Tackling Inequalities through the regulation of services and organisations: lessons from other sectors and countries

Final report for Care Quality Commission

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SQW

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12 interviews with regulators, oversight and supervisory bodies from other sectors and countries
SQW

Executive Summary

1. The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC makes sure health and adult social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

2. CQC commissioned SQW (an independent research consultancy) and their subcontractors the Kings Fund Library Service and Dr Tammy Boyce, in Spring 2023. They delivered a study focusing on how regulators, oversight and supervisory bodies, from other sectors and countries, tackle inequalities experienced by service users.

3. The study involved a rapid literature review, with analysis of 46 of the most relevant documents identified through a systematic three stage sifting process. Literature was identified through a search of relevant databases and websites by the King's Fund Library Service and a call for evidence issued by CQC to regulators and supervisory and oversight bodies. All documents were qualitatively assessed against the AACODS framework[1]. Based on this framework, the overall **quality of the evidence base is good**.

4. The literature review was supplemented with 12 semi-structured interviews with regulators and supervisory and oversight bodies (in the UK and internationally).

Considerations and implications for regulators

5. The findings from this rapid literature review provide relevant insights, both for CQC and other regulators seeking to tackle inequalities experienced by service users. The implications of these insights and the possible areas for consideration are set out below.

6. These implications are not specific to CQC, as this review has not sought to evaluate CQC's practice. Instead, they are implications which any regulator could consider, and some may be relevant for CQC.

7. That said, it is worth noting that the review identified a considerable amount of evidence on approaches to tackling inequalities that have been taken by CQC. This does suggest that CQC, relative to other UK regulators, may be further ahead in (at least thinking and planning within) this theme. However, it was acknowledged by interviewees that there remains further progress to be made by CQC.

[1]. See here for more information https://www.library.sydney.edu.au/research/systematic-review/downloads/AACODS_Checklist.pdf

Implementation

1. Approaches to tackling inequalities experienced by service users identified in the literature are typically multi-faceted and holistic. Regulators could consider how **multiple interventions and approaches can be combined and embedded;** this is likely to prove key in enabling change at scale.
2. Regulators could consider how to **embed sustainable approaches to tackling inequalities amongst different service areas or user groups**. It is important to ensure that once an area of inequality or a particular service user group has been focused on, that the focus on tackling inequalities in that space does not entirely shift away to the extent that inequalities return.
3. Regulators could consider **building mechanisms that are specifically focused on equality and protected characteristics into existing regulatory frameworks**. Providing clear and streamlined frameworks which set clear expectations can support providers in their efforts to address inequalities.
4. It is important that regulators **assign accountability and responsibility amongst their own workforce** in relation to tackling inequalities. The literature highlights the importance of ensuring that staff working within regulators have a strong understanding of their role in tackling inequalities, as well as an understanding of how the standards they inspect against link to equality.
5. It is important for regulators to **ensure their vision for tackling inequalities is communicated widely to both their own staff and the organisations they regulate**. There was no single definition of inequalities used across the literature. A clear vision will support consistency in understanding.
6. Regulators need to **remain realistic as to how far they can affect inequalities experienced by service users accessing settings they regulate**. Regulators are one-step removed from service users and their families. With this in mind, they should be realistic in setting expectations regarding their own potential for influence.

Engagement

7. It is important for regulators to **sustain (or embed) a focus on shared learning with other regulators**. Working collaboratively with other regulators was highlighted in the evidence as a key enabler and approach to addressing inequalities.
8. It is important that regulators **work collaboratively with partners within the systems in which they work** to address inequalities. This may require some new relationships to be established. Collaboration could be delivered at various levels, from co-production and co-design activities, to engagement, to sharing learning with other regulators or providers.
9. It is important that regulators **demonstrate the behaviours and characteristics they are seeking from providers in tackling inequalities**.
10. Regulators could consider how **dual 'encouragement and enforcement' functions can best support effective engagement with providers**. The evidence emphasised the effectiveness of collaborative approaches, without discounting the efficacy of enforcement measures if collaboration proves unsuccessful. Collaboration was considered to be a particular enabler in situations where providers were willing to improve services, but lacked the knowledge or ability to do so.
11. It is important that regulators **continually assess the transparency of their communications with providers, to ensure clear expectations are set with a view to building trust and confidence.** Transparent communications were identified as a key enabler to encouraging provider buy in and efforts to tackle inequalities.
12. Regulators may wish to **assess the extent to which services effectively capture and utilise a diverse range of service user, lived experience and/or family voice**

(as appropriate to the service offer/user group) to inform continuous service improvement.

13. It is important that regulators continue to **ensure service user voices are adequately reflected in their own activities or approaches to addressing inequalities**. This could involve co-design or co-production approaches, or collaboration with groups with expertise in working with seldom heard user groups or those particularly at risk of inequality. Being clear on roles and expectations and avoiding tokenism will be key in service user and lived experience engagement.
14. It is important that regulators **ensure processes and communications are as accessible as possible**, both within their own organisations and their providers.

Data, evidence and impact

15. Regulators may wish to **test and implement approaches to measure their impact** on equalities. As a key gap identified in this review, further research around the measurement of outcomes associated with regulator action to tackle inequalities experienced by service users could prove helpful.
16. It is important that regulators **continue to contribute to the evidence base** around inequalities, to support the providers they work with.
17. It is important that regulators **identify the trajectory that a provider is on in tackling inequalities experienced by service users, and ensure the reasons for any changing performance are fully understood**. Progress made by regulators in increasing staff and provider knowledge and awareness around inequalities can perversely appear in monitoring data as though that organisation is performing worse, at least in the short term.
18. Recognising that tackling inequalities experienced by service users takes time, regulators could **identify expected interim outcomes to ensure realistic expectations**. Developing and sharing a headline logic model or theory of change as a type of 'maturity index' to assess against could inform assessment and improvement activities.

Key findings: understanding and conceptualising inequalities

8. How regulators conceptualise (i.e. understand or perceive) their role in tackling inequalities influences their actions. Understanding this perception is key to understanding how and why regulators seek to address inequalities and the extent to which this varies.

The role of regulation, supervision and oversight in tackling inequalities

9. The role of regulators in tackling inequalities experienced by service users is enshrined in legislation. In the UK, this includes the Equality Act 2010, including but not limited to the provisions of the Public Sector Equality Duty (PSED) and compliance with the Human Rights Act 1998. In Scotland and Wales, legislation extends the PSED to give public bodies additional roles in relation to addressing inequalities.

10. Interviewees highlighted that the legislation and statutory frameworks underpinning their roles were of key importance in driving their actions. However, there is some variation in how regulators perceive their roles in relation to legislative frameworks, with some regulators seeking to ensure a focus on equalities throughout their work.

11. The literature and interviewees recognised wider key drivers which may influence how regulators perceive their role in tackling inequalities. These included:

    - The scope of regulators, with some bodies focusing on specific sectors and others having much broader roles and legislative functions/underpinnings.
    - Specific requirements within legislative frameworks. For example, some regulators are explicitly required to take equality and human rights concerns into account when discharging their functions.
    - How regulators respond to legislative frameworks. While there are structures in place to support the mainstreaming by regulators of tackling inequalities experienced by service users, there are differences in how this is implemented by individual regulators.
    - Wider expectations on what the role of a regulator should be. There was reported to be an increasing awareness of the importance of tackling inequalities in society, which was recognised as driving the evolution of regulator roles in tackling inequalities.

12. Overall, the literature is clear that the role of regulation is vital in supporting a system to work towards tackling inequalities. However, regulation is often one part of a complex system and can often be one step removed from service users. This influences the extent to which regulators can directly take action to address inequalities.

Conceptualising inequalities

13. The conceptualisation and understanding of inequalities across the literature reviewed was largely consistent, primarily because it is largely grounded in legislation. However, there was no single definition of inequalities used across the literature; some literature sources extended their definition of inequalities beyond the core legislation, particularly to encompass socio-economic disadvantage. Some sources noted that equity should be distinguished from equality.

14. Health inequalities were more broadly conceptualised, identifying a range of factors which affect inequality, including socio-economic inequalities, access to education, employment and housing, geographic location and an individual's circumstances and behaviours. Health inequalities were often conceptualised in the literature at a system

level, which perhaps may be expected given that the literature reviewed was focused on the role of regulators.

15. There was some variation in how inequalities were conceptualised. For example, some regulators have explicit links to equalities within their strategy or broader objectives. Others have set out specific equality objectives which provide an indication of regulator priorities and conceptualisation of equalities.

16. Variations in capturing data and measuring performance can also lead to variations in how inequalities are conceptualised, for example, as a result of different terminology utilised by different measures or indicators.

Key findings: tackling inequalities for service users

17. Progress in embedding approaches to tackle inequalities experienced by service users was variable, with the evidence indicating that some bodies are further ahead than others. Generally, the regulators who appear to have made the most progress towards embedding approaches have described addressing inequalities as 'at the heart' of what they do.

Approaches to tackling inequalities taken by regulators

18. Approaches taken to tackle inequalities were often delivered in conjunction with each other and were not often delivered as a single stand-alone activity. This suggests that a holistic and multi-faceted approach is required to tackle inequalities experienced by service users.

Working with partners

19. Regulators have worked closely with partners to address inequalities. This has included working with other regulators and with supervisory and oversight bodies. It has included working collaboratively to develop standards, guidance or initiatives and sharing learning.

20. The literature outlined a range of approaches to system working, to share learning and insights to tackle inequalities. This has involved regulators working with government departments, third sector organisations and providers. Examples included bringing together system stakeholders to address specific protected characteristics, delivering workshops, webinars and training campaigns to system stakeholders and seconding inspectors to other organisations to support work to address inequalities.

21. Regulators also discussed learning from those organisations they regulate and subsequently implementing transferrable learning around tackling inequalities.

Working with service users

22. Working closely with service users has also been a key approach utilised by regulators. This has included co-production and co-design activities, including involving service users in the development of guidelines or systems which seek to address inequalities and in the provision of advice and guidance (including within governance structures).

23. Regulators delivered approaches which encouraged service user input, predominantly through formal consultation processes, in which the importance of taking a person-centred approach to consultation was highlighted. Regulators also delivered broader engagement activities to support them to address inequalities, including pre-consultation engagement activities. Targeted engagement with key groups was undertaken to gather insights, improve awareness and inform regulatory approaches.

24. Regulators reported working closely with third sector organisations who represent specific groups who experience inequalities; engaging early was seen as key.

Supporting accessibility

25. Regulators have used their position to develop and issue guidance to providers of services they regulate, to improve accessibility and communication, particularly for those with protected characteristics. In addition, regulators have implemented approaches which seek to improve accessibility of their own organisation for those with protected characteristics or specific vulnerabilities. This included supporting service users to raise issues or complaints, including around inequalities and using digital tools to support access for key groups.

Effectively using data and evidence to explore inequalities

26. Predominantly, the literature identified ways in which regulators have used data to inform their own regulatory activity, including drawing on the wider evidence base to inform the development of guidance and standards and to inform their own understanding of whether their engagement had been inclusive. The importance of using tangible metrics to do this was highlighted. It was noted that focusing specifically on monitoring inequality would ensure that it is not unintentionally overlooked.

27. Regulators also set expectations and offer support for providers to undertake effective monitoring, for example, through providing guidance/support around gathering evidence.

Contributing to the evidence base

28. Regulators have contributed to the evidence base around inequalities, most commonly through undertaking research or thematic inquiries into key equality issues. Regulators have analysed data and shared this back with the sector in a way that they anticipated

was meaningful and could be used by providers to address inequalities. Other approaches used by regulators to contribute to the evidence base included involving those whom the research is focused on in developing evidence and commissioning external specialists to explore and inform the evidence base.

Allocating responsibility for equality within regulators

29. Assigning accountability and responsibility within regulators to drive the reduction of inequalities is a key approach taken by regulators. Various models are discussed in the literature, including allocating individual departmental 'champions', giving responsibility to a Board or working group to drive forward work across the organisation, or giving all staff responsibility and ownership for addressing inequalities. While these approaches were considered effective in the literature and by interviewees, there is a need to avoid fragmentation or dilution of accountability.

