadership	Page 33
6.2.	Staff management	Page 33
6.3.	Partnerships	Page 34
6.4.	Budgets and budget setting	Page 35
6.5.	Contracted services guidance	Page 36
7.	Enforcement and accountability	Page 38
7.1.	Enforcement	Page 38
7.2.	Audit and inspection bodies	Page 38
8.	Further support	Page 40
8.1.	Disability organisations	Page 40
8.2.	Other DRC guidance	Page 40
Appendix 1		Page 42
	Tables of the three equality duties	

1. About this guidance

1.1 What does this guidance cover?

This guidance explains how the **Disability Equality Duty (DED)** applies to NHS Boards in Scotland. This new legal duty came into force on 4 December 2006.

The DED requires all public authorities to have due regard to the need to promote disability equality. Promoting disability equality involves promoting equality of opportunity for disabled people, eliminating unlawful discrimination and harassment, promoting positive attitudes towards disabled people and encouraging participation of disabled people in public life.

The DED requires you to give due regard to disability equality, even where that involves treating disabled people more favourably than other people.

The DED applies to both your public functions and to employment of disabled people. This guidance covers public functions. Section 8 of this guidance gives details of further **Disability Rights Commission (DRC)** guidance on DED, including on employment and procurement.

1.2 Who is this guidance for?

This guidance is intended for NHS Board Chairs, Board Members, Chief Executive and senior managers of NHS Boards and Special Health Boards in Scotland.

You will need to read this guidance if:

- you are a senior manager working in the health sector in Scotland
- you are a manager with responsibility for diversity
- you are responsible for implementing, delivering or monitoring a **Disability Equality Scheme (DES)** for your health board
- you are responsible for the design or delivery of health services
- you assess, monitor or regulate the delivery of publicly funded health care

- you commission or procure within the health sector.

The DED applies to all your public functions such as service delivery and strategic planning. It also applies to functions which may not immediately appear to have an impact on disability equality including policy development, budget setting and procurement; therefore this guidance is relevant to people working across health care, not just for those working in services specifically targeted at disabled people.

Partners of NHS Boards who provide health care, and the Scottish Executive Health Department may also find this guidance useful.

1.3 How to use this guidance

This guidance offers an overview of the DED and will help to illustrate the DED in the context of health boards in Scotland. It uses examples to illustrate what the duties could look like in practice and to show how implementation of the DED can transform both new and existing practices in order to achieve positive outcomes for disabled people and to contribute to meeting your wider organisational goals.

This guidance complements the 'Statutory Code of Practice: Scotland the Duty to Promote Disability Equality'.

2. What the Disability Equality Duty means for NHS boards

2.1 The purpose of the DED

The aim of the DED is to ensure disability equality for disabled people by ensuring that public authorities take account of disabled people when planning, delivering or monitoring services, including health care services.

2.2 An end to institutional discrimination

The DED should bring an end to institutionalised discrimination. For the first time ever, public authorities must take responsibility for tackling institutional disability-related discrimination. This is a dramatic progression from the focus on individual rights in the **Disability Discrimination Act 1995 (DDA)**.

The new duty does not give rights to individual disabled people. Instead it is about improving your policies and services as a whole, for all disabled people. Its focus is not so much on removing physical barriers (which authorities should have already addressed in compliance with Part 3 of the DDA 1995), but more on removing those barriers which have a negative impact on the lives of disabled people. These can result from policy, service design or initiatives that have not taken disability equality into account.

2.3 The social model of disability

The DED reflects the social model of disability. This takes the approach that what prevents a disabled person doing something, such as achieving access to a health service, are the barriers that society has put in place or failed to remove. In other words, it is society that disables a person; not their impairment.

The DED applies the social model to the functions of a public authority. It does this by recognising the negative impact on disabled people of a society designed for non-disabled people. It also recognises that active steps are needed to positively promote equality for disabled people.

2.4 Disabled people and health inequalities

The DED will have a particularly marked impact on the health sector. Whilst the situation is constantly improving, health care is an area of public service where the inequalities that disabled people encounter remain stark.

An estimated one in five of the Scottish population are disabled people. This includes people with HIV, cancer and MS who are now automatically covered by the amended definition of disability in the DDA.

Research shows that disabled people are more frequent users of health services than those who are not disabled. However, health outcomes for disabled people are lower than those for non-disabled people.

By proactively addressing your duty to positively promote disability equality, the DED offers health boards a unique opportunity to make real and positive changes to the lives of disabled people.

2.5 Benefits for health boards

The DED has potential to bring major benefits to your health board and, more widely, to the Scottish health sector.

By addressing your DED duties proactively and positively, you will be better placed to ensure that you meet your strategic objectives for all your user population, including disabled people. If you do not implement the DED successfully, you will fail to meet these strategic objectives as it is unlikely you will be delivering your service targets successfully for the one in five disabled people in your user population.

3. DED and the wider NHS equality framework

The DED should work alongside the wider diversity strategy of NHS Scotland. This strategy has been designed to facilitate the necessary cultural change at every level within NHS Scotland.

3.1 Disability discrimination legislation – what’s new about the DED?

The DED builds on the duties you already have as a service provider in the DDA 1995, which make it unlawful for you to discriminate against a disabled person, for a reason relating to his or her disability. This might mean:

- treating a disabled person less favourably than you would treat a non-disabled person
- refusing or failing to provide a service which you provide to people who are not disabled
- giving a lower or worse standard of service
- offering the service under less favourable terms, or
- failing to make ‘reasonable adjustments’ for disabled people.

Under your reasonable adjustment duty you must take reasonable steps to change any policies, practices and procedures which make it impossible or unreasonably difficult for disabled people to make use of your services. You are also required to provide an auxiliary aid or service if it would enable (or make it easier for) disabled people to make use of your services.

In addition, where a physical feature makes it impossible or unreasonably difficult for disabled people to use your services, you must take reasonable steps to remove the feature, alter it so that it no longer has that effect, provide a reasonable means of avoiding it or provide a reasonable alternative method of making the service available.

More information on these duties and advice on how best to put these into practice is available from the Fair For All – Disability initiative (see section 3.2) and from the DRC (www.drc-gb.org).

