

Equality Impact Assessment (EIA)

Legislation requires that our policy documents consider the potential to affect groups differently and eliminate or minimise this where possible. This process helps address inequalities by identifying steps to ensure equal access, experience, and outcomes for all groups of people.

Step One – Policy Definition

Function/policy name and number:	Conflict Resolution and Challenging Behaviour Policy
Main aims and intended outcomes of the function/policy:	Distressing or challenging behaviour, referred to as challenging behaviour throughout this policy, is often seen in people with health problems that affect communication. A person's behaviour can be defined as "distressing" or "challenging" if it puts them or those around them at risk. It is important when managing challenging behaviour to understand the reasons for what is causing the distress that has led to the incident and to react accordingly whilst recognising the vulnerability of the individual at that time. As part of dealing with the challenging behaviour of patients, a clinical assessment of the patient's capacity (at the time of the incident) is required. When an individual is "lacking capacity" (a person who lacks capacity to make a particular decision or take a particular action or themselves at the time the decision or action needs to be taken, Section 2 of the Mental Capacity Act 2005 refers) they may exhibit challenging behaviour that they are unable to acknowledge themselves at the time. Some people may lack capacity due to certain medical conditions or severe learning difficulties for example but, for others capacity may change when they have an illness or condition which affects them at certain times. Alternatively, lacking capacity could be because of being unconscious or barely conscious at that time or, being under the influence of drugs or alcohol.
How will the function/policy be put into practice?	The Trust will proactively explore all options to deter violence linked to challenging behaviour and have in place measures to robustly prevent all forms of violence and aggression in order to: • Prevent and protect staff from violence at work. • Prevent and protect patients from other patients and visitors from acts of aggression • Provide a safe and secure working environment for all employees and thereby help to increase morale and reduce absenteeism. Ensure that employees are confident that they will receive the necessary support, guidance, and training to enable them to manage conflict that can lead to violence and aggression within the workplace

	• Provide the necessary support to those employees who have been involved in a violent or aggressive incident • Provide guidance for Line Managers as to the action they must take to support the welfare of victims. • Ensure incidents of violence or aggression are properly recorded and that all necessary control measures are implemented and monitored for their effectiveness in reducing violence. • Comply with relevant Health and Safety Legislation The Trust will provide the necessary training for staff, following a multi-agency problem solving approach, highlighting trends, and using sanctions against patients, visitors, and their relatives (or accompanying persons) whilst on Trust premises. The purpose of this policy is to provide practical strategies to help identify, assess, understand, prevent, and manage challenging behaviour. It further assists in the improvement of the quality of care given to individuals by preventing or minimising distress and meeting individual needs; ensuring care is delivered within a safe environment in accordance with the latest national and NICE guidance.
Who will be affected/benefit from the policy?	All staff employed both directly and indirectly by the Trust working at Russells Hall Hospital, Corbett and Guest Outpatient Centres. Also patients, visitors and their relatives.
State the type of document:	Policy
Is an EA required? NB: Most policies/functions will require an EA with a few exceptions, such as routine procedures-see guidance attached	Yes
Accountable Director: (Job Title)	Group Chief Development Officer
Assessment Carried out by:	Director of Estates & Facilities
Date Completed:	4 th March 2026

To help you to determine the impact of a strategy or policy, think about how it relates to the Public Sector Equality Duty, the key questions as listed below and prompts for each protected characteristic are included Step 3:

-Eliminate unlawful discrimination, victimisation, and harassment

-Advancing equality of opportunity

-Fostering good community relations

KEY QUESTIONS

- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a policy is experienced and whether outcomes vary across groups?
- What information /data or experience can you draw on to indicate either positive or negative impact on different groups of people in relation to implementing this function policy?