Utilising regulatory mechanisms

30. Regulators have built mechanisms into regulatory frameworks that are specifically focused on equality and protected characteristics. The evidence asserts that providing clear and streamlined frameworks, standards or guidelines to providers, with expectations around tackling inequalities, can support providers in their efforts.

31. Balancing regulatory mechanisms with appropriate guidance to both support and direct action from providers was raised in literature sources and by interviewees. This is described in one literature source as an 'improvement' approach to addressing inequalities.

Assessing the impact of activity on equalities

32. Multiple literature sources discussed regulators undertaking equality impact assessments to ensure that any approaches or policies implemented consider the potential impact on service users. As public bodies, regulators must consider their impact on equalities. However, the extent to which this is delivered effectively is reported to be variable.

33. Examples of reported effective approaches include ensuring that the right skills and capacity are involved in delivering assessments. Equality action plans were also identified as a way for regulators to clearly set out their plans to tackle inequalities and facilitate buy-in. The literature also discussed utilising anticipatory mechanisms of impact by setting expectations that regulated organisations complete equality impact assessments.

Addressing specific inequalities

34. Regulators have implemented approaches to tackle specific inequalities. For some, this has involved targeting the groups with most need, to ensure that resources are used most effectively and learning is identified to improve subsequent approaches over time.

Measuring progress towards tackling inequalities

35. There is growing awareness of the importance of measuring regulator progress towards (and their impact on) tackling inequalities experienced by service users. However, there is limited evidence from the literature or interviews around how this is, or can be, measured.

36. That said, there have been steps taken by regulators and supervisory and oversight bodies to improve their ability to measure their impact. This has included allocating responsibility for measuring progress and implementing plans to monitor progress and impact.

37. The evidence did identify some emerging impacts achieved in tackling inequalities as a result of regulators' approaches, including improved provider compliance in addressing inequalities and providers implementing equality-focused guidance. Due to the challenges in collecting and accessing robust quantitative data against key metrics, impacts have largely been measured qualitatively.

Key findings: enablers and challenges

38. The review identified several enablers and challenges which regulators and supervisory and oversight bodies face in tackling inequalities; these are set out thematically below. In considering these, it is important to note a cross-cutting challenge experienced is that regulators are *"one step removed"* from the users of the services they regulate. Regulators have less direct influence on inequalities when compared with providers (who are undertaking direct delivery) and this relates to challenges in measuring success.

Regulator leadership, culture and workforce knowledge

39. The review underscores the critical enabling role played by strong leadership in regulatory bodies in addressing inequalities. It emphasises the need for leaders to explicitly prioritise inequalities in organisational strategies, communicate this commitment clearly to staff and embed considerations of inequalities across all regulatory activities. This helps to foster an organisational culture that prioritises tackling inequalities.

40. The lack of consistent understanding of inequalities among staff was identified as a key challenge. The importance of a universally accepted definition of inequalities which takes into consideration the structural or systemic nature of inequalities was noted.

Additionally, the review emphasised the significance of staff understanding their responsibilities in relation to tackling inequalities. Learning and development activity was identified as a key enabler in overcoming challenges and ensuring staff are equipped with sufficient knowledge and awareness to adequately monitor, inspect and regulate organisations' practice.

Collaboration and engagement

41. Service user engagement is seen as key enabler to tackling inequalities, fostering trust and legitimacy, which the evidence identified as particularly important in the context of historically low trust in health and social care institutions among some communities facing inequalities. Providing adequate remuneration to service users was considered important in enabling their engagement, although the impact on any statutory benefits needs to be clear.

42. Engagement and collaboration between regulators and the provider organisations they oversee is important. Collaboration was particularly seen as an enabler when providers were willing to enhance services but lacked the knowledge or ability to do so. Transparency was identified as a key factor in fostering a collaborative relationship between regulators and providers. Open communication and clear expectations contribute to building trust, fostering mutual understanding and promoting shared goals in addressing inequalities. Transparent communication facilitates responsive problem-solving, encourages compliance by raising awareness of standards and supports a continuous improvement feedback loop.

43. Having a shared and consistent vision across the system was an enabler. This was particularly important where regulators were thinly spread across a large number of providers, or did not have the resources to affect changes to services on their own.

Capacity and resourcing

44. Both regulators and providers face significant challenges due to limited capacity and resources. Regulators reported being able to make progress in specific regulatory areas, but struggled to ensure sustainability of progress due to resource constraints or a change in priority, meaning attention was sometimes diverted to other areas.

45. The review also highlighted challenges at provider level, especially for organisations facing COVID-19 pandemic backlogs and staffing issues. The additional workload and stress associated with inspections was also reported to further strain resources and impact service quality. Regulators mitigated this by reducing administrative burdens, by emphasising reflective learning as opposed to collecting and reporting on monitoring data.

Quality and availability of data

46. In some areas, interviewees noted gaps in data on protected characteristics, making it challenging to identify and monitor differences in service provision. Data is also underutilised, presenting an opportunity for regulators.

47. The complex nature of inequalities was identified as a challenge for regulators in measuring and attributing progress made by providers. Addressing systemic inequalities may take a significant period; improved awareness can paradoxically appear to worsen performance in monitoring data, as previously unknown or hidden inequalities are surfaced.

1. Introduction and background

1.1 The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC makes sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

1.2 In May 2021, CQC published a new strategy for the changing world of health and social care[2]. The strategy aims to make regulation more relevant to the way care is now delivered and more flexible to manage risk and uncertainty. It will enable CQC to respond in a quicker and more proportionate way as the health and care environment continues to evolve. The strategy sets out CQC ambitions under four themes:

- People and communities
- Smarter regulation
- Safety through learning
- Accelerating improvement.

1.3 Running through each theme are two core ambitions; to assess local systems and to tackle inequalities in health and care.

Introduction to the study

1.4 To support the delivery of the new strategy, in Spring 2023 CQC commissioned SQW (an independent research consultancy), and their subcontractors the King's Fund Library Service and Dr Tammy Boyce, to deliver a study focusing on **'what works to tackle inequalities by regulators, oversight and supervisory bodies, from other sectors and countries'**.

1.5 The study involved a rapid literature review culminating in a full review of 46 documents, alongside 12 interviews with key regulators and oversight and supervisory bodies (including in other sectors/countries) to explore effective approaches and conditions which have worked to protect and promote equality amongst service users. The evidence collection period ran from June 2023 to December 2023. The study methods are presented in detail in Annex A.

1.6 This report presents findings from the study. It aims to provide new insights on the challenges and successes experienced in tackling inequalities, providing contextualised good practice examples and learnings to inform how CQC can contribute to its core

[2] A new strategy for the changing world of health and social care (cqc.org.uk)

ambition of tackling inequalities and ensuring compliance with equality and human rights legislation.

Key considerations

1.7 When reading this report it is important to keep the following methodological considerations in mind:

- This review was delivered over a relatively short timescale (June 2023- December 2023). The budget and timescale parameters meant that no more than 50 documents could be fully reviewed and a maximum of 12 interviews could be undertaken. Other relevant searches, documents or interviews may have yielded useful insights, but it was not possible for SQW to undertake these within the study parameters.

- All 46 documents were qualitatively assessed against the AACODS framework[3]. Based on this framework, the overall **quality of the evidence base is good**. However, the volume and depth of evidence varies across different sectors, bodies and countries. While interviews sought to address this issue, there are gaps in the evidence. An overview of the evidence base is explored in detail in Annex C. Gaps and associated limitations are explored in the final sections of the report.

- Specific illustrative examples have been presented where relevant throughout the next section of the report. These have been identified to illustrate relevant examples from the literature and should not be interpreted as the only specific examples identified through the review.

- Throughout this report, regulators, supervisory and oversight bodies are referred to collectively as 'regulators', unless the literature has used specific terminology or phrasing otherwise.

Report structure

1.8 This report has been prepared for use by CQC, in line with their specification for the study. The report is structured as follows:

- Chapter 2: Rapid literature review: the evidence base
- Chapter 3: Key findings: understanding and conceptualising inequalities
- Chapter 4: Key findings: tackling inequalities for service users
- Chapter 5: Key findings: enablers and barriers to tackling inequalities

[3]. See here for more information https://www.library.sydney.edu.au/research/systematic-review/downloads/AACODS_Checklist.pdf

- Chapter 6: Conclusions and learning for CQC.

1.9 A bibliography of the documents reviewed, a detailed methodology, a summary of the evidence base, the literature search protocol and call for evidence briefing note are included as annexes.

Acknowledgements

1.10 The research involved a collective effort and SQW would like to thank everyone who contributed their time and thoughtful reflections to the process.

1.11 Thanks are especially due to the interviewees who took the time to willingly share their experiences and thoughts to inform the study, as well as those who responded to the call for evidence and supplied documentation to the study team.

1.12 We would also like to extend thanks to the team at CQC, in particular Lucy Wilkinson, Líadan Buggy and Helen Ketcher for their input and guidance throughout.

1.13 The SQW research was directed by Lauren Roberts, managed by Jane Meagher and involved a research team comprised of Isabel Hampton, Tom Boothroyd and Izabela Zawartka.

1.14 The King's Fund Library Service team comprised Lynsey Hawker and Carly Cox-Dove. Dr Tammy Boyce provided expert advice and insights throughout.

1. Key findings: understanding and conceptualising inequalities

1.15 This section presents evidence from the literature and interviews regarding how inequalities are understood and conceptualised by regulators and oversight and supervisory bodies in the UK (including those from other sectors) and regulators of health and adult social care services and organisations in other countries.

1.16 It summarises learning on how the role of regulators in tackling inequalities is perceived, including by regulators themselves. It also comments more broadly on how inequalities are conceptualised by regulators (including the extent to which this varies).

The role of regulation, supervision and oversight in tackling inequalities

1.17 The role of regulators in tackling inequalities is enshrined in legislation. In the UK, this includes the Equality Act 2010, including but not limited to the provisions of the Public Sector Equality Duty (PSED). Some of the literature, particularly material focused on equality through a human rights lens, also cited the regulatory role in compliance with the Human Rights Act 1998 (HRA). In Scotland and Wales, legislation extends the PSED to give public bodies additional roles in relation to addressing inequalities. The Fairer Scotland Duty, for example, requires public sector bodies to consider how they can reduce socio-economic disadvantage when making strategic decisions (Healthcare Improvement Scotland, 2021). A similar Socio-Economic Duty was introduced in Wales in 2021.

1.18 Wilkins (2014) noted that changes to legislation over time have shifted the role of public bodies to "*proactively promote equality rather than simply prevent discrimination".* In the context of regulation, this has involved legislative functions for regulators to inspect and assess specifically to ensure that organisations are meeting the obligations placed on them by legislation (Scottish Housing Regulator, 2023). Kotecha et al (2018) set out three key roles for regulators in addressing inequalities; drafting (or designing), monitoring and enforcing.

1.19 Interviewees highlighted the **legislation and statutory frameworks underpinning their role as being of key importance in driving their actions**. One interviewee highlighted that legislation gave them clear criteria to work from, noting that in the past, their criteria for addressing issues for different protected characteristics had become *"clunky"*.

1.20 The Equality Commission for Northern Ireland (2019) also affirmed that having a legislative framework for regulators (and those organisations they regulate) offers greater accountability, including to tackle inequalities. Victral and Heller (2023) extended this

point, stating that regulators can be *"guarantors of accountability"*, with regulators being best placed in their role to assess whether human rights are being progressively met or overlooked.

"Less-intrusive options and social 'nudges' can be effective, but expert opinion suggests that to have any chance of working, lighter options, such as voluntary action, must be backed up with strong, swift and credible threats of regulation."

Buck, 2016, cited in Beech et al (2020, p.25)

1.21 The publication of equality objectives and statements has given some insight into how individual regulators perceive their own role in tackling inequalities. The specific duties in the PSED have required some public bodies in the UK, including many regulators, to publish information which demonstrates compliance with the PSED. This has included setting equality objectives or outcomes at least every four years (Kotecha et al, 2018).