Reasonable adjustments are often necessary where thought was not given at the initial design stage on how to make standard policies, practices and environments accessible to all. The DED aims to ensure that thought is given to disabled people at all stages of a process.

The key distinguishing features of the DED are that:

- you must take account of issues concerning disabled people at a strategic, corporate and policy level
- you must demonstrate a commitment to identifying and improving outcomes for disabled people through changing assumptions and cultures
- you must work to eliminate inequalities between disabled and non-disabled people throughout all of the Board's activities and services and for all of the people that the NHS Board serves and employs, not just for services specifically for disabled people
- it is designed to eliminate the inequalities that arise due to an institution's culture and standard ways of operating, and so overcome institutional discrimination
- disabled people are actively involved and influential in identifying barriers faced by disabled people and unsatisfactory outcomes, setting priorities for action plans and in assisting planning activity
- it allows public bodies to treat disabled people more favourably if this is necessary to achieve equal outcomes for disabled people.

3.2 NHS Scotland Fair For All – Disability Initiative

The **Fair for All – Disability Initiative (FFA)** is a strategic partnership between the DRC and the Scottish Executive Health Department. The initiative was established to support health practitioners and managers to improve access to health services for disabled people and to meet their legal duties under Part 3 (Rights of Access to Goods, Facilities and Services) of the DDA 1995.

A Disability Equality Network has been established by FFA, with representation from all Scottish geographic and special health boards. The network provides a forum for health boards to share their experiences in relation to improving access to health services for disabled people, including emerging good practice.

Guidance is available from FFA which provides practical information for all NHS staff. For further information about this initiative go to **www.fairforalldisability.org** or contact your health board lead for disability equality.

3.3 The race and gender equality duties

Health boards are also subject to the Race Equality Duty and, from April 2007, the Gender Equality Duty. Appendix 1 consists of two tables which summarise the general and specific duties of the race, gender and disability equality duties.

Although there are some similarities between requirements of some elements of the three duties, the actions may differ. For example, following impact assessments, a particular policy may be found not to have an impact for race equality, but could have a profound negative impact for disability equality. Any work done in a 'generic' fashion, such as impact assessments or evidence gathering, must therefore clearly demonstrate how all the elements of all three duties have been fulfilled.

4. The general duty

4.1 An overview of the general duty

The overarching aim of the general duty is to promote equality of opportunity. In order to achieve this you should give **'due regard'** to the following six requirements, which are explained in more detail in this section. These are:

- the need to promote equality of opportunity between disabled people and other people (see section 4.1)
- the need to eliminate discrimination that is unlawful under the DDA (see section 4.2)
- the need to eliminate disability-related harassment (see section 4.3)
- the need to promote positive attitudes towards disabled people (see section 4.4)
- the need to encourage participation by disabled people in public life (see section 4.5)
- the need to take steps to meet disabled people's needs, even if this requires more favourable treatment (see section 4.6)

'Due regard' is explained at 4.7, below.

4.2 Promoting equality of opportunity

The need to promote equality of opportunity is the overarching aim of the general duty. It requires you to positively promote disability equality and to take steps to proactively remove disabling barriers such as social, cultural, political and environmental barriers in order to create equality of opportunity for disabled people.

As a result of promoting equality of opportunity between disabled and non-disabled people, disabled people will have equal opportunity to achieve the same health outcomes in comparison with people who are not disabled.

This may mean either changing policies and practices or making

additional or separate arrangements for disabled people. However, you need to be aware that removing barriers for some creates barriers for others and that any additional or separate arrangements you put in place must be designed to extend choice, not enforce segregation.

4.3 Eliminating unlawful discrimination

You must give due regard to eliminating discrimination that is unlawful under the Disability Discrimination Act 1995 (as amended).

This reinforces the DDA 1995 duties not to discriminate against a disabled person for a reason relating to their disability. It complements and overlaps with the anticipatory duty in the DDA to make reasonable adjustments for individual disabled people and not treat them less favourably.

The DED means working to eliminate the potential for any discrimination before it occurs. A proactive, systematic approach to removing the full range of barriers is essential to opening up services and ending discrimination. This will need to be planned at a strategic level and will be most appropriate where it relates to the functions of an organisation.

4.4 Eliminating disability-related harassment

The general duty requires you to have due regard to eliminating harassment of disabled people where this relates to their disability.

Disabled people can be subject to considerable harassment in daily life, such as when they are at work or accessing services. This may be direct verbal abuse or comments making the disabled person feel degraded, uncomfortable or intimidated. It can also take less obvious forms and need not be intentional.

A good illustration of what harassment can entail is given in the Scottish Executive's 'Dignity at Work' policy, which states that harassment of staff with disabilities can include:

- physical or verbal abuse or intimidation
- asking intimate or inappropriate questions about a person's disability
- using offensive language, name-calling, taunts, jokes, mockery

- assumptions that disabled people don't have a social life
- the assumption that physical disability equals mental disability
- exclusion from workplace activities and social events
- inappropriately questioning the existence of a non-apparent impairment
- unwelcome interference in an attempt to 'help' with work or questioning a disabled person's work ability by, for example, over-zealous scrutiny of sickness records
- un-invited touching.

Your DES must aim to eliminate disability-related harassment on grounds of disability and ensure that this is covered in all policies and procedures on harassment. You should have in place a policy for enforcing this. Harassment policies should be known about and understood by managers and employees.

Example

A mental health charity proposes establishing supported accommodation in the community for mental health service users leaving hospital. The NHS Board works with the charity to ensure that local residents are aware of the nature of the accommodation and the need for it, as well as the positive benefits to the community that the residents will bring. The NHS Board is acting proactively to prevent potential harassment of the mental health service users.

Involving disabled people in identifying the causes and sources of harassment and in developing action plans to overcome this will be beneficial and more likely to result in an effective strategy.

4.5 Promoting positive attitudes towards disabled people

The general duty requires public authorities to have due regard to the need to promote positive attitudes towards disabled people.

Whilst many people have positive attitudes towards disabled people, others may express fear, pity and lack of respect or contempt towards disabled people. Stereotypes, or simply the

absence of any positive representation, eg in public images, can have a negative impact on disabled people's lives. Having low expectations of disabled people is another example.