Step Two – Evidence & Engagement

Research/Publications <i>(List any publications or research you have looked at here)</i>
• NICE Guidance Challenging Behaviour and Learning Disabilities • Health and safety at Work Act 1974 • Mental Capacity Act 2005 • Terrorism (Protection of Premises) Act 2025- Known as Martyn's Law
Working Groups <i>(Have you consulted with any groups?)</i>
Security Liaison Group
Clinical or Subject Experts <i>(Have you consulted any experts? List them here)</i>
Lead for Mental Health and Complex Vulnerabilities Security and Car Park Manager – Mitie Local Security Management Specialist for the Trust Matron ED Community Nursing Services Lead Head of Estates and Facilities EPRR and Business Continuity Advisor
Engagement Activity Focused on Protected Groups <i>(Age, disability, race, sex, gender reassignment, marriage & civil partnership, pregnancy & maternity, religion or belief, sexual orientation, Other marginalised groups e.g. Homeless people or anything privacy or dignity related)</i>
Name of Source: Head of Corporate Resilience Date: September 2025 Protected Characteristic: All
Name of Source: Equalities Business Partner Date: 30/10/25 Protected Characteristic: All

Summary of the feedback received from the engagement activity focused on protected groups:

- Avoid jargon, acronyms or language that may alienate people reading this policy, for example new or neurodivergent colleagues will struggle to read the policy with acronyms throughout.
- Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network.
- Recognise that staff who have visible religious attire may be more at risk if discriminatory behaviour and may also face barriers to speak up.
- Involve staff networks (e.g., EmbRACE, LGBTQ+, Disability) in policy development and review.

- Offer access to Freedom to Speak Up Guardians, Occupational Health, and Employee Assistance Programmes for staff who have experienced violence or discrimination.
- Include mechanisms to monitor the policy's impact across different groups – Use Datix & HR data to collect and analyse data on complaints, grievances, and resolutions by protected characteristic.
- Use feedback from staff networks and equality leads to inform updates.
- Ensure staff understand how unconscious bias and microaggressions can contribute to conflict.
- Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict differently due to communication barriers, cultural misunderstandings, or unconscious bias.

Step Three – Assessment of Impact

Complete **relevant** boxes below to help you record your assessment.

Consider information and evidence from the previous section covering:

- Engagement activities
- Equalities monitoring data
- Wider research

Also, consider due regard under the general equality duty, the NHS Constitution and Human Rights.

What detail is required below:

A negative impact requires every box to be completed

Positive impacts need the first three boxes completed

Neutral impacts need to be marked neutral with no other details.

Age: Describe age-related impact and evidence. This can include safeguarding, consent and welfare issues:

Positive, negative or neutral impact:

Neutral Impact

Disability: Describe disability related impact and evidence. This can include attitudinal, physical, communication and social barriers, as well as mental health/ learning disabilities, cognitive impairments

Positive, negative or neutral impact:

Negative & Positive Impact

If the impact is positive or negative, is it low, medium, or high risk for this group?

Medium & High

Concern or Benefit

Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmBRACE staff network.

Positive Impact High:

	Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict differently due to communication barriers, cultural misunderstandings, or unconscious bias. The policy details that responses to challenging behaviour need to be proportionate, respectful, and does not discriminate. It also accounts for patients with cognitive impairments, mental health conditions, or language needs, ensuring reasonable adjustments are made.
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy.

Gender re-assignment: Describe any impact and evidence on transgender people. This can include issues such as privacy of data and harassment:	
Positive, negative or neutral impact:	Negative & Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium & High
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmBRACE staff network. Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict

	differently due to communication barriers, cultural misunderstandings, or unconscious bias. The policy details that responses to challenging behaviour need to be proportionate, respectful, and does not discriminate. It also accounts for patients with cognitive impairments, mental health conditions, or language needs, ensuring reasonable adjustments are made.
If a negative impact, how will it be mitigated?	Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before publication
How will you monitor/review or report this?	- Datix and HR data monitored to ensure reporting is consistent across characteristics - Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy. - Utilise patient complaints data to understand experience and reporting levels

Marriage and civil partnership: Describe any impact and evidence in relation to marriage and civil partnership. This can include working arrangements, part-time working, and caring responsibilities:	
Positive, negative or neutral impact:	Neutral Impact

Pregnancy & Maternity: Describe any impact and evidence on pregnancy and maternity. This can include working arrangements, part-time working, and caring responsibilities:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	All Trust staff and the Security Team need to have completed statutory Equality and Diversity mandatory training.