1.22 While this review has not sought to comprehensively assess published equality objectives and statements, there are key themes which indicate some variation in individual regulators' perceived roles.

1.23 **Some regulators have aimed to ensure that a focus on equalities permeates throughout their work**. For example, Healthcare Improvement Scotland's Mainstreaming Report (2021) set out their commitment to consider equality within all that they do.

"Every year [public bodies] must publish equality information on their service users and four year equality objectives. We use it as an opportunity to go just beyond minimum compliance."

Interviewee

1.24 Interviewees highlighted the value of regulators embedding equalities objectives within their overarching strategic objectives:

"This has helped put equalities at the heart of what we do, it is part of our core business rather than slightly detached. When it is separate from the main business planning, there is a risk they can be disjointed. We have always done what we need to do – but now it is at front and centre – it is easier to report on it and do it and it is transparent, easier to communicate to the public and stakeholders."

Interviewee

1.25 The literature and interviewees recognised wider key drivers which may influence how regulators perceive their role in tackling inequalities. These included:

- **The scope of regulators**; for example, some bodies focus on specific sectors, whereas others (e.g. the Equality and Human Rights Commission, EHRC) have much broader roles and legislative functions. Sector specific regulators may also have other legislative frameworks in which they operate, which can influence how they both perceive and carry out their role in relation to equality. For example, the Financial Services Markets Act (2000) has provided an additional framework in which the Financial Conduct Authority (FCA) must operate, to ensure that customers who may need different treatment receive it (Goss Consultancy, 2016).

- **Specific requirements within legislative frameworks**, which influences regulators' perceptions of their role in tackling inequalities. Barrett (2018) pointed out that some regulators are explicitly required to take equality and human rights concerns into account when discharging their functions. Barrett noted that CQC is one such regulator.

- **How regulators respond to legislative frameworks**. One interviewee noted that while structures are in place to support mainstreaming inequalities into regulation, like the PSED in the UK, there are differences in how these structures are used. They used the example of assessing the impact of policies on equalities, which public bodies are expected to do under the PSED. They stated that some regulators use this mechanism effectively to inform how policies might affect particular groups of people. However, other regulators may take the view that *"its equality assessment is that there is no equality assessment needed because it's… for the greater good."*

- **Wider expectations on what the role of a regulator should be, including societal perceptions.** Maroy (2004) suggested that to maximise their role in addressing inequalities, regulators, supervision and oversight bodies should coordinate with each other to work together to tackle inequalities. Farber (2023), in a US context, argued that regulators should focus more intently on issues of inequality through the use of and greater attention to, quality data and modelling. Interviewees also discussed the increasing awareness of the importance of tackling inequalities in society in driving the evolution of regulators' role in tackling inequalities. They noted that for themselves, it has prompted them to have greater consideration around how they are tackling inequalities and can continue to do so. This was also acknowledged as increasing provider awareness.

1.26 Overall, the literature is clear that the **role of regulation is vital in supporting a system to work towards tackling inequalities** (Bennett et al, 2022), as regulators have the power to ensure that standards are met (Institute of Health Equity, 2023). However, it is important to note that regulation is often one part of a complex system and can often be one step removed from service users, which influences the extent to which the role of regulators can address inequalities. This is explored further in the next sections of this report.

Conceptualising inequalities

1.27 Both the literature and interviewees commented on how inequalities are conceptualised (i.e. defined and understood). The conceptualisation of inequalities across the literature reviewed was **largely consistent, primarily because it is largely grounded in legislation**. It should be noted, however, that health inequalities were conceptualised somewhat differently; this is explored further below. In the UK context, regulators tended to conceptualise inequalities alongside the notion of protected characteristics, citing the Equality Act 2010, or specifically the PSED, with Scottish regulators also citing the Fairer Scotland Duty. Therefore, the broad consistency in conceptualisation, at least in the UK context, is not surprising.

1.28 However, there was **no single definition of inequalities** used across the literature; the scope of the definition tended to vary. Interview evidence concurred with this, with slight variations in how inequalities were viewed or understood, but agreement that legislation is a key driver for conceptualisation.

1.29 Some literature sources **extended their definition of inequalities beyond the core legislation**, particularly to encompass socio-economic disadvantage. While the Equality Commission for Northern Ireland (2019) noted that socio-economic disadvantage is not a protected characteristic, it is vitally important in ensuring inclusivity.

1.30 However, while inequalities can be conceptualised broadly by regulators, it was noted by some interviewees that some regulators conceptualise inequalities more narrowly and specific to the intersectionality of their service user population (and therefore are less likely to include all inequalities in their conception).

Conceptualising health inequalities

1.31 Literature sources focused on **health inequalities provided a broader conceptualisation** of inequality. This was summarised by Healthcare Improvement Scotland (2018) who noted that protected characteristics are just one of a wide range of factors affecting inequalities, which include socio-economic inequalities, access to education, employment and housing, geographic location and an individual's circumstances and behaviours (for example, their diet or alcohol consumption).

1.32 McAuley et al (2016) simplified this, stating that health inequalities exist because of people occupying unequal positions in society. Public Health England (2018) noted that these inequalities are, to an extent, avoidable. They stated that the health inequalities faced by people with learning disabilities in the UK start early in life and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. Other literature sources agreed with this - in the context of general practice, CQC

(2022b) reflected that health inequalities are largely *"avoidable and unfair",* echoing NHS England's standard definition of health inequalities[4].

1.33 Health inequalities were often conceptualised in the literature at a system level, which perhaps may be expected given that the literature reviewed was focused on the role of regulators. This includes Beech et al (2020) who conceptualised inequalities in terms of cost implications, arguing that effective regulation could support a reduction in inequalities and therefore associated costs.

1.34 However, there was some conceptualisation of inequalities at an individual level. For example, Research Works (2023) described instances where patients experienced discrimination as a result of their race, gender or age from healthcare professionals.

1.35 An increasing focus on inequalities at an individual or institutional level has also been experienced more broadly for some regulators. As one interviewee reported:

"It's understanding every [service user's] unique circumstances and then how the body we inspect responds to that. Our inspection approach in the non-too distant past was top down, we'd start with strategies and policies, whereas now […] what is important for the individual [is what's key]. We unapologetically look at the individual cases... It might be that we can flag if there's a lot of issues in a particular place."

Interviewee

1.36 Maroy (2004) went further in their conceptualisation of inequality and begin to explore the distinction between inequalities and inequities. They argue that the **notion of equity deserves to be distinguished from that of equality**. In the context of education, they discussed positive discrimination in the school system as a key policy of equity; for example, allocating more resources to schools which welcome greater numbers of students from underprivileged areas. Some interviewees reflected on this conceptualisation as a key challenge for regulators. They noted that there is an inherent challenge in ensuring equal treatment and fair processes, when in practice, individuals do not have the same life chances or experiences. They reported that adjusting the system for one group can, in fact, have a negative consequence for others and balancing this as a regulator can be difficult.

1.37 Maroy (2004) built on this, arguing that inequalities should not be conceptualised in the same way at different points in the user journey. Maroy noted that equality of *access* and

[4] Definition: *"Health inequalities are unfair and avoidable differences in health across the population and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them."* See here for more information: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/what-are-healthcare-inequalities/

equality of *treatment* are not the same and it is important that this is recognised in the context of equity.

Variations in understanding and conceptualising inequalities

1.38 The literature and interviewees identified variation in how regulators conceptualise equality within their regulatory frameworks. Some regulators have **explicit links to equalities within their strategy or broader objectives**. Others have set out specific equality objectives (as required by the PSED in the UK) which provide an indication of individual regulators' priorities and conceptualisation of equalities. Where equality objectives were evident in the literature, some objectives set out ambitions to reduce specific inequalities for the workforce and users of the service they regulate, whereas others provided an overview of the practical steps they planned to take to do so (e.g. the inclusion of service user voice in the design and development of their work).

1.39 In the context of human rights, the Office for Public Management (OPM, 2009) also reflected on the variation in how inspectorates conceptualise human rights issues within their regulatory frameworks. They reported that some inspectorates make explicit links to the Human Rights Act (HRA), some include the principles of human rights but do not make explicit links to the HRA, whilst others do not refer to the HRA at all.

1.40 Van der Vleuten and Verloo (2011) argued that **variations in capturing data and measuring performance can lead to variations in how inequalities are conceptualised**. This was reflected by some interviewees, who discussed that the different terminology utilised by different measures or indicators can influence overall conceptualisation of particular inequalities. Van der Vleuten and Verloo (2011) also noted that the choice of which indicators to use can lead to gaps in the conceptualisation of inequalities. For example, they noted that certain fields of gender equality (education, social inclusion and poverty) have been given more importance than others (citizenship and gender-based violence).

1.41 There is **less evidence of variation in how inequalities are conceptualised across countries**, which is perhaps unsurprising given that the literature reviewed as part of this study was predominantly UK focused. The literature highlighted some examples of other countries focusing on inequalities for different groups (e.g. Truong et al (2022) who discussed regulating for health inequalities experienced by Aboriginal and/or Torres Strait Islanders in Australia). However, there is limited evidence of variation in the literature across countries in terms of how inequalities are conceptualised. That said, it was suggested by interviewees from regulators operating outside of the UK that legislation in other countries may not always be as clear as that in the UK, which may affect how inequalities are conceptualised and defined and how the role of regulators in tackling inequalities is viewed.

1.42 One interviewee noted that the **conceptualisation of inequalities between regulators and providers they regulated could also vary**. They reported that regulators were more likely to conceptualise inequalities with a focus on legislation (including a focus on protected characteristics), whereas providers were more likely to conceptualise inequalities based on the characteristics of their service users, given their relative proximity.

1. Key findings: tackling inequalities for service users

1.43 This section presents findings from both the literature and interviews around approaches regulators, supervisory and oversight bodies (referred to collectively as 'regulators') have undertaken to try to tackle inequalities. It also comments on the progress made by regulators towards tackling inequalities and considers evidence of emerging outcomes as a result of the work of regulators. Where relevant, it also summarises the mechanisms of impact used by regulators to tackle inequalities.

Progress in tackling inequalities

1.44 Progress in embedding approaches to tackle inequalities for service users was variable across the regulators, supervisory and oversight bodies identified within the literature and interviews. The evidence indicated that some bodies were further ahead in their 'journey' towards embedding approaches to tackling inequalities than others.

1.45 Based on the evidence reviewed, there do not seem to be any patterns in which types of regulators, supervisor or oversight bodies were further ahead in embedding approaches to tackle inequalities. Generally, the regulators who appear to have made the most progress towards embedding approaches have **described addressing inequalities as 'at the heart' of what they do**. However, there are broader enablers and barriers which have affected regulators' ability to make progress, some of which are specific to particular regulators. These are explored further in Section 4.

1.46 While some regulators have made greater progress than others, it is acknowledged both in the literature and by interviewees that there is work still to do in embedding approaches to tackle inequalities, even for those further ahead in their progress.

1.47 Some literature has been critical of the progress made by regulators, perceiving overall awareness of (and progress towards) approaches to tackle inequalities as *"absent"* (Wilkins, 2014). That said, interviewees described an "*evolution*" towards embedding approaches to tackle inequalities experienced by users of regulated services, particularly as a result of increases in both awareness and disparities following the COVID-19 pandemic. This was reported across the regulatory sector.

Approaches adopted by regulators in seeking to tackle inequalities

1.48 The remainder of this section outlines the types of approaches undertaken by regulators to tackle inequalities experienced by service users. Approaches taken by regulators were largely consistent in the literature and interviews and there is some evidence that these approaches are examples of good practice (e.g. through positive feedback from engaged service users or providers). However, it should be noted that this evidence is variable and some of the literature is less explicit on the extent to which these approaches have been effective in tackling inequalities in practice, or the extent to which they were intended to directly address inequalities. That said, all approaches identified in this section are approaches which were *considered or reported to be* good practice in tackling inequalities (either directly, or indirectly).