Such attitudes are not only hurtful, but can lead to discrimination and place unnecessary restrictions on disabled people.

You can sometimes promote or endorse messages which are negative about disabled people through portraying them only as service users and as vulnerable people who need help. However, disabled people can also be employees, carers, service providers, Board members or community leaders.

Actively promoting positive attitudes can help to address these issues.

Example

A health board sets up a group to review how disabled people are viewed within its area and within its workforce. It involves disabled people in this group.

The group establishes that there are a number of key areas where particular groups of disabled people are viewed in a negative and non-constructive manner, in particular adults with learning disabilities and mental health issues who are sometimes viewed with suspicion by non-clinical staff and health centre visitors.

From this starting point, the health board develops an action plan to identify the causes and to address them, including overcoming the stereotypes and misconceptions amongst staff and in the wider community.

Core to the action plan is joint working with the health board's respective local authorities to address the issues throughout all of the community.

This results in a media campaign and in training and development for staff across a wide range of agencies which shows disabled people in positive ways including highlighting their contributions through politics, voluntary work, family life, the economy etc. It also results in the development of new policies designed to overcome some of the preconceived ideas of disabled people.

Communication strategies or media campaigns will only partly address this element of the general duty.

4.6 Encouraging participation by disabled people in public life

The general duty requires public authorities to have due regard to the need to encourage participation by disabled people in public life.

Such participation will encourage positive attitudes towards disabled people and may lead to a reduction in harassment and discrimination.

There are many ways in which people, including disabled people, can contribute to public life. 'Public life' may include NHS Board membership, participation in patient groups, involvement as a volunteer for the Scottish Health Council's Local Advisory Council in their area, research and efficacy groups, working groups and NHS Board ethics committees.

Disabled people bring valuable experience and skills to the work of health care organisations. Traditionally, however, many disabled people have been prevented from or discouraged from participating in public life. This may be because of attitudes, policies or practices such as inaccessible meetings.

It will be important to ensure that disabled people are encouraged to participate in all levels of public life. In particular, health boards should look at the membership of their health board executive to determine if disabled people are represented, and if not, why not and to identify action to be taken to resolve this.

It should be noted that not all disabled people who participate in the public life of your health board will want to do so as a disabled person. It is equally likely that they will want to participate as an individual or to represent another interest in their life, as a service user, as a local councillor or an expert in a particular field.

It will be important to ensure that all meetings and other public forums are planned so that they are accessible to disabled people who wish to attend and participate.

4.7 More favourable treatment

The duty requires you to take steps to meet disabled people's needs, even if this requires more favourable treatment.

Equality of opportunity will not be achieved by treating disabled and non-disabled people alike. The DED makes clear that more favourable treatment of disabled people is required to achieve equality of opportunity.

There are likely to be instances where you require to set up dedicated services to enable disabled people to access mainstream services or care on equitable terms.

Example

A hospital which charges for parking may decide that disabled service users are not required to pay as they may have difficulties in accessing public transport, which other service users may have easy access to, eg patients undergoing cancer treatment may be too unwell or fatigued to travel by public transport, but may not be entitled to a parking permit under the Blue Badge scheme.

Following involvement of disabled user groups, the hospital also recognises that the dedicated disabled parking bays have controlled access to eliminate abuse of this parking by non-disabled people. More favourable treatment is necessary in this case to provide equality of access to health care at that site.

4.8 'Due regard'

You must give 'due regard' to the six parts of the general duty explored above. 'Due regard' is made up of two linked elements; **relevance** and **proportionality**.

'Due regard' means that you should give due weight to the need to promote disability equality in proportion to its relevance to the organisation.

You will be expected to provide evidence of having given 'due regard' in your DES. Impact assessment will assist you to in these activities (see section 5.5 for more guidance on impact assessing).

Relevance

You need to consider the relevance of disability equality to the services and functions provided. Disability equality is likely to have a greater relevance to some functions than others within each health board. When assessing relevance you will need to remember that the DED does not just cover service provision and staffing but a wide range of your functions.

Some functions may not appear immediately to be relevant. This includes things like budget setting, procurement and IT services but they can have a profound impact on disability equality.

Analysis of the relevance to equality for disabled people should allow you to prioritise the aspects of each function for review and action planning in the Disability Equality Scheme (see section 5) – involvement of disabled people will assist with this.

Proportionality

There may be occasions when circumstances change, meaning that you are unable to adopt a particular course of action, or it is not practicable to do so immediately. This might include expected changes to regulation which are not yet available, but should still be factored into action plans or planned review cycles for review of clinical guidance,

You must ensure that you have given 'due regard' to promoting disability equality balanced against other priorities.

5. The specific duties

NHS Boards and Special Health Boards are listed individually in regulations as subject to a set of specific duties which are designed to help you effectively meet, and to demonstrate you have met, the general duty.

5.1 An overview of the specific duties

The specific duties require health boards to:

- publish a Disability Equality Scheme
- involve disabled people
- gather and use evidence
- impact assess
- action plan
- report annually
- evaluate and revise the DES.

5.2 The Disability Equality Scheme

The **Disability Equality Scheme (DES)** is at the heart of the specific duties. It provides a framework to assist you in planning, delivering, evaluating and reporting on activities under the DED, to ensure compliance.

The first DES must have been published by 4 December 2006, covering a three-year period. You must review and revise your DES every three years and report annually on the implementation of the action plan.

Your DES should contain:

- a description of how disabled people are involved in the DES (see section 5.4)
- an outline of how you impact assess policies and procedures (see section 5.5)

- details of the information gathered (evidence) regarding the effects on disabled people of your policies and practices and how this was gathered and used (see section 5.6)
- an action plan setting out the steps you will take to meet the general duty (see section 5.7)
- the method of reporting on the outcomes of the actions taken in the DES (see section 5.9).

Section 5.8 gives guidance on how to implement your DES, and section 6 gives guidance on 'making it happen'.

Your DES will benefit from having an introduction giving details of your health board, details of public functions, objectives and values and the stage you are at presently in relation to equality for disabled people.

The introduction will give you an opportunity to demonstrate the commitment of the organisation to equality for disabled people. Therefore, either the Chair or the Chief Executive may wish to personally sign it.