	Risk Assessments for any pregnant staff need to reflect this.
If a negative impact , how will it be mitigated?	Risk assessment will discuss where an incident may happen and the protocol to follow to avoid danger to pregnancy.
Who will lead on this	Relevant Managers
When will it be mitigated?	As and when required
How will you monitor/review or report this?	- The PFI Team monitor Mandatory Training for Mitie on a monthly basis. - Trust staff Mandatory Training will be monitored by their Line Managers.

Race: Describe race-related impact and evidence. This can include information on different ethnic groups, Roma gypsies, Irish travellers, nationalities, cultures, and language barriers:	
Positive, negative or neutral impact:	Negative & Positive Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High & High
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network. Patients from diverse backgrounds, particularly those with protected characteristics (e.g. race, disability, age, gender identity, religion) may experience conflict differently due to communication barriers, cultural misunderstandings, or unconscious bias. The policy details that responses to challenging behaviour need to be proportionate, respectful, and does not discriminate. It also accounts for patients with cognitive impairments, mental health conditions, or language needs, ensuring reasonable adjustments are made.
If a negative impact, how will it be mitigated?	Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead

When will it be mitigated?	Before Publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy. • Utilise patient complaints data to understand experience and reporting levels

Religion or Belief: Describe any religion, belief or no belief impact and evidence. This can include dietary needs, consent and end-of-life issues:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	High
Concern or Benefit	Recognise that staff who have visible religious attire may be more at risk if discriminatory behaviour and may also face barriers to speak up. They may not feel safe and supported to raise concerns
If a negative impact, how will it be mitigated?	• Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before publication
How will you monitor/review or report this?	• Datix and HR data monitored to ensure reporting is consistent across characteristics • Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy. • Utilise patient complaints data to understand experience and reporting levels

Sex: Describe any impact and evidence on men and women. This could include access to services and employment:	
Positive, negative or neutral impact:	Neutral Impact

Sexual Orientation: Describe any impact and evidence on heterosexual people as well as lesbian, gay and bisexual people. This could include access to services and employment, attitudinal and social barriers:	
Positive, negative or neutral impact:	Negative Impact
If the impact is positive or negative, is it low, medium, or high risk for this group?	Medium
Concern or Benefit	Recognise that ethnically diverse, LGBTQ+, and disabled staff may face additional barriers to speaking up. They may not feel safe and supported to raise concerns, this has been confirmed in recent focus groups with internationally trained staff and through colleagues in the EmbRACE staff network.
If a negative impact, how will it be mitigated?	Add detail to the policy to highlight this concern and add to managers section to encourage all incidents to be reported
Who will lead on this	Policy Lead
When will it be mitigated?	Before Publication
How will you monitor/review or report this?	- Datix and HR data monitored to ensure reporting is consistent across characteristics - Seek feedback from staff networks and FTSU for lived experiences to improve and enhance the policy.

Other marginalised groups, e.g. Homeless people: Describe any impact and evidence on groups experiencing disadvantage and barriers to access and outcomes. This can include lower socio-economic status, resident status (migrants, asylum seekers), homeless, looked after children, single parent households, victims of domestic abuse, victims of drugs / alcohol abuse: (This list is not exhaustive)	
Positive, negative or neutral impact:	Neutral Impact

Privacy, dignity, respect, fairness etc:	
Positive, negative or neutral impact:	Neutral Impact

EQUALITY IMPACT ASSESSMENT (EIA) - GUIDANCE

NOTES

An equality impact assessment (EIA) ensures that issues of equality, diversity, and inclusion are considered when developing or revising strategies, policies, or proposals that affect the delivery of services and the employment practices of the Trust.

Why should we carry out an EIA?