1.49 It is also important to highlight that within the evidence base, these approaches were often delivered in conjunction with each other and were not often delivered as a single stand-alone activity. This suggests that a **holistic and multi-faceted approach** is required to work towards tackling inequalities.

1.50 The types of approaches regulators have taken to tackle inequalities for service users are presented thematically. These themes centre on: working with partners, working with service users, supporting accessibility, using data and evidence, contributing to the evidence base, allocating responsibility for equality, utilising regulatory mechanisms, assessing the impact of activity on equalities and addressing specific inequalities.

1.51 These approaches are drawn from the literature reviewed and insights from interviewees. It should be noted that the findings present the most relevant and transferrable examples for CQC within each theme. This means that evidence from some regulators is used illustratively to a greater extent than that from others. However, this section should not be considered an exhaustive list of all examples identified; there were many other, similar examples highlighted across the literature and by interviewees.

Working with partners

Regulators have worked closely with partners to address inequalities. This has included **working with other regulators and supervision and oversight bodies**. The mechanisms of impact used have largely been *anticipatory* in nature (e.g. to develop standards and other guidance or initiatives) but have also taken a *lateral* dimension at a regulator level, through the sharing of learning amongst regulators.

Using *systemic* mechanisms of impact to **support collaborative working across the system** has also been a key approach taken by regulators to tackle inequalities. This has involved bringing together different organisations

within the system, including to address inequalities associated with specific characteristics. Regulators have also used *informational* mechanisms (through delivering workshops, webinars and training campaigns to system stakeholders) and *relational* mechanisms (e.g. seconding inspectorate staff) to tackle inequalities through system working.

1.52 Regulators have worked closely with partners to address inequalities. This included **working with other regulators, supervision and oversight bodies to address inequalities**. These relationships were noted in the literature to be of key importance, giving regulators opportunities to share learning around tackling inequalities, discuss solutions and deliver joint equality focused activities (Barrett, 2018). Key examples highlighted included:

- Care Inspectorate Scotland and Healthcare Inspectorate Scotland worked together to develop national standards to introduce the 'Barnahus model' to Scotland. This model was reported to offer *"the opportunity for a system-wide transformation of how Scotland responds to children who have experienced or witnessed harm and trauma"* (Healthcare Improvement Scotland, 2021).

- The EHRC (2014) presented a case study of joint inspections to seek to tackle inequalities. The report described a joint inspection carried out by HM Inspectorate of Constabulary, HMIP, CQC and Healthcare Inspectorate Wales which examined the extent to which police custody is used as a place of safety, particularly for those individuals who are experiencing mental health issues.

- The Care Inspectorate (2023) in Scotland reported collaboration with the Scottish Public Services Ombudsman who directly investigate complaints. They reported they were working with the Ombudsman to help develop a national child-friendly complaints process.

- The FCA shared relevant evidence with other regulatory organisations around reducing inequalities. In this context, learning included the impact of an increase in cold calling on older people (Goss Consultancy, 2016).

To support regulators to better engage and share learning with each other around how to tackle inequalities, the Institute of Regulation established an Equality, Diversity & Inclusion (EDI) Group, bringing together regulators specifically for this reason. The chair of the Institute's EDI Group and Institute trustee noted that regulators have huge influencing capabilities, yet limited resources and therefore it

is important that regulators can share creative approaches to addressing inequalities.

Source: Interview with the Institute of Regulation

1.53 The literature also discussed partnership working between regulators and human rights commissions. Examples included:

- HM Inspectorate of Prisons for Scotland (HMIPS), who cited working with the Scottish Human Rights Commission as a key strategic partner, who provided expert advice and support to the development of HMIPS standards. This was credited with ensuring equality and diversity were at the forefront of their thinking (HM Inspectorate of Prisons for Scotland, 2022).

- EHRC working strategically with partners where there is an overlap in remit (Barrett, 2018). It was reported that this allows for a coordinated approach to tackling inequalities and enables EHRC and sector-specific regulators to overcome their own enforcement limitations.

1.54 The literature outlined a range of approaches to system working, to share learning and insights to tackle inequalities. This included **regulators working with government departments, third sector organisations and providers working within the system**. Approaches cited involved:

- **Bringing together different organisations and agencies within the system**. For example, Office for Students has been delivering the 'Uni Connect' programme, which has aimed to support equality of opportunity. It has brought together universities, colleges and other local partners to offer activities, advice and information to young people on the benefits and realities of going to university or college, including those who experience barriers to access (Office for Students, 2023).

Ofqual organises and hosts an Access Consultation Forum, which brings together organisations that represent the interests of disabled students with awarding organisations and other qualifications regulators. The forum discusses issues affecting the accessibility of qualifications and assessments, particularly for disabled students.

The forum was described as giving an opportunity for stakeholders to share learning about accessibility and build relationships with other stakeholders. The forum uses

the 'Chatham House Rule'[5] for discussions so that organisations can share their experiences and insights openly, to help shape future work and activity. It was also noted that bringing together providers helps in developing common principles across organisations.

"There are different ways you can [aim to improve accessibility in how colour is used in exam papers], so speaking with representatives of students with a visual impairment alongside someone representing colour blind students and those developing the exam papers that these students need to access, is really important."

Source: Interview with Ofqual

- **Delivery of workshops, webinars and training campaigns to system stakeholders**. For example, the Italian National Office against Racial Discrimination worked in co-operation with trade unions and business associations across Italy, to promote positive action to address inequalities through training courses and information campaigns (Crescenzi, 2011). Interviewees noted that a key issue faced by providers was that they did not have the expertise or knowledge required to make the necessary improvements. This issue, for some providers, was not resolved by identifying the problem alone and instead required a more collaborative engagement with regulators to support providers to make necessary service changes.

- **The secondment of inspectors to other organisations to support work to address inequalities.** The Scottish Care Inspectorate (2023) commented on ways in which they were supporting the Scottish Government's Anne's Law, which upholds the rights of care home residents and families to remain connected, including during a COVID-19 outbreak. Two of their inspectors worked in seconded posts on the Anne's Law project to provide support and guidance.

- **Bringing together system stakeholders to address specific protected characteristics**. For example, in developing Gender Identity Standards, Healthcare Improvement Scotland worked closely with the national Gender Identity healthcare reference group, Scottish Government, third sector organisations and other key stakeholders (Healthcare Improvement Scotland, 2023).

1.55 Kotecha et al (2018) reflected that **the standards against which organisations will be regulated should be drafted in consultation with the provider organisations** themselves. This was said to support a collaborative working relationship between regulator and provider, ensuring that standards consider the context in which providers operate, set realistic standards and ultimately secure buy in from provider organisations.

[5] Participants are able to use the information discussed, but identities of participants should not be revealed.

1.56 Regulators discussed **learning from those organisations they regulate** and subsequently implementing transferrable learning around tackling inequalities. For example, one interviewee stated that they attend a forum delivered by an external business support organisation through which they have identified learning which they have implemented in their own organisation.

Working with service users

Working closely with service users has also been a key approach utilised by regulators who aim to tackle inequalities. The importance of taking a person-centred approach to mandated consultation activities, alongside undertaking broader engagement with service users outside of consultation processes, was highlighted by the literature and interviewees.

Service user engagement has supported both *anticipatory* and *informational* practices, including service user involvement in the co-production of guidelines and providing advice for regulators based on lived experiences.

Regulators also reported **working closely with third sector organisations** who represent specific groups who experience inequalities. It was felt to be important to engage third sector organisations and service users as early as possible.

1.57 Across the literature, working with service users was highlighted as a key approach taken by regulators to support organisations to address issues around inequalities (both directly and indirectly). This included approaches where service users played an active role (e.g. co-production and co-design) and approaches centred around encouraging service user input (e.g. engagement, consultation and informing)[6].

1.58 Examples of involving service users in co-production and co-design included:

- To **develop guidelines or systems** to address issues around inequalities. For example:
  - The Scottish Care Inspectorate engaged with their 'young inspection volunteers' to co-design and communicate a 'text to complain' service to raise awareness about their complaints process amongst children and young people (Care Inspectorate, 2023).
  - Healthcare Improvement Scotland established a Scottish Intercollegiate Guidelines Network (SIGN) to support the development of guidelines. The group has involved representation from people with lived experience of a relevant

[6] As presented in Think Local Act Personal's 'Ladder of Co-production', accessible here: https://www.thinklocalactpersonal.org.uk/co-production-in-commissioning-tool/co-production/In-more-detail/what-makes-co-production-different/#:~:text=Consultation%2C%20engagement%20and%20co%2Ddesign%20encourage%20people%20to%20input%20by,it%20also%20needs%20people%27s%20actions.

condition or service, as well as appropriate third sector organisations (Healthcare Improvement Scotland, 2021).

- To **provide advice and guidance**, including within governance structures:
  - A regulator interviewee stated that they have an advisory board which involves service users, to bring diverse perspectives to the work they do.
  - The Scottish Housing Regulator appointed tenant advisors to bring the tenant perspective to their work. These advisors were also given equality and diversity training to support them to engage effectively (Scottish Housing Regulator, 2023).

The Regulation and Quality Improvement Authority of Northern Ireland have implemented an Inspection Support Volunteer (ISV) initiative which supports their inspection work with service user engagement, including the most vulnerable receiving care and support. ISVs are volunteers who support inspection activities, engaging with service users, to build rapport and seek a qualitative understanding of the quality of the service they receive.

"We have two recent new volunteers inducted into our care homes team in January on a volunteer basis. They will be engaging with service users to seek qualitative feedback, from a wide range of care home residents, to ensure regulation and inspection approaches reflect the quality of service received for all and to get that feedback in a more focused way."

Source: Interview with The Regulation and Quality Improvement Authority of Northern Ireland

1.59 Regulators more commonly delivered approaches which encouraged service user input. This was predominantly undertaken through **formal consultation processes** to develop their standards, guidance and policies. While regulators in the UK are required to undertake consultation on any new policies or initiatives, it was noted that consultation enabled regulators to generate learning and recognition on how the needs of those with different protected characteristics may differ (Scottish Housing Regulator, 2023).

1.60 The **importance of taking a person-centred approach to consultation** was stressed within both the literature and by interviewees. One regulator interviewed noted that for them, adopting this approach had required a significant cultural shift. It should be noted that this regulator was not based in the UK and therefore was not subject to the same rules as UK-based regulators around undertaking consultation.

"Consultations really underpin the development of practice standards, which will shape how registered providers are held to account around how they deliver services. We're

shifting into that participant centric approach… previously it would have been very much around what the provider offered rather than that person centric approach. So part of the work that we're doing is helping shift mindsets of both providers and participants by doing this consultation."

Interviewee

1.61 In addition to consultation, interviewees highlighted the **importance of broader and consistent engagement with service users**. Multiple interviewees discussed the value of pre-consultation engagement, to ensure that the views, needs and experiences of service users were effectively considered in advance of the consultation phase (as at this point, policies or workstreams have largely been designed).

"We are obliged to consult on guidance, but that pre-consultation engagement is really important, it has shaped evidence and best practice and [means we are] taking into account a wide range of interests."

Interviewee

1.62 The literature and interviewees also identified examples where **targeted engagement** with key groups was undertaken to gather insights, improve awareness and inform regulatory approaches. These included:

- The Scottish Environment Protection Agency (2022) sought to undertake targeted engagement with communities who they have had a negative or no existing relationship with, through developing specific engagement projects (Scottish Environment Protection Agency, 2022).
- An interviewee from one regulator stated that they have delivered an Instagram campaign to promote themselves to young people, as this was identified as a key gap in engagement.
- Healthcare Improvement Scotland engaged with older men living in less affluent areas via local community groups, to explore how their standards could help to optimise uptake of Abdominal Aortic Aneurysm Screening, address access barriers and challenge health inequalities (Healthcare Improvement Scotland 2021).

1.63 Regulators have also reported **undertaking awareness raising activities to highlight inequalities** experienced by service users. This includes the Scottish Care Inspectorate (2023) which hosted a webinar for Carers' Rights Day alongside Healthcare Improvement Scotland. The aims were to both raise awareness of the role and rights of unpaid carers within the system and to gather insights to help the organisations support unpaid carers.