5.3 Transparency

The DES must be published and made freely available. You must make the DES available in alternative formats such as large print and should consider including Easy Read, Braille, audio and electronic formats.

It is essential that disabled people know where to find the DES and that all the essential elements of the scheme are together in one place and are clearly identifiable. This is particularly important if you publish your DES as part of a wider document such as a corporate plan or the Annual Report.

If you publish your DES on the internet for people to see, it will be helpful if you bear in mind that it should be easy for people who do not work in your health board to locate it. Likewise, if a disabled person calls your general advice line to request a copy, staff there should be able to respond readily.

5.4 Involvement of disabled people in the DES

Why involve disabled people?

Involving disabled people in developing your DES is both a legal requirement and an opportunity to help you to get this right. The underlying principle for involvement is that public bodies will not be able to create disability equality across the six parts of the general duty effectively without the active involvement of their expert stakeholders, disabled people.

Who should you involve?

You need to involve as wide a range of disabled people as possible. This may include former, current and potential service users, staff and the wider community. These could be disabled people whom you believe to have an interest in the remit of your health board or who have particular expertise, which is relevant.

You may involve disabled people to assist you in a proactive, structured involvement programme or you may involve disabled people in a more localised way, perhaps in relation to a specific set of circumstances or a particular service.

Example

A hospital has received several complaints from disabled women about the antenatal services. It decides to undertake an investigation and through the local disabled parents network identifies a group of disabled women to involve in this.

Through a series of meetings and visits to the maternity unit the disabled women are able to highlight a range of barriers which the hospital has not previously noticed. These include the attitudinal barriers where staff have not listened to comments and requests made by disabled women, including how they communicate with deaf women during labour and an example where staff insisted on transferring an ambulant disabled woman, causing her discomfort, when she would have preferred to transfer herself from chair to birthing pool.

The information gathered as a result is used to formulate actions and targets for the DES action plan.

It is likely you are already working with groups of disabled people and this may provide an obvious starting point for developing an effective involvement strategy.

Example

A health board, through its Community Health Partnership (CHP), is seeking to involve disabled people in planning where services are located geographically within the community. They involve the local access panel and a group of disabled people who actively campaign for better access to transport, in determining how this is undertaken. This group helps the CHP to ensure that disabled people are involved in developing different options which give due regard to disability equality.

The CHP supports the groups of disabled people (voluntary organisations) who have worked with them in these tasks by refunding administration costs and paying ahead for travel and subsistence for group members.

The long-term viability and success of involving disabled people in helping you meet your DED will, however, be dependent on including people from a range of backgrounds and with different conditions and impairments.

You should also consider involving representative groups of disabled people. This approach may help you to involve disabled people from 'seldom heard-from groups' such as those from black minority ethnic communities, children and young people, people with learning disabilities or those in particular circumstances such as island communities.

There is no legal right for any individual disabled person, organisation or group to be involved. However, if you receive requests from disabled people or organisations of disabled people to become involved, you should give full consideration to these requests.

Building on existing structures

You may find it useful, when looking at a particular focus of activities, to make use of existing channels, such as your patients' forum, asking for specific input from disabled members or staff groups who have been involved in previous work or making the physical environment more accessible for disabled staff.

Involving disabled people does not necessarily have to be a completely separate process from other strategies you have. The involvement of disabled people can be embedded into existing structures where possible and appropriate. However, these processes must be fully accessible.

What does involvement entail?

By its nature the involvement process is a high-level strategic process which means that your health board is asking disabled people to contribute to something which will have a significant impact on the organisation. The involvement should therefore be planned, structured, resourced and significant.

There is no defined way of involving people in developing and taking forward DES work. It is up to you to agree with disabled people what approaches and mechanisms will work best for your functions.

The involvement of disabled people in the development of your DES must be more meaningful and influential than existing consultation and community engagement initiatives.

In order to be fully effective, involvement should be:

- focused – so that both disabled people and staff understand what is to be achieved and have a clear aim. To help to achieve this you will need to ensure that you explain clearly how your health board works and its functions
- accessible – you will need to take steps to ensure that your involvement mechanisms are accessible to a wide range of disabled people
- proportionate – the approach taken should be commensurate with the size and the functions of your health board

- influential – disabled people should have influence over decisions and priorities
- transparent – to maintain ongoing commitment to involvement by disabled people they need to know that it has been influential, not merely tokenistic. You should therefore report back to them on the results of their involvement.

How to involve disabled people

In involving disabled people you will need to consider a number of factors to ensure a fully inclusive approach.

These could include:

- senior management involvement in the development and delivery of the DES will send a clear message to staff and disabled people that this is critical to the health board's strategic objectives
- taking steps to ensure that all staff involved in this process have received disability awareness and disability equality training, including senior staff
- ensuring full access for all disabled people, including physical access to meeting rooms, providing advocates, and auxiliary aids and services and taking account of carer needs
- recognition of expertise and contribution by disabled people, such as through thank-you letters, follow-up information, payments or making a contribution to organisations of disabled people
- organising accessible transport for some disabled people who might otherwise be unable to travel to meetings and covering transport and other costs incurred through involvement
- considering alternatives to formal meeting structures
- taking the involvement process into the community, eg in older persons' accommodation.

The **FFA – Disability** guidance provides practical advice on communicating with disabled people (www.drc.org.uk/fair4all).

Reporting on involvement in your DES

Your DES should outline how and when disabled people have directly contributed to the development of your DES and how they have influenced it. You could cross-reference action plan activities to the section on involvement in your DES so that there is a clear trail from this to specific targets and outcomes.

In your annual reports, you should be very clear about the outcomes that have been achieved for disabled people, as a result of involvement. You could also indicate the contribution of senior managers and the health board to the involvement process.

Further information

The DRC has produced specific guidance on involving disabled people (see section 8).

5.5 Impact assessment

Carrying out impact assessments helps you to identify and assess the impact (or likely impact) of your new and existing policies and practices on disabled people. Your DES must give details of your methods for doing impact assessing policies and practices.

Why impact assess?

Effective impact assessing will highlight where disabled people are placed at a disadvantage and also missed opportunities to positively promote disability equality. You must then consider what steps you will take to resolve any weaknesses or gaps highlighted and put these into action.

What do you need to do?