We are required to carry out equality impact assessments because:

- There is a legal requirement to do so in relation to the protected characteristics
- They help identify gaps and make improvements to services
- They help avoid continuing or adopting harmful policies or procedures
- They help you to make better decisions
- They will help you to identify how you can make your services more accessible and appropriate
- They enable the Trust to become a better employer

Equality Impact Assessments help us to:

- Determine how the Trust strategy, policies and practices, or new proposals, will impact or affect different community groups, especially those groups or communities who experience inequality, discrimination, social exclusion or disadvantage.
- Measure whether strategies, policies or proposals will have a negative, neutral, or positive effect on different communities.
- Make decisions about current and future services and practice in fuller knowledge and understanding of the possible outcomes for different communities or customer groups.

What do we need to assess?

Trust policies are subject to a 3-year review. Alongside the reviews, new policies will emerge. Most policies, strategies, and business plans will need an EIA.

However, EIAs are not required for changes in routine procedures, administrative processes, or initiatives that will not have a material impact on staff, patients, carers, and the wider community. Examples include checking the temperature of fridges, performing highly technical clinical procedures, and office moves.

DGFT Process for EIAs

The revised EIA process is a single-stage process carried out in three steps.

Step One: Policy Definition

This involves a description of the policy details. This is the fact-finding stage where you gather as much information about the strategy, policy or function you intend to assess. Who will be using the service, policy or function and the outcomes you want to achieve. It is important to make sure that your service, policy or function has clear aims and objectives.

Step Two: Evidence and Engagement

EIAs should be underpinned by sound data and information. This should be sought from various sources:

- The knowledge and experience of the people assisting in the service.
- ONS local demography/ Census data: [Census Maps - Census 2021 data interactive, ONS](#)
- Service monitoring reports / Divisional reports
- Patient satisfaction surveys
- Workforce monitoring reports
- Complaints and comments
- Outcome of consultation exercises
- Feedback from focus groups
- Feedback from organisations representing the interests of key target groups
- National and local statistics and audits [Joint Strategic Needs Assessment - All About Dudley Borough](#)
- Academic, qualitative and quantitative research
- Ward/ Divisional reviews
- Anecdotal data

This stage allows you to identify whether your strategy, policy or function has a positive or negative or potential negative impact on the protected characteristics. In some cases, an initial EIA is all you will need to establish whether you are providing equal outcomes for staff or patients. If you receive no feedback or concerns, you can mark each characteristic in section 3 as a neutral impact.

Step Three: Assessment of Impact

This is the central and most important part of the EIA.

To help you determine the impact of the strategy or policy, consider how it relates to the Public Sector Equality Duty. The key questions and prompts for each protected characteristic are listed below.

- Eliminate unlawful discrimination, victimisation, and harassment
- Advancing equality of opportunity
- Fostering good community relations

The real value of completing an EIA lies in the actions that will take place and the positive changes that will emerge from conducting the assessment. To ensure that the action plan is more than just a list of proposals and good intentions, the following should be included:

- Each action is attributed to a key person who is responsible for its completion
- An achievable timescale that is also at the same time reasonable
- Relevant and appropriate activities and progress milestones
- How the action will be monitored/reviewed

KEY QUESTIONS

- What information /data or experience can you draw on to indicate either a positive or negative impact on different groups of people with implementing this function policy
- Are people with protected characteristics likely to be affected differently even though the policy is the same for everyone?
- Could there be issues around access, differences in how a service or policy is experienced and produce outcomes that vary across different groups
- Does the policy relate to the Trust's equality objectives?

NB mitigation measures must be identified and acted upon where an adverse impact is known or likely.

Step Four: Assurance

This section enables the EIA to be signed off by a head of or director for the area. This will assure the equality team that the EIA has been conducted thoroughly and thoughtfully.

Help & Support:

The equalities team will provide advice and support throughout the EIA process. Once you have completed your EIA, you must submit these documents to the procedural documents team, who will then ask the equalities team to sign off on the final version of the form.

For training, guidance and resources, including completed example forms, please visit the equality, diversity and inclusion hub pages: [Equality Impact Assessments](#) accessible

Copies of the EIA:

The manager who completed the strategy or policy review should keep copies of the form for monitoring/revisiting at the following policy review. Procedural documents will also keep a copy on file. All EIA will then be published on our external web pages to demonstrate due regard for the Public Sector Equality Duty.