1.64 To ensure inclusive participation from service users, the Equality Commission for Northern Ireland (2019) noted that specific and tailored steps must be taken to ensure different groups can participate (in co-production, consultation or engagement activities). This entails identifying (including with stakeholders) any specific barriers which individuals may face and taking action to help overcome them.

1.65 As part of ensuring a wide range of inequalities are addressed, regulators also reported **working closely with third sector organisations** representing specific groups to inform the development of standards, frameworks and broader guidance materials. Interviewees noted that in addition to service users, it was important to bring in third sector organisations at the design stages of any workstreams, to inform design and delivery.

"We have set up a Stakeholder Advisory Group, a group of policymakers in different organisations […]. We meet bi-monthly and bring different topics and themes to that group so they can be involved in co-production."

Interviewee

The Dutch Healthcare Inspectorate has established regular connections with approximately 25 organisations which represent patients and/or clients (PCOs) in the Netherlands. Some PCOs represent specific groups (e.g. patients who have experienced mental ill health) and others are broader in representation (e.g. representing all patients and clients in a Dutch region). These connections were established in response to the COVID-19 pandemic, to explore emerging concerns (e.g. the impact of COVID-19 related workforce shortages on patient experiences and outcomes, including for the most vulnerable groups in society).

These connections with PCOs have continued to operate and are used to understand and explore the impact of health systems on patients and their experiences of the quality of care. As a consequence of learning from the regular conversations with the PCOs, the Inspectorate has developed key publications to support the healthcare system, including publications focused on addressing inequalities (e.g. supporting patients who 'fall through the gaps', enhancing accessibility).

"These conversations with the PCOs are an important source for hearing concerns. We don't always hear them if we go on inspections, we don't see them in our office. In this way we can address and give voice to their concerns."

Source: Interview with the Dutch Healthcare Inspectorate

1.66 Regulators have also partnered with third sector organisations to deliver initiatives directly to service users. For example, Healthcare Improvement Scotland partnered with Luminate, Scotland's creative ageing festival to deliver the Arts In Care project to enhance wellbeing for older people in care homes (Healthcare Improvement Scotland, 2021).

Supporting accessibility

Regulators use *anticipatory* and *informational* mechanisms to give support to providers of services they regulate, through developing and issuing guidance around **improving accessibility for users of services**. This is anticipated to lead to *organisational* impact.

In addition, regulators have implemented approaches which seek to **improve accessibility to their own organisation** for those with protected characteristics or specific vulnerabilities. This has included supporting service users to raise issues or complaints, including around inequalities and using digital tools to support access for key groups. Drawing on service user expertise in testing and piloting any communications was considered important for ensuring accessibility.

1.67 According to the literature, regulatory actors should foster a culture of transparency, providing **access to *"objective, comprehensive, clear and consistent information"*** (UNICEF and SIWI, 2020, cited in Victral and Heller, 2023) for both the services they regulate and for users of those services.

1.68 Regulators have used their position to **develop and issue guidance to providers of services they regulate**, to improve accessibility and communication, particularly for those with protected characteristics. This has included issuing guidance and sharing of good practice around *"designing in [access] from the start".* Interviewees noted that by supporting providers to consider accessibility for all, positive outcomes were more likely to be achieved for all, including those who typically experience worse outcomes.

1.69 The literature and interviewees also reported ways in which regulators seek to **improve accessibility to their own organisation** for those with protected characteristics or specific vulnerabilities. Examples included:

- **Supporting service users to raise issues or complaints regarding inequalities.** The FCA have offered a 48-hour call back service to consumers raising complaints who are potentially vulnerable and also work with the Samaritans to offer a referral service for consumers in exceptional circumstances (Financial Conduct Authority, 2023).

  - Interviewees from regulators whose remit did not cover taking complaints also discussed how they supported service users to raise complaints to the relevant bodies.

- **Using digital tools to support access and engagement.** Healthcare Improvement Scotland use the Recite Me tool on their website, which has offered greater functionality to website visitors with different accessibility needs. They also worked with Happy to Translate to develop a bespoke version of their app to better enable inspectors to engage with young people who use English as an additional language (Healthcare Improvement Scotland, 2021).

1.70 Multiple literature sources also highlighted the **use of accessibility guidelines by regulators themselves** and ensuring their own websites are easily accessible so that service users can find the information they require.

Ofqual has provided guidance on designing and developing accessible assessments for the awarding organisations it regulates. This guidance aims to support organisations to design exams and other assessments that are as accessible as possible. Awarding organisations are required to have regard to this statutory guidance. While awarding organisations are required to make reasonable adjustments for students with special educational needs and disabilities (SEND), the guidance seeks to minimise the need to make reasonable adjustments, through exams and other assessments being more accessible for all. It also supports awarding organisations to consider the life experiences of those who take exams and other assessments.

The guidance also aims to ensure that those involved in designing qualifications are trained to consider accessibility requirements.

"The guidance is designed to help awarding organisations think about the tricky things. For example, one student [might have multiple disabilities]. And even students with the same disability might have different needs – there are lots of complexities."

Ofqual stated that they publicly consulted on the guidance, including with various third sector organisations representing a wide range of needs and disabilities, who welcomed the guidance. Feedback on the guidance was that it made an important first step towards improving inclusivity.

Source: Interview with Ofqual

1.71 Literature sources also outlined the importance of **testing and piloting any communication materials** regulators plan to use with key target groups, to ensure that communications are accessible and do not pose any barriers to engagement (Goss Consultancy, 2016).

Effectively using data and evidence to explore inequalities

Effectively using data to identify inequalities was reported in the literature as a key approach that regulators should take to tackle inequalities. This includes using inequalities data alongside broader datasets to understand the risks and impacts of changes for those facing inequalities, drawing on the evidence base to inform regulatory activity. It is also important to ensure that inspectors can access all relevant evidence during inspections, for example ensuring engagement with the most 'authentic' spaces to ensure inequalities are not hidden.

Regulators also reported using *anticipatory* and *informational* mechanisms **to set expectations and** to **support providers** to undertake effective monitoring themselves, including the development of toolkits.

1.72 The literature emphasised the value of **effectively using data to monitor and analyse inequalities**. The literature referred to a range of data sources, including national datasets and wider evidence, data collected by the regulators themselves and provider-level data. Predominantly, the literature identified ways in which regulators use data to inform their own regulatory activity. For example, literature sources discussed drawing on the wider evidence base to **inform the development of guidelines and standards**. For example, Healthcare Improvement Scotland delivered a policy and evidence review to develop standards around gender identity (Healthcare Improvement Scotland, 2023).

1.73 In addition to using data to inform regulatory activity, it was noted that effectively using data can **inform regulators' own understanding of whether their engagement has been inclusive** and whether action needs to be taken to address areas of underrepresentation (Healthcare Improvement Scotland, 2021).

1.74 The **importance of using tangible metrics to monitor health inequalities** in regulation was highlighted by NHS Providers (2021). They noted that focusing specifically on monitoring inequality would ensure that the focus does not *"unintentionally get side-lined by more immediate priorities and pressures that are easier to measure and quicker to improve".* An example of how tangible metrics can be used to monitor and analyse inequalities to explore risk is presented in the box below.

The US Environmental Protection Agency (EPA) uses inequalities data in their regulatory impact analysis as a 'risk multiplier'. For example, they estimate the extent to which a pollutant raises the risk of mortality or illness and use this as a risk multiplier of the existing health risk level in a particular area. This considers protected characteristics.

As (Farber, 2023) stated:

"Communities of colour are likely to have higher background mortality rates due to greater health problems and poorer medical care. The EPA's model amplifies pre-existing differences in mortality rates because the calculation treats pollution as a risk multiplier. This makes sense because the same level of pollution is likely to cause more harm in places where people's health is already bad and they receive worse medical care. Third, to the extent that those communities also tend to have higher levels of exposure to pollution, the formula also takes that into account, because exposure is another multiplier. In effect, the formula operationalises the insight that disadvantaged communities suffer greater harm from pollution because their populations are more vulnerable and have higher exposure levels."

The EPA has applied this formula in the regulatory impact analysis accompanying rules dealing with pollution from heavy trucks. While the report noted that the formula is not without issues (for example, data gaps can affect the validity of data), the author reflected that its importance is grounded in the fact that it assumes predicted harm is a function of both pollution and inequalities.

Source: Farber (2023)

1.75 Van der Valk and Rogan (2021) also reflected on the importance of gathering evidence broader than data points. They discussed the **need for inspectors to ensure they access all evidence during inspections** to identify where there may be higher risks of inequalities, or instances of hidden inequality. In the context of human rights, they noted that prison inspectors need to ensure they visit the most 'authentic' spaces to understand any issues with regards to human rights and inequalities; for example, the yards and landings.

1.76 Regulators also **set expectations and offer support for providers to undertake effective monitoring**. One interviewee reported that their organisation has developed an engagement toolkit for organisations they regulate, which provides guidance around how to gather evidence from service users over and above *"just posting a survey on social media".* Another interviewee reported they had set expectations for the providers they regulate to undertake satisfaction surveys with their service users. The regulator was

planning to generate a standardised survey which could be undertaken to support the benchmarking and comparison of providers.

Contributing to the evidence base

Regulators have worked to use *informational* mechanisms of impact **by contributing to the evidence base around inequalities,** with the aim of supporting their reduction. This has included undertaking inquiries into specific inequalities, in addition to broader research activities. Regulators have also collected/collated and analysed data which they have shared back to their sector in a way which is intended to be meaningful.

There were a range of other approaches regulators have used to contribute to the evidence base, from investing in specific research observatories, to disseminating evidence via podcasts, commissioning specialists to develop evidence, to involving those whom the research is focused on in developing evidence.

1.77 To tackle inequalities, regulators have contributed to the evidence base around inequalities. The literature commonly identified regulators **undertaking research or 'thematic inquiries'** into key issues affecting those with protected characteristics.

"Focused pieces of work like thematic reviews give us the opportunity to amplify the voice of the individual – our findings are based on their experiences. National pieces of work or large regional pieces of work allow us to amplify that further and have more impact because of scale."

Interviewee

1.78 Regulators have also undertaken **broader research activity which may be pertinent to addressing inequalities**. For example, the EHRC published research around the use of unfair stop and search powers by the police, underpinned by human rights considerations. This example also illustrates the importance of continued monitoring and evaluation to develop the evidence base. Following publication of this report in 2010, EHRC continued to monitor the use of stop and search powers alongside supervising an 18-month action programme which sought to address the issue. A subsequent research report found a reduction in the use of unfair stop and search powers, alongside a fall for some forces in disproportionate usage against ethnic minorities (EHRC, 2014). While it was noted that there are likely to have been external factors influencing this progress, this example still highlights the impact regulators can have through developing the evidence base.

1.79 Regulators have also **analysed data and shared it back with the sector** in a way that they anticipate is meaningful and can be used by providers to address inequalities. Examples included:

- Ofqual's equalities analysis, which was undertaken to provide the sector with an additional source of information about educational attainment by pupil characteristic (e.g. free school meal status, ethnicity and sex), which takes into account prior attainment. Ofqual reported that this allowed stakeholders to consider changes over time for students with different characteristics (Ofqual, 2023).

- The Scottish Housing Regulator shares accessible and comparable information about each social landlord's performance to empower tenants to effectively engage with their landlord (Scottish Housing Regulator, 2023).

- The Office for Students publishes an Equality of Opportunity Risk Register and access and participation data dashboard, which allows the regulator, providers and the public to identify gaps in opportunity between different groups. Providers are expected to consider these dashboards when designing their own Access and Participation Plans, ensuring that plans are grounded in evidence (Office for Students, 2023).

1.80 Other identified approaches used by regulators to contribute to the evidence base included:

- **Involving those whom the research is focused on in developing evidence**. The EHRC (2014) summarised research work undertaken by the Office of the Children's Commissioner which involved young people in advisory and research capacity through a research project and in the dissemination of the research report.