Ensuring that you always have sufficient knowledge and understanding of all the issues and the causes and effects of discriminatory barriers will undoubtedly be a challenge. Involvement of disabled people will be key to effectively meeting this duty to impact assess.

Example

A special health board impact assesses every draft policy or practice paper which is to be discussed at Board level, for equality and diversity. The impact assessment is done with the involvement of disabled people who are involved in identifying the potential barriers and unsatisfactory outcomes faced by or likely to be faced by disabled people as a result of these policies. They also work with the health board to assess where potential opportunities to positively promote disability equality have been missed.

The involvement of disabled people also helps senior managers to impact assess existing policies and procedures. This activity helps to ensure that the health board's decisions and activities do not disadvantage disabled people and identifies where they might better meet all of the requirements of the duty.

- You may not have to carry out a full impact assessment in every case but you will need to develop criteria to determine whether it is a major policy in terms of scale or significance to your activities. Even if it is a 'minor' policy, it may have a major impact upon disabled people. This will include your mainstream policies as well as those relating specifically to disability.

Methods of impact assessing

There is no single way of carrying out an impact assessment. There are many tools available on the internet and elsewhere which will support you to carry out impact assessments. A full impact assessment is likely to include:

- consideration of available data
- assessment of the impact the policy or decision will have on disabled people
- consideration of measures to redress adverse effects and to promote equal opportunities
- a decision by the public body on what action needs to be taken and how this is to be implemented
- publication of the results of the impact assessment, and
- arrangements for future monitoring.

Example

A NHS Board fails to acknowledge the high proportion of mental health service users in its area who smoke. In developing budget priorities for a smoking cessation project, which includes an awareness-raising campaign, it ignores this fact when developing the action plan for the campaign.

As a result the campaign and the support available to help smokers to quit is not tailored to the needs of those with mental ill-health.

The campaign fails to meet all its targets as it has not reached a large part of the smoking population and the NHS Board has failed to meet its disability equality duty.

Who should impact assess?

You will need to ensure that staff at all levels of your health board and across all functions, are aware of the need to conduct impact assessments in relation to their activities. You could consider what mechanisms you need to put in place to embed this in staff activities in a meaningful and effective manner. Awareness training may be required to ensure that they know why, how and when it is to be done.

You could consider ensuring that impact assessing is integrated into training programmes, job descriptions and project management procedures and put in place a communications strategy to ensure that people are reminded of the requirement to impact assess.

Further information

The DRC have produced specific guidance on impact assessing (see section 8).

5.6 Gathering evidence

The DES must include details of your arrangements for gathering and using information on the effect of your policies and practices on disabled people. You should also gather evidence to help you determine what impact your actions will have. You will need baseline data in order to do this.

Why gather evidence?

There are two key aims for gathering evidence:

- to provide a basis for preparing disability action plans
- to review and demonstrate the effectiveness of actions taken.

Evidence gathered specifically on disability will help you to plan better for mainstream services as you will have a clearer picture of volumes of particular health conditions and disabilities within your local population.

Example

A health board, through its Clinical Governance Committee, puts in place arrangements to ensure that additional evidence is collected during every audit.

This additional information included a tick-box for disability, the range of disabilities and, where practical, details of barriers to achieving equal health outcomes.

Whilst this required additional analysis activity, it provided the health board with evidence in relation to some of the key areas of the NHS Board's services: diagnoses and treatments. As it is integrated into clinical audit it also ensures this area of evidence gathering is mainstreamed and is able to continue on an ongoing basis.

The evidence made available in this way is assessed for gaps and these are prioritised during a review of the action plan.

What evidence should be gathered?

Evidence gathering needs to be purposeful and focused. Often information will highlight a particular pattern or experience and act as a trigger to investigate this further to identify the underlying cause.

Your information gathering should include arrangements for gathering information on:

- the extent to which your services and functions take account of disabled persons' needs

- the effect of your policies and practices on disabled employees' recruitment, development and retention.

You should take account of the need to:

- identify inequalities to help prioritise and set targets
- identify where in a process barriers are intervening
- inform planning at the start of a process and evaluation
- inform impact assessments
- establish baseline data in order to monitor progress.

How to gather evidence for your DES

Methods for gathering information to support DED may include:

- staff, patient, carer and public surveys
- staff partnership surveys
- feedback from staff network groups
- commissioning of research
- using existing research, both in-house and from external sources.

Both quantitative and qualitative information will be useful.

It will be important to ensure that a range of methods is used to gather evidence, rather than relying on one method, such as surveys or consultations.

External statistics, including nationwide data, suitably disaggregated, can also be used as evidence or to refine your own evidence findings. For example, the Labour Force Survey can provide national information for benchmarking purposes. Data from academic sources and from organisations of and for disabled people can also be used.

You should mainstream disability into your existing evidence gathering mechanisms and you should also determine what additional evidence you need to gather specifically to support your disability equality work.

Consideration should be given to the need for additional information fields when collecting primary evidence and to refining

the analysis process and techniques rather than engaging in additional data collection exercises.

Analysis of this information might use performance indicators to compare:

- past and current performance
- outcomes for disabled people and non-disabled people
- outcomes for disabled people with different impairment
- outcomes for disabled people from different ethnic backgrounds, gender etc.

Example

A health board conducts an audit of success rates for a group of procedures, comparing non-disabled patients, to disabled patients and finds that there are significant differences, with some disabled people who have particular impairments having a lower ratio of successful outcomes, with higher lengths of in-patient stays.

The health board would need to take steps to identify the reasons behind this and consider ways in which the clinical outcomes and lengths of stays could be improved for disabled people. This would be fed into subsequent revisions of their DES action plan, the clinical governance and business planning processes. They should involve disabled people in these tasks.

Disability equality will not be the same for all disabled people as disabled people are not a homogenous group. Evidence gathering will need to take account of this and, where necessary, some data will need to be collected based on impairment types or on specific barriers. A straightforward example of this is that if you do not know how many British Sign Language (BSL) users use (or could use) your services, you will not be able to gauge what level of BSL interpretation will be required overall.

Other issues

Other issues you will need to take into consideration include the

Data Protection Act and privacy concerns, particularly where individuals could be identified if only a small number of disabled people are represented in your sample group. You will need to give careful consideration to how you form questionnaires and how you collate and present the final evidence.