- **Commissioning external specialists to explore and inform the evidence base**. For example, the FCA commissioned a communications and multicultural marketing consultancy to draw on a detailed evidence review and on their own expert knowledge to inform a report and Ofqual commissioned a research consultancy to develop, administer and analyse the National Reference Test, enabling the gathering of insights into trends and patterns of reasonable adjustments provided (Ofqual, 2023).

1.81 Two further illustrative examples are detailed in the boxes below.

The Office for Students has invested in a What Works Centre, the Centre for Transforming Access and Student Outcomes (TASO) to support improvement in the ways in which universities and colleges evaluate their access and participation work. The Office for Students committed £4.5 million over four years (starting from 2019). TASO carry out and use research and evaluation to determine what works in eliminating equality gaps in higher education.

Source: Office for Students, 2023

The Care Inspectorate of Scotland have developed a series of 18 podcasts with subject matter experts around inequalities, including involvement from the Scottish Human Rights Commission and people experiencing care and their families. They also have undertaken a series of webinars focused on different subjects, all focused on redressing the balance of inequalities. These webinars and podcasts have been designed for public consumption and are designed to be accessible for social care providers as well as users of social care services.

Podcasts and webinars have been used to present evidence to the sector in a way that was more accessible than written reports. Interviewees reported that analytics data from these podcasts and webinars have shown engagement from across the UK and internationally.

The podcasts and webinars are hosted on the regulator's 'Hub', which also includes a range of information and good practice guides around specific inequalities (including dementia and LGBTQIA rights) and self-evaluation tools.

"These are all really important to us as the Care Inspectorate because we can signpost people to resources which will help them to improve their practices. It's [part of] a combination of guidance and inspections and enforcement."

Source: Interview with The Care Inspectorate of Scotland

Allocating responsibility for equality within regulators

Assigning accountability and responsibility within regulators to drive the reduction of inequalities is a key approach taken by regulators to address this issue.

Various models are discussed in the literature, including allocating individual departmental 'champions', giving responsibility to a Board or working group to drive forward work across the organisation, or giving all staff responsibility and ownership for addressing inequalities.

It is noted that while these approaches are considered effective, regulators need to ensure that the approach is balanced, to avoid fragmentation or dilution of accountability.

1.82 The literature highlighted a range of approaches in **assigning accountability and responsibility within regulators for tackling inequalities**. Some of these models were outlined by OPM (2009), who described inspectorates which had separate working groups for equality and diversity, or a nominated lead/teams responsible for aspects of

equality, diversity and/or human rights. OPM noted that some inspectorates allocated **departmental or regional 'champions'** to drive forward activity to support tackling inequalities. One regulator interviewed also stated that they had dedicated staff who work across the organisation focusing on specific inequalities as 'specialisms'.

1.83 OPM's report also cited the Audit Commission's Diversity Scheme as a clear structure for delivering on diversity and human rights. The Commission's Diversity Strategy Board was described as taking its membership from across the organisation, including from regional services. The Board was reported to give advice to the Management Team and other groups, both to support EDI within the organisation's workforce, but also to consider how to tackle inequalities for their service users. The Board was reported to regularly review the organisation's work for consistency in terms of ensuring diversity across the organisation.

1.84 Healthcare Improvement Scotland (2021) also described their Equality and Diversity working group. The group comprises representatives from across the organisation to embed equality across each of their directorates. The group was reported to support the development, implementation, monitoring and review of the organisation's equality outcomes and help to evaluate its effectiveness.

1.85 The Mental Health Commission was reported to have used an alternative model to assigning responsibility for addressing inequalities and human rights issues. The Commission was reported to have embedded a human-rights based approach across the organisation, which gave all staff responsibility and ownership of human rights (OPM, 2009).

1.86 Having clarity of responsibility was noted to be a benefit for inspectorate staff, in clarifying who to ask or approach with questions about human rights or equality in relation to the users of services they regulate. However, OPM (2009) noted that while the different approaches described were all deemed to be effective, there needs to be a **careful balance between having a structure that is too fragmented** (leaving responsibility to one group or board) and **an approach that is too broad** (which could result in a lack of ownership internally).

Utilising regulatory mechanisms

Regulators have **built approaches to tackle inequalities into their existing regulatory mechanisms**, utilising *anticipatory* and *directive* approaches to generate impact.

The literature asserts that providing clear and streamlined frameworks, standards or guidelines to providers, with expectations around inequalities, can support providers to better address issues of inequality experienced by service users.

Balancing regulatory mechanisms with appropriate guidance to both support and direct action from providers around tackling inequalities was raised by literature sources and interviewees. This was described in one literature source as an 'improvement' approach to addressing inequalities. While not explicit, this is likely to generate wider mechanisms of impact, including *relational*, *organisational* and *informational* impact.

1.87 A key approach that regulators have used to tackle inequalities has been **building mechanisms into regulatory frameworks that are specifically focused on equality and protected characteristics**. The Institute of Health Equity (2023) stated that strong accountability frameworks have been shown to drive behaviour, including around addressing health inequalities. Building on this, NHS Providers (2021) noted that the inclusion of health inequalities in regulatory frameworks gives weight to the notion that health inequalities will be front and centre of the service.

1.88 Kotecha et al (2018) highlighted good practice around regulatory frameworks aligned with legislation around health inequalities (including, in this case, the UK PSED), in providing **clear direction** for those organisations who are accountable to regulatory frameworks. They reported that frameworks give these organisations a way to formulate PSED objectives/outcomes that speak to both the needs of the framework they are accountable to *and* their PSED, rather than devise separate sets of objectives/outcomes for both. Barrett's (2018) commentary aligned with this, noting the importance of providing a **clear and streamlined framework**. They referred to the EHRC's revised monitoring framework as being more specific and focused when compared with its previous model of four different measurement frameworks[7] consisting of 198 indicators. This was reported to have made reporting *"onerous and unmanageable"*. The new framework consists of 18 core indicators and seven supplementary indicators, which was reported to make monitoring against this framework more achievable and easier to communicate.

1.89 Examples identified in the literature included:

- The Scottish Housing Regulator delivers its Regulatory Standards of Governance and Financial Management as a key mechanism in which it requires registered social landlords to *"conduct their affairs with honesty and integrity"*, which has involved working towards *"eliminating discrimination, advancing equality and fostering good relations across the range of protected characteristics"* (Scottish Housing Regulator, 2023).

- The EHRC (2014) summarised the approach taken by HM Inspectorate of Prisons (HMIP) to ensure that human rights standards are incorporated into inspection

[7] The Equality Measurement Framework for Adults; the Children's Measurement Framework; the Good Relations Measurement Framework and the Human Rights Measurement Framework

frameworks. HMIP have developed 'Expectations' or criteria for assessing the treatment of prisoners and detainees and conditions in detention. These Expectations link explicitly to protected characteristics, are applied consistently through HMIP inspection methodology and are publicly available to all inspected institutions and to the wider public. HMIP were reported to apply a 'challenge' process at the heart of their inspection methodology, where inspectors' emerging findings and evidence are rigorously tested by colleagues. It was reported that this process ensures that the *"final judgments calibrate competing interests that may be at play"*; for example, where security concerns are cited as a justification for restriction of rights.

1.90 The EHRC (2014) also reflected on CQC's approach. They noted that CQC were embedding equality and human rights into CQC's inspection methodology in a consistent way. This was reported to take place through developing a set of principles which reflect human rights in health and social care and aiming to ensure that risks to human rights can be anticipated through inspection.

1.91 Regulators have also recognised the importance of **balancing regulatory mechanisms with appropriate guidance**, to support providers to tackle inequalities. Kotecha et al (2018) reflected that a combination of a clear and rigorous framework and supportive guidance issued to organisations is a particularly effective approach in ensuring regulated organisations consider health inequalities. They cited Hosie and Hutton (2016) who stated that the Swedish Ombudsman typifies this level of support, by **recommending a framework centred on an 'improvement' approach.**

1.92 Interviewees from multiple regulators reflected on the importance of delivering holistic approaches to regulation. An example from one regulator is presented in the box below.

The Dutch Healthcare Inspectorate are currently developing an evidence-based approach to 'reflexive' regulation, to deliver alongside their standard 'compliance based' regulation. They are working with other inspectorates such as the inspectorates of education, of labour, of social domain and of justice, Dutch universities and some patient/client organisations to pilot an approach to reflexive regulation with three vulnerable groups of people: people with dementia living at home and their families, unemployed people with low levels of education and young people who left school with mental ill health and their parents.

Reflexive regulation takes a more holistic approach to regulation. It considers broader societal factors in inspection and seeks to improve complex societal issues surrounded by uncertainty. Reflexive regulation recognises its own limitations and

therefore tries several involve parties (public and private). Reflexive regulation is aimed at activating the self-regulating capacity of all those parties.

"Issues facing people with complex needs are broader than health and social care. People who are living in poverty, debts, stress, a cold house, [these] groups in society are the main focus of this reflexive approach."

A five-year programme of work is currently being undertaken to develop a reflexive regulatory framework which seeks to stimulate cultural change within the Inspectorate.

Source: Interview with the Dutch Healthcare Inspectorate

1.93 Other examples of how regulatory mechanisms were used to tackle inequalities were also discussed in the literature. The Office for Students (2023) noted that the main approach they take to ensuring equal opportunity for students is through regulation of Access and Participation Plans (APPs). APPs are agreements which set out how universities and colleges will improve equality of opportunity for underrepresented groups. Specifically, APPs set out the risks to equality of opportunity that providers have identified (informed by evidence), intervention strategies providers will take to mitigate these risks, how providers plan to evaluate the impact of their work and the investment providers plan to make on access and participation work. All universities and colleges registered with the Office for Students are required to complete an APP and are expected to engage with students in its development. APPs are assessed by the Office for Students on submission; compliance with APPs is monitored through its regulatory framework.

Assessing the impact of activity on equalities

As public bodies, regulators are required to consider their impact on equalities. However, the extent to which this is delivered effectively by regulators is reported to be variable.

Examples of reported effective approaches in assessing the impact on equalities include ensuring that the **right skills and capacity** are involved in delivering assessments.

Equality action plans were also identified as a way in which regulators could clearly set out their plans to tackle inequalities and facilitate buy-in.

The literature also discussed utilising *anticipatory* mechanisms of impact by **setting expectations** for regulated organisations to complete equality impact assessments.

1.94 Multiple literature sources discussed regulators undertaking **equality impact assessments** to ensure that any approaches or policies implemented consider the potential impact on service users. Healthcare Improvement Scotland (2018) stated that discrimination is usually unintended and can often remain undetected until someone highlights a bad experience. They maintained that undertaking an equality impact assessment can help to identify potential disadvantages and offer an opportunity to take appropriate actions to remove or minimise any adverse impact.

1.95 Section 149 of the Equality Act 2010 imposes a legal duty, known as the Public Sector Equality Duty (Equality Duty), on all public bodies, to consider the impact on equalities in all policy and decision making and the delivery of equality impact assessments is one such way public bodies can demonstrate compliance with this duty. However, interviewees reflected that some regulators deliver these more effectively than others. The literature identified some examples of approaches regulators have taken to improve the assessment of impacts on equality through work undertaken both by themselves and in their sector. Examples included:

- **Implementing expectations that those regulated organisations complete equality impact assessments.** The Scottish Housing Regulator reported having structures in place which require social landlords take equality impacts into account when taking decisions that affect their tenants and other service users. They also require landlords to prove they comply with these requirements through an Annual Assurance Statement (Scottish Housing Regulator, 2023).

- **Ensuring the right skills and capacity to undertake equality impact assessments.** Healthcare Improvement Scotland appointed an equality impact assessment adviser to work with them for 12 weeks, to move the process online and increase staff confidence and competence. Their aim was to ensure that their staff knew that equality impact assessments can be effectively used as a tool to advance equality of opportunity and foster good relations. They reported that this process resulted in an increase in assessments undertaken (Healthcare Improvement Scotland, 2021).

1.96 Equality action plans are also used to tackle inequalities by regulators, identifying the key equality objectives or outcomes, responsibilities and timeframes for delivery of activity to tackle inequalities. In some cases, these were explicitly linked to equality objectives. Kotecha et al (2018) noted that this is particularly effective for public sector bodies with a devolved delivery approach. Action plans were reported to be key for facilitating buy-in to equalities work. These were also reported to support evaluation and measurement, as these could be built in from the outset.

Addressing specific inequalities

Regulators have **implemented approaches to tackle specific inequalities**. For some, this has involved targeting the groups with most need, to ensure that resources are used most effectively and learning is identified to improve subsequent approaches over time.

1.97 Beech et al (2020) commented that regulatory policies to address health inequalities can often be criticised for being *"blunt instruments"* which are not always sensitive to the variation in the types of inequalities or those who experience them. However, when they are tailored to the population groups with which they are most likely to be effective, it is reported they can have positive results among those target groups.

1.98 Some regulators interviewed discussed **tailored approaches they have taken to tackle specific inequalities**. Some of these approaches have been identified earlier in this section, (e.g. Healthcare Improvement Scotland's work on developing standards around gender identity). A further example of an approach taken to address specific inequalities by the Scottish Care Inspectorate was the testing of a pain monitoring app, which used automated facial analysis to help individuals who could not verbalise the extent of their pain. This was being tested by the regulator in care homes (Care Inspectorate, 2023).

1.99 One interviewee noted that they have taken a characteristic-specific approach to ensure that resources are used most effectively and to identify learning to improve subsequent approaches (including with other groups) over time.

"Our work has been a bit driven in those couple of areas, based on our learning, but we can't try to do everything at once. We've focused on one area initially and learnt from it, then taken that learning to another area… focusing on doing it well, then expanding out."

Interviewee

Progress towards tackling inequalities

1.100 There is **growing awareness of the importance of measuring regulators' progress** towards and their impact on tackling inequalities for service users. However, there is limited evidence from the literature reviewed or interviews around how this is, or can be, measured. Regulator interviewees were aware of the need to improve their capacity and capabilities around measuring their progress and impact, but emphasised the challenges experienced. The main challenges highlighted in measuring progress and impact were around the complexity of inequalities and the quality of inequalities data. A common challenge identified was the fact that regulators are "one-step removed" from ultimate service users. This has meant that the impact of regulator actions is often

difficult to unpick from other initiatives or influences on service user inequalities. These challenges are further explored in Section 4.

1.101 That said, there have been **steps taken by regulators, supervisory and oversight bodies to improve their ability to measure their impact**. For example, Healthcare Improvement Scotland have allocated responsibility to an individual within their organisation, to review their activities to improve outcomes for children and young people and identify opportunities for the regulator to play its part in having a greater impact in national priority areas (Healthcare Improvement Scotland, 2021).

1.102 Interviewees also highlighted plans in place to improve their ability to monitor progress and impact going forward. One such example is presented below.

> The Equality Commission for Northern Ireland (ECNI) has developed a monitoring framework specifically to monitor the areas in which there are the greatest risks regarding inequalities. This has stemmed from learning around the work undertaken by EHRC, who have produced their Equality and Human Rights Monitor, a series reports which summarise how 'fair' England, Scotland and Wales are. For the first time, the ECNI has pulled together data on the six areas of life they believe are the greatest risk to equality, in reports that will be published in March 2024. These are health and social care, education, employment, participation in public life, standards of living and housing and communities that are welcoming and inclusive.

Source: Interview with The Equality Commission for Northern Ireland

1.103 Some regulators have made progress in collecting and monitoring outputs related to inequalities, but said they were **early on in their journey towards measuring impact**. As one interviewee reported:

"We're in a situation at the moment where we have pretty limited data around particular outcomes. We've only quite recently developed our very first strategic plan and are working through meaningful performance measures, which will then be underpinned by (hopefully) a much improved operating system, which will give us the ability to collect and report and extract data, but also a more sophisticated way of seeking feedback and surveying the parties that interact with us… That's under development for us... we're trying to work towards that."

Interviewee

1.104 There are also some examples in the literature and interviews of emerging impacts achieved in tackling inequalities as a result of regulators' approaches. Due to the

challenges in collecting and accessing robust quantitative data against key metrics, **impacts have largely been measured qualitatively**. Examples included:

- Ofqual evaluated the implementation of its statutory guidance on designing and developing accessible assessments and worked with a small sample of awarding organisations to understand the early impact of the guidance and what they have done in response since its publication. The findings were broadly positive and suggested the awarding organisations sampled were having regard to the guidance and were reflecting it in their processes and learning and development activities. Evaluation findings were shared with all awarding organisations to support good practice (Ofqual, 2023).

- Healthcare Improvement Scotland involved young people with a disability in the development of guidelines. They were subsequently supported to present at an open national meeting on their experience (of services and being involved in guideline development). This anecdotal evidence indicates increased confidence for service users with protected characteristics who engage in regulatory activities (Healthcare Improvement Scotland, 2021).

- The Scottish Care Inspectorate evaluated their Arts In Care project and evaluation evidence indicates improvements in wellbeing for care home residents as well as care home staff (Care Inspectorate, 2023).

- The Institute of Health Equity (2023) discussed the implementation of the 2022/23 Oversight Framework which requires local NHS organisations to address inequalities in waiting lists and reduce inequalities in access. Qualitative evidence collected from professionals is reported to indicate that including these two issues in the framework has influenced practice, as professionals stated they were working towards addressing both of these issues. While the oversight framework was a commissioning expectation, rather than a regulatory one, it does indicate further opportunities for joining up oversight and drawing on the experiences and evidence of partners.

"In our survey and report work on learning disabilities we've constantly sought feedback on outcomes for the service users, so far that's from a learning disability perspective mainly. [We have sought] feedback over several years […], we've had very positive feedback, the work we've done has been good, service users with learning disabilities do feel more engaged and feel able to share feedback in inspections and see their feedback via meaningful reports we produce".

Interviewee

1. Key findings: enablers and challenges to tackling inequalities

1.105 The section presents learning around the enablers and challenges faced by regulators, oversight or supervisory bodies (referred to collectively as regulators) from the literature and interviews. These enablers and challenges are presented thematically in this section.

1.106 This review has identified several challenges facing regulators in tackling inequalities. Challenges evident in both the literature and interviews included: those which were internal to the regulators themselves; external challenges relating to providers; and broader structural challenges affecting organisations seeking to comply with regulation (or regulators seeking to ensure compliance).

1.107 This review has also identified enablers and mitigations which have allowed regulators to overcome these challenges, including staff knowledge and awareness, learning and development, leadership and collaboration with partners and service users. Some of these identified enablers, particularly regarding collaboration, reinforce some of the specific approaches identified in the section above.

1.108 When considering the specific enablers and challenges presented below, it is important to note that, as outlined in the previous section, a cross-cutting challenge experienced by regulators is the fact they are *"one step removed"* from the users of the services they regulate. This is a key challenge, as regulators have less direct influence on inequalities when compared with providers (who are undertaking direct delivery), in addition to the challenges outlined on measuring success. This cross-cutting issue should be considered against the more specific enablers and barriers presented in this section. These enablers and barriers focus on regulator workforce and culture, collaboration and engagement, capacity and resourcing and the quality and availability of data.

Regulator leadership, culture and workforce knowledge

The review underscores the critical enabling role played by strong leadership in regulatory bodies in addressing inequalities. It emphasises the need for leaders to explicitly prioritise inequalities in organisational strategies, communicate this commitment clearly to staff and embed considerations of inequalities across all regulatory activities. This helps to foster an organisational culture that prioritises tackling inequalities.

The importance of organisational vision and culture was explored. The lack of a consistent understanding of inequalities among staff was identified as a key challenge hindering regulator and oversight/supervisory bodies from tackling

inequalities for service users. The importance of a universally accepted definition of inequalities which takes into consideration the structural or systemic nature of inequalities was noted. Additionally, the review emphasises the significance of staff understanding their responsibilities in relation to tackling inequalities.

The literature also highlighted instances whereby insufficient staff knowledge and awareness of inequalities as a subject matter, or of their responsibilities as a regulator, had acted as a barrier to tackling inequalities. Learning and development activity was identified as a key enabler in overcoming this challenge; ensuring staff are equipped with sufficient knowledge and awareness to adequately monitor, inspect and regulate organisations' practice with regards to inequalities.

1.109 The **regulator workforce plays an integral role in the organisation's ability to tackle inequalities.** The review identified several factors which may impede or enable the workforce in being best equipped to tackle inequalities.

Senior leadership

1.110 Both the literature and interviews outlined the important enabling role played by **strong leadership within the regulator around inequalities**. The literature emphasised that senior leaders must lead by example, demonstrating their commitment to tackling inequalities to staff by prioritising inequalities in organisational strategies, policies and activities and by clearly communicating this to staff. In explicitly demonstrating the organisation's priorities, leaders are reported to be both able to increase staff awareness of their organisation's role in tackling inequalities and foster an organisational culture which values and prioritises tackling inequalities (Kotecha et al, 2018; OPM, 2009). Interviewees agreed with this. As one interviewee noted:

"I think what is most important from our perspective, and it's as true of those bodies we inspect as of our own organisation, is the culture that senior leaders create. That they say, 'this is important, it's core to our value system here, that matters of inequality matter and it is part of our core business' - to be holding the mirror up to those inequalities and giving the workforce the permission to act."

Interviewee

1.111 Interviewees also reflected on the **importance of having diverse senior leadership within regulators**. It was noted that having diversity in the senior leadership team enabled a greater understanding of the structural and social barriers affecting service users, as a result of having lived experiences. It was also stated that for senior leadership teams who lacked diversity, acknowledging and seeking to address this mitigated (to some extent) some of the potential challenges of a homogenous leadership team. One interviewee described a reverse mentoring scheme delivered within their

workforce where junior staff from groups who typically experienced inequalities mentored senior staff to support their knowledge and understanding of inequalities. There were also examples of service user engagement in governance and management activities to bring lived experiences to the fore (see Section 3 for further information).

Organisational vision and culture

1.112 The literature also identified that embedding inequalities in all aspects of the regulators' activity was an enabler for stimulating a good organisational culture around tackling inequalities, in addition to enabling regulators to maximise their regulatory impact on inequalities and overcoming challenges related to staff awareness and knowledge. OPM (2009) stated that inequality needs to be addressed across the whole organisation's activities, including *"through the organisation's values as well as through its policies and strategies, training and support and review processes"*. They noted that where these issues are made clear in policies and strategies, it is *"likely to be advantageous in terms of developing a culture in which human rights relate to every day practice"* within a regulator.

1.113 A key issue in tackling inequalities identified by the review was **ensuring that all staff have a consistent and clear understanding of what inequalities are.** Literature and interviewees both reflected that a lack of clarity and a range of different understandings of what inequalities are limits the ability of regulators to identify, monitor and regulate services which influence (or are influenced by) inequalities. Interviewees described working towards a shared vision around inequalities as a key enabler in *"bringing [their organisation] together more collectively"*, which they expected would support them to implement approaches to address inequalities.

1.114 The literature referred to instances where staff were unaware of their own (or their organisational) responsibilities, posing a significant barrier to tackling inequalities. For example, Osler and Morrison (2002) identified that *"neither contracted inspectors nor headteachers had been informed by Ofsted of its designated lead role in monitoring schools' efforts to prevent and address racism".*

1.115 One key barrier highlighted in the literature was the failure of staff to understand inequalities as a broader structural issue, viewing inequalities only as a direct or active issue. This narrow understanding was reported to create barriers to the systemic change required to tackle inequalities. This was summarised by Wilkins (2014, p.448) in reference to tackling racial inequalities in regulation:

"The emphasis too often remains on instances of individual 'intentional' racism rather than tackling the underpinning racist inequalities built into institutional practices and cultures (Gillborn 2005). This superficial approach can negate any understanding of racism as a structural phenomenon and in an institutional context, can create barriers to

institutional change. Challenging inequality is seen as a matter of 'procedural compliance' rather than a genuine attempt to change culture and practices."