It will also be important to take steps to ensure that evidence is gathered in a sensitive manner including recognising, for example, that not all people with long-term health conditions understand or accept that they are covered by the definition of disability. Interviews or questionnaires should also inform disabled people what the information is being collected for and how it will be used.

Further information

The DRC have produced specific guidance on evidence gathering (see section 8).

5.7 The action plan

Your DES must include an action plan which sets out the steps that you are going to take to meet the six requirements of the general duty (section 4).

Your action plan must be outcome focused and aim to make practical improvements to equality for disabled people. It should clearly identify specific outcomes across all six parts of the general duty, how they will be achieved, who will be responsible and what the measures of success are.

Developing your action plan

There are a number of approaches to help you to develop and prioritise actions:

- involve disabled people and utilise what they think the priorities should be for achieving disability equality (this is a legal requirement)
- identify where fundamental change is most needed or where it will have greatest impact for achieving disability equality, eg early stage planning, standards and inspection regimes

- identify which internal functions or tasks are going to be most effective in implementing the general duty
- highlight new initiatives or changes to central policies, eg issued by the Scottish Executive, that are to be implemented by you.

Your first action plan

Your first action plan will very likely be different in feel and content from later ones. You may find it helpful to map out your functions and to identify what information you already possess, where evidence gaps exist and how to fill them. This will help to ensure that the DES does not simply reflect services for disabled people, but takes into account all the functions of your health board.

Your first plan could highlight the development of new evidence, gathering processes. Irrespective of the information held it should still be possible to identify key actions to be included in this first plan. You should involve disabled people and consider existing research and information to achieve this.

You can add to and update your action plan throughout the period of its life as circumstances change and improvements are made. You can take account of new roles and initiatives, new or emerging evidence, successful outcomes and new priorities coming to light.

Outcomes and targets

It will be critical that your action planning process clearly identifies what the outcomes will be. It is not enough to say that staff will be trained, that funds will be made available to provide accessible information or that a conference will be organised. These are outputs rather than outcomes.

Outcomes should identify what the reality will look like as a result of taking the action(s) you identify in your plan. This might be, for example, that the user satisfaction rate for disabled people using local health services will be equal to that of non-disabled people.

Specific targets and objectives in the action plan should also be mainstreamed into the operational business plan of the relevant division or function. This will help to ensure that achieving disability

equality is not isolated from other tasks and that it is delivered alongside other core objectives.

One target that you should consider in your action planning is how you will help to build the capacity of your organisation so that it is best able to deliver disability equality. This will include looking at cross-cutting actions such as staff training.

5.8 DES implementation

Your action plan will show what is to be achieved, how, when and by whom, and during the period of the DES you should deliver on these actions. In addition, you must carry out evidence gathering, whilst demonstrating the effective use of this information.

Although you will be expected to implement all aspects of your DES, there may be occasions where it may be impractical or unreasonable to do so. This could be due to unforeseen changes in circumstances which make it unreasonable to carry out certain activities. It may also be where escalating costs cause it to be impractical or disproportionate to the potential impact expected of that particular action.

However, you will need to consider other solutions to achieving the objectives of such actions since there will still be a requirement to overcome the identified barriers for disabled people. If you introduce changes to the DES, these changes should be transparent and clear and you should involve disabled people in these decisions.

See also section 6, 'Making it happen'.

5.9 Reporting on the DES

You must publish a report on the DES annually. The report should contain three key elements:

- what has been done over the past year to meet the aims and targets in the action plan
- the evidence gathered (and how this was used)
- what actions have been taken to address the inequalities highlighted in the analysis of the information.

There is no requirement to publish this as a separate report. It could, for example, be included in your health board's Annual Report. However, it must be clearly identifiable as your DED report and readily available to anyone who asks for a copy.

The report should allow disabled people, and other interested parties, to assess how successful you have been in meeting your action plans.

6. Making it happen

This section is about making the DED work and bringing about outcomes for disabled people rather than getting mired down in paperwork and processes. It gives guidance on some of the actions and principles that you can follow. This section is just a start and you should not limit yourself to the activities featured below.

6.1 Leadership

Strong and visible leadership needs to be at the forefront of these actions. This will ensure that disability equality and delivery of the DED is driven forward in a strategic and visionary manner.

Ultimately the legal responsibility for compliance rests with the members of your NHS Board. Whilst some elements of the DED are likely to be delegated, the overall control of and responsibility for DED should be taken forward by a dedicated Executive Director. A suitably experienced non-executive board member could be nominated to support them in this task.

All health board members and management teams should lead the change and should be fully engaged in the process to achieve positive outcomes for disabled people.

Strategic documents relating to the DED should be discussed and signed off at Board level. Likewise all other strategic documents, such as budgets and internal audits, should only be signed off once your Board is assured that due regard has been given to disability equality, across all six elements of the general duty.

6.2 Staff management

Staff may see the DED as adding to their extensive and competing priorities and resist what they perceive as another demand taking time away from delivering core work.

Many staff members, such as clinicians, may feel that the DED has little impact on their work as they are working at the 'sharp end' and are not involved in developing or monitoring policies and strategy.

To minimise fears about the scale of the task, the DED needs to be treated not as an addition to, but as an integral part of the core work of every function. As well as being embedded into corporate plans it needs to become fully accepted as a normal part of the daily work routine. You should consider reviewing and amending processes to ensure that the DED is built into staff's core work.

This could include:

- staff objectives
- project plans
- operating processes or procedures.

Training (particularly disability awareness training) will be important to ensure that staff understand what the DED means, how 'invisible' institutional discrimination can arise, why the DED will make a positive difference and how to apply it to their particular area of work. This should also build staff confidence by showing that improvements are practical and achievable.

Information and training on the DED can be built into induction programmes and performance appraisals, such as the Knowledge Skills Framework.

6.3 Partnerships

Partnerships, including Community Health Partnerships and their links to Community Planning Partnerships, are not covered by the DED in their own right. However, your partnership activities are all covered by your own DED. Likewise some of your partners, namely those who are themselves public bodies, will also have the general and/or specific duties and will need to apply these to the partnership work and demonstrate this through their own DES.

Not all the organisations or individuals represented on partnerships will have legal responsibilities under the DED. Members of the partnership may find it helpful to collectively apply this guidance and the processes required by the specific duties to partnership planning and activity.

6.4 Budgets and budget setting

It will be important to apply the specific duties to budget procedures and budget-setting activities. Impact assessment of budgets will help to identify where greater equality is likely to be achieved by good budget planning.

The DED will help you to perform your functions better and more effectively, in the long run, therefore effective implementation of the DED makes good financial sense. It will prevent remedial expenditure and potential litigation costs by individuals who are discriminated against.

Example

A health board develops a procedure where every service development has to be impact assessed to ensure that due regard is paid in each development to all of the requirements of the general duty. This includes the costs and resources required and the potential impact.

Before the finance department can sign off the development, prior to senior management approval, they take steps to ensure that the development has been impact assessed for disability equality and that this is clearly demonstrated in the development proposal.

Only once it is evident that due regard is being paid to the requirement of the duty will they sign it off and forward it for approval.

Your budgeting procedures and actual budgets will need to take account of expenditure required to meet the elements of the general duty and to allow for the processes of the specific duties, such as involvement, to be met. This could include, for example:

- training on disability equality
- specialist furniture
- Braille printing costs
- communication support
- accessible involvement meeting facilities

- accessible surveys
- changes to IT such as website design.

You should not underestimate the time commitment and costs of this. The three-year cycle of developing a DES, monitoring outcomes and annual reporting set out in the specific duties will help you to prioritise and plan for these changes.

6.5 Contracted services guidance

The DED provides you with a significant lever for change across health services, particularly through contracted supplies and services.

Contracts will include general practitioner and general dental services, PFI contracts, nursing services, palliative care services, mobile scanning and theatre services, outsourced IT services, printing, waiting room furniture, aids for daily living, hotels and conference venues and hardware supplies. This list is illustrative and not intended to be exhaustive but it shows the wide range of services related to health care which are potentially delivered by others.

Those health services provided by private health contractors such as general and dental practitioners and pharmacies will play a major role in addressing health inequalities for disabled people.

Under the DED, contracting and procurement managers could take steps to:

- review and revise terms and conditions on procurement and contracting of services to ensure that equality considerations are mainstreamed
- review and revise local procurement and contracting procedures to ensure that they are accessible for contractors who are also disabled people
- indicate in contracts, the evidence the contractor is required to collate to ensure compliance with the general and specific duties
- give due weight to and reflect the disability equality in the tender or contract specification, selection and award criteria, in addition to the contract conditions

- ensure that there is a full and common understanding and acceptance of the disability requirements of the contract
- monitor performance of disability equality as part of the contract monitoring process and review as appropriate
- consider where the involvement of disabled people will provide the process with expert advice and support.

Further information

The DRC have produced specific guidance on procurement (see section 8).

NHS Scotland has its own specialist source of guidance and advice in NHS National Services Scotland. NHS National Services Scotland plan to produce National Procurement Guidance on Disability, see www.nhsnss.org for more information.

7. Enforcement and accountability

7.1 Enforcement

Disabled people

As well as being involved in the development of your DES, disabled people are well placed to comment on its effectiveness and on the annual reports which you publish.

Disabled people, and other interested parties including the DRC, may raise judicial review proceedings in the Court of Session, if they believe that there has been a breach of the general duty due to action or inaction by a NHS Board.

The Disability Rights Commission

The DRC also has powers to take legal action to enforce compliance with the specific duties where authorities fail to carry out their responsibilities.

This enforcement action includes serving a compliance notice on the public body and requesting that it reports to the DRC within 28 days to show how it is or will comply with the particulars in the notice. Failure to respond satisfactorily to the compliance notice could result in the DRC applying to the Sheriff Court for a compliance order.

7.2 Audit and inspection bodies

Public bodies that inspect or audit public bodies are also bound by the DED to promote disability equality in all aspects of their work. These include Audit Scotland, the Scottish Commission for the Regulation of Care, and other bodies such as NHS QIS who have responsibility for setting standards for the health sector in Scotland. It will be very important for them to ensure that the DED is built into inspection regimes so that your performance regarding DED is inspected.

These bodies are required to publish a DES including an action plan which should include how they will apply the general duty to their inspection and auditing functions. This will ensure that they have due regard to disability equality in assessing health boards' performance in relation to DED, advising them on the development of effective DES and associated monitoring arrangements.

8. Further support

8.1 Disability organisations

Involvement of disabled people is a key to meeting the DED. Support available from disability organisations might include putting you in touch with individual disabled people, contributing to the development of the DES, providing disability equality training, and so on.

It is important to note that support needs to be two-way. The requirements of the DED will help to ensure that disabled people have opportunities to exert influence over matters of importance to them, but it could also place heavy demands on disability organisations and individual disabled people. There will, quite reasonably, be charges for some services such as disability equality training. The capacity and resources of disability organisations and of individual disabled people need to be supported.

8.2 Other DRC guidance

Other guidance documents in this series produced in 2006 and 2007 focus on the following sectors and issues:

- An overview of DED
- Education – Higher and Further Education (GB)
- Education in schools (Scotland)
- Local authorities (GB)
- Housing (GB)
- Employment (GB)
- Planning and highways (GB)
- Authorities covered by the DED in Scotland; a list and explanation
- Guidance for disabled people
- Gathering and using evidence
- Impact assessment

- Involvement
- Procurement

Further separate guidance for England and Wales is available including guidance for the NHS, National Assembly of Wales, social care and schools education.

All guidance documents (except the guidance for disabled people, the Overview and guidance on involvement, all of which will be published in a range of formats) are only available online and can be downloaded free of charge from the DRC website. You can get a copy of published guidance by contacting the DRC Helpline, details of which are below.

Copies of the DDA 1995 and regulations made under it can be purchased from The Stationery Office. Separate codes covering other aspects of the DDA, and guidance relating to the definition of disability are also available from The Stationery Office. The text of all the DRC's codes can also be downloaded free of charge from the DRC website: **www.drc-gb.org**.

Telephone: 08457 622 633
Text phone: 08457 622 644
Fax: 08457 778 878
email: enquiry@drc-gb.org

Post:
DRC Helpline
FREEPOST
MID02164
Stratford upon Avon
CV37 9BR

Appendix 1

Tables of equality duties

The following tables set out, briefly, the general and specific duties of the DED, RED and GED. They show that there are clear differences between the duties. Any work done in a 'generic' fashion must therefore clearly demonstrate how all the elements of all the duties have been fulfilled.

Structure

General Duties

Gender Equality Duty	Disability Equality Duty	Race Equality Duty
<p>Due regard to the need to:</p> <ul style="list-style-type: none">● Eliminate unlawful discrimination and harassment● Promote equality of opportunity between men and women.	<p>Due regard to the need to:</p> <ul style="list-style-type: none">● Promote equality of opportunity between disabled persons and other persons● Eliminate discrimination that is unlawful under the Disability Discrimination Act 1995● Eliminate harassment of disabled persons that is related to their disabilities● Take steps to take account of disabled persons' disabilities, even where that means treating disabled persons more favourably than other persons● Promote positive attitudes towards disabled people● Encourage participation by disabled people in public life.	<p>Due regard to the need to:</p> <ul style="list-style-type: none">● Eliminate unlawful racial discrimination● Promote equality of opportunity● Promote good relations between persons of different racial groups.

Specific Duties

Gender Equality Duty	Disability Equality Duty	Race Equality Duty
<p>A listed public authority must prepare and publish a Gender Equality Scheme.</p> <p>The Scheme must set out the overall objectives the public body has set to allow it to meet its general duty. The public body must consider the need to have an objective to address the causes of any unequal pay for men and women staff related to their sex.</p> <p>The scheme must also set out the actions it has taken or intends to take to:</p> <ul style="list-style-type: none"> ● Gather information on the effect of its policies and practices on men and women, in particular the extent to which they promote equality between male and female staff, and the extent to which the services it provides and the functions it performs take account of the needs of men and women 	<p>A listed public authority must involve disabled people in the development of a Disability Equality Scheme which demonstrates how it intends to fulfil its general and specific duties and which includes a statement of:</p> <ul style="list-style-type: none"> ● The way in which disabled people have been involved ● The methods for impact assessment ● Steps which the authority will take towards fulfilling its general duty (the Action Plan) ● The arrangements for gathering information in relation to employment and, where appropriate, its deliver of education and its functions ● The arrangements for putting the information gathered to use, in particular in review the effectiveness of its action plan and in preparing subsequent DES. 	<p>Listed public authorities must publish a Race Equality Scheme setting out functions and policies that are relevant to the general duty on race and arrangements for:</p> <ul style="list-style-type: none"> ● assessing and consulting on the likely impact of proposed policies on the promotion of race equality ● monitoring policies for any adverse impact on the promotion of race equality ● publishing the results of such assessments, consultation and monitoring ● ensuring public access to information and services which it provides ● training staff in connection with the duties imposed by the Race Equality Duty.

Specific Duties (continued)

Gender Equality Duty	Disability Equality Duty	Race Equality Duty
<ul style="list-style-type: none"> ● Make use of the information it has gathered to meet the duty and review the effectiveness of its scheme and the actions taken ● Assess the impact of its policies and practices on men and women, and use the results to inform its work ● Consult employees, service users, trade unions and others ● Achieve the objectives it has set. <p>The public authority must put the scheme, and the actions identified, into effect within three years. It must report annually on the actions it has taken.</p> <p>It must review the scheme and publish a revised scheme within three years.</p> <p>Listed public bodies with at least 150 full time equivalent staff must publish an equal pay policy statement, and report on this every three years.</p> <p>continued</p>	<p>Within 3 years of the Scheme being published, take the steps set out in its action plan and put into effect the arrangements for gathering and making use of information.</p> <p>Publish an annual report containing a summary of the steps taken under the action, the results of its information gathering and the use to which it has put the information.</p> <p>From December 2008, Scottish Ministers will have to publish reports every 3 years that:</p> <ul style="list-style-type: none"> ● Give an overview of the progress made by public authorities in relation to disability equality ● Set out proposals for co-ordination of action by public authorities so as to bring about further progress on disability equality. <p>end</p>	<p>Employers are required to monitor by reference to racial group staff in post and applicants for employment, training and promotion. Where the employer employs 150 or more full-time staff it must also monitor the numbers who receive training, benefit or suffer detriment from performance assessment reviews, are involved in grievance procedures, are the subject of disciplinary procedures or cease employment.</p> <p>Listed educational authorities must prepare a race equality policy, and have and fulfill arrangements to:</p> <ul style="list-style-type: none"> ● assess the impact of its policies, including its race equality policy, on pupils, staff and parents of different racial groups, including, in particular, the impact on attainment levels of pupils <p>continued</p>

Specific Duties (continued)

Gender Equality Duty	Race Equality Duty
<p>Scottish Ministers must publish reports every three years, in addition to the Scottish Executive's equality scheme and equal pay statement. These reports will set out the priority areas which Ministers have identified for advancement of equal opportunities across the public sector, and provide a summary of progress made in these priority areas by the public sector.</p>	<ul style="list-style-type: none"> ● monitor the impact of the operation of such policies on such pupils, staff and parents, including, in particular, their impact on attainment levels of pupils ● take steps to publish annually the results of its monitoring. <p>Where the race equality policy is prepared by an education authority, that authority should ensure that each school under its management complies with the arrangements in the race equality policy.</p> <p>Further and higher education institutions must prepare a race equality policy, and have and fulfill arrangements to:</p> <ul style="list-style-type: none"> ● assess the impact of its policies, including its race equality policy, on students and staff of different racial groups, including, in particular, the impact on attainment levels of pupils ● monitor, by reference to those racial groups, the admission and progress of students and the recruitment and career progress of staff ● include in its written statement of its race equality policy an indication of its arrangements for publishing that statement and the results of its assessment and monitoring ● take steps to publish annually the results of its monitoring.

These show that there are clear differences between the duties. Any work done in a 'generic' fashion must therefore clearly demonstrate how all the elements of all the duties have been fulfilled.

Disclaimer:

'Every effort has been made to make sure that the information in this booklet is correct. However, it is not intended to be an authoritative statement of the law, and the DRC cannot accept any legal responsibility or liability.'