1.116 Having a **standard, universally understood definition of inequalities**, which takes into consideration the structural nature of inequalities in access to and outcomes of services, is therefore an enabler for regulators. The evidence indicated that clarity for the regulator workforce ensures greater consistency of monitoring, inspection and reporting and means staff are better able to identify inequalities and to understand which areas of service provision require improvement.

1.117 It was noted that, in turn, the **legislation underpinning equalities in the UK was a key enabler for supporting a clear understanding of inequalities** across both an organisation and the system(s) in which they work. Interviewees stated that the Equality Act 2010 and PSED provided a strong framework for the conceptualisation of inequalities (as detailed in Section 3), alongside other frameworks used by regulators, including sector specific legislation which influences their remit. Interviewees from regulators outside of the UK highlighted challenges experienced in supporting the development of a cross-system understanding of inequalities given the *"untested nature"* of the relevant legislation within their country and the limitations to their powers to drive forward inequalities across providers.

1.118 The literature also highlighted the importance of ensuring that **staff working within regulators have a strong understanding of their role in tackling inequalities**, as well as an understanding of how the standards they inspect against link to inequalities (HM Inspectorate of Prisons for Scotland, 2022). It was noted by interviewees that often it was challenging to understand the extent to which tackling inequalities falls within the remit of regulators. One interviewee highlighted the importance of:

"*Being clear that being an agent for change is part of your core function"*

Interviewee

Staff knowledge and awareness

1.119 **Providing learning and development activity for regulatory staff** was identified as a significant enabler in ensuring staff have adequate knowledge and awareness of inequalities. Learning and development activity, designed to provide staff with both wider knowledge and awareness of inequalities as a subject matter, as well as more specific understanding of their organisational and individual responsibilities with regards to inequalities, was reported to be an essential enabler for regulators aiming to tackle inequalities.

"Inspectors need to be fully equipped with an idea of what inequalities means. It needs to be embedded into the workforce; the training needs to be there."

Interviewee

1.120 Learning and development activity identified in the literature ranged from formal training opportunities to more explicit managerial guidance and support. Training needs identified included risk communication skills, how and when to use discretion and context-specific guidance (Rideout and Oickle, 2015). In the context of human rights, OPM (2009) also identified particular training needs for those working within inspectorate bodies, which included confidence building around raising and discussing human rights issues and the provision of a methodology to assist staff in making judgements and decisions relating to human rights cases.

1.121 Providing learning and development support to regulatory staff was also reported to **improve their confidence in identifying inequalities**. One interviewee emphasised the importance of this in ensuring that inspectors were able to *"call out any inequalities when they see them"* and, if required, have the confidence to support providers in making improvements in this area.

1.122 Healthcare Improvement Scotland delivered training sessions to staff to *"better understand their role in continuously assessing the distinct and diverse needs and experiences of people affected by their work to avoid unintentionally creating or perpetuating health inequalities".* It was anticipated that empowering staff would ultimately improve service user outcomes by improving accountability amongst staff, making inequalities integral to their work and strengthening a person-centred approach. Training was also provided for Board and Executive team members to highlight the role of the Board in promoting rights and tackling inequality, embedding this approach at the most senior levels of leadership (Healthcare Improvement Scotland, 2021).

1.123 OPM (2009) also reflected on the value of staff learning and development. They noted that any learning and development activities (e.g. training or awareness raising) amongst inspectorate staff needs to be focused on providing ongoing support and reassurance, rather than being simply instructive (including 'on-the-job' support as well as 'one-off' sessions).

1.124 The literature highlighted a challenge for some regulators in that, where staff had been provided with no learning and development opportunities on inequalities, they were ill equipped to monitor providers in respect of this, which led to poorer quality monitoring or inspection reports and lack of progress in tackling inequalities. For example, in the context of schools regulation, Osler and Morrison (2002) reported that inspectors were ill-equipped to assess equality in schools. They found that there was a tendency for inspectors to report that *"there are no significant differences in attainment between ethnic groups"*, but in reviewing the report documents, could not find evidence to support these statements.

Collaboration and engagement

Service user engagement is seen as key enabler to tackling inequalities and fostering trust and legitimacy, which is particularly important in the context of historically low trust in health and social care institutions among some communities facing inequalities. Providing adequate remuneration to service users was considered important in enabling their engagement, although the impact of this on any statutory benefits needs to be clear.

Engagement and collaboration between regulators and the provider organisations they oversee is important in enabling regulators to tackle inequalities for service users. Collaboration was particularly seen as an enabler when providers are willing to enhance services but may lack the knowledge or ability to do so.

Transparency was identified as a key factor in fostering a collaborative relationship between regulators and providers. Open communication and clear expectations contribute to building trust, fostering mutual understanding and promoting shared goals in addressing inequalities. Transparent communication facilitates responsive problem-solving, encourages compliance by raising awareness of standards and supports a continuous improvement feedback loop.

Having a shared and consistent vision across all elements of the system was an enabler for regulators in tackling inequalities. This was particularly important where regulators were thinly spread across a large number of providers, or did not have the resources to affect changes to services on their own.

Engagement with service users and those with lived experience of inequalities

1.125 **Co-production and consultation** are powerful tools for regulators in tackling inequalities. In engaging those with lived experience of inequalities, the regulator can identify the issues that matter to them and the areas where inequalities are likely to impact or manifest. This, according to the literature and interviewees, improves the targeting of regulatory activities, meaning monitoring and inspection can be cognisant of specific key areas identified by those with lived experience. The approaches taken to engage service users to tackle inequalities are explored further in Section 3.

1.126 As well as an approach to tackling inequalities, service user and lived experience engagement was also considered an enabler, as it was credited with helping regulators to **build trust and legitimacy amongst the population the regulator seeks to support**. It was noted that this is particularly important in the context of health and social care inequalities, where historically trust towards institutions has been low amongst some communities, including those experiencing inequalities in access and outcomes.

1.127 A key identified enabler to service user and lived experience engagement and collaboration was the use of remuneration. Interviewees emphasised the **importance of**

providing payment for people's time in engaging with regulators. However, this may not be appropriate for some groups. For example, the Equality Commission for Northern Ireland (2019) noted the potential impact of remuneration upon statutory benefit entitlement, which may deter some (including people with disabilities) from pursuing a paid participative role. They noted that while participation should be fairly remunerated, regulators should be clear around its impact on statutory benefits.

1.128 The literature identified that lack of engagement with service users has proved to be a significant challenge, creating cynicism and mistrust towards regulators. Van der Valk and Rogan (2021) reported that service users engaging with an inspection *"did not feel they had an opportunity to ask questions of or seek to speak to the [inspector], resulting in a credibility gap, with many feeling that there was no chance of a real encounter with [the regulator]".* This was said to have led to scepticism and a perceived lack of credibility for the regulator. To mitigate this, Van der Valk and Rogan (2021) noted that regulators should ensure that inspections are 'authentic' and inspectors seek to engage with a wide range of service users and that the role and remit of an inspector is made clear to service users who may wish to engage in the process. It was emphasised that service users could be frustrated if things did not change as a result of inspection (if they had raised specific issues), or there was no follow up – so setting realistic expectations around the remit of the inspector and regulator is important.

Collaboration with provider organisations

1.129 The review identified **effective engagement and collaboration with the provider organisations** they regulate as a crucial enabler for regulators in addressing inequalities for service users. Regulators use both incentives and, when necessary, enforcement measures to ensure compliance. However, interviewees emphasised the effectiveness of collaborative approaches and positive relationships, without discounting the option to use enforcement measures if collaboration proves unsuccessful. Collaboration was considered to be a particular enabler in situations where providers are willing to improve services, but lack the knowledge or ability to do so.

1.130 **Transparency plays an important role in enhancing the collaborative relationship** between regulators and providers. Establishing open communication and setting clear expectations were reported to build trust, encouraging mutual understanding and shared goals in addressing inequalities (Care Quality Commission, 2022a). Transparent communication was said to facilitate responsive problem-solving, encourage compliance through awareness of standards and support a continuous improvement feedback loop.

Shared system vision and buy-in

1.131 Both the literature and interviewees highlighted the importance of all elements of a system having a **shared and consistent vision** around tackling inequalities. This was

often enabled by collaborative working and close relationships (See Section 3 for examples of approaches taken), alongside consistent frameworks and legislation. Interviewees reported that having a shared system vision was particularly effective in maximising impact for regulators with limited resource, allowing them to utilise the wider influence and publicity of others to stimulate action from providers.

"Often when we see big changes it's because whole systems are pushing in the same direction. […] So in this case, we're talking about NHS providers, we're talking about Integrated Care Boards providing leadership, NHS England providing leadership, Department of Health and Social Care providing leadership and all of the other partners who come into play, everyone pushing in the same direction with a clear vision"

Interviewee

Capacity and resourcing

Both regulators and providers face a significant challenge in addressing service user inequalities due to limited capacity and resources. Regulators reported being able to make progress in specific regulatory areas, but struggled to ensure sustainability of progress due to resource constraints, meaning attention had to be diverted to poor performing areas.

The review also highlighted challenges at provider level, especially for organisations facing post- COVID-19 pandemic backlogs and staffing issues. Regulators mitigated this by reducing administrative burdens on providers by emphasising reflective learning as opposed to collecting and reporting on monitoring data. The additional workload and stress associated with inspections was also reported to further strain resources and impact service provision quality.

Regulator capacity

1.132 A key identified challenge facing regulators was the capacity and resource to contribute to approaches to tackle inequalities experienced by service users. Interviewees reported being **able to make progress in some areas, although at times found it challenging to sustain this progress** without adequate resource or focus. In some instances, they reported seeing progress when their attention was focused on a particular subject, which would subsequently regress once the regulator turned its focus to another area. Similarly, regulators reported additional funding being allocated for providers to address underperforming areas, but being re-allocated once improvements had occurred, leading to a subsequent fall in standards. Regulators reported needing to prioritise and use their limited resources in the most impactful ways:

"We're a small organisation and 40% smaller than 10 years ago and so we just don't have the resources to tackle all of the things we want to tackle. We can prioritise certain

things and we can make progress in those areas, but there's also something about the sustainability of those issues […] figures are going through the roof again now we haven't been looking at the issue."

Interviewee

Provider capacity

1.133 Capacity and resource at a provider level have also posed challenges to regulator efforts to tackle inequalities. Many providers, particularly those in health and social care sectors, are dealing with backlogs from the height of the COVID-19 pandemic, as well as significant staffing issues and budgetary constraints. Interviewees reflected that these challenges are exacerbated for smaller providers, who may wish to implement actions to address inequalities, but struggle practically to resource this. As a result, some interviewees reported that additional requirements on providers to tackle inequalities for service users, if implemented, may be challenging to resource.

1.134 The workload and stress associated with inspection and judgements are reported to place further pressure on already strained workloads. Murphy (2023) described how the preparation for inspections increases the bureaucratic burden on providers. Such preparations may be pervasive, saturating emails, memos and team meetings, steering audits and disciplinary meetings and may worsen the quality of service provision (Bennett et al, 2022).

Quality and availability of data

The report identifies data gaps as a key challenge in measuring progress in tackling inequalities. In some areas, interviewees noted gaps in data, making it challenging to identify and monitor differences in service provision, access and experience. Data is similarly under-utilised, presenting an opportunity for regulators.

The complex nature of inequalities was identified as an additional challenge for regulators in measuring and attributing progress made by providers in tackling inequalities. Addressing systemic inequalities may take a significant period and improved awareness can paradoxically appear to worsen performance as captured in monitoring data.

1.135 The review highlighted **gaps in the data available** to measure progress in tackling inequalities. In some sectors for instance, interviewees highlighted that data collected on protected characteristics was less comprehensive than they would have liked. Gaps in the data collection meant that identifying and monitoring differences in service provision, access and experience across different groups was challenging. Significant quantities of data are collected by the NHS in the health sector, however it was highlighted by the Institute of Health Equity (2023, p.4) that such data:

"Is currently not being used to hold systems to account for health inequalities… [and that] there are opportunities to use data more effectively to enable local systems to identify inequalities and monitor actions on inequalities to strengthen accountability for health inequalities".

1.136 This data was suggested as having potential to enable regulators to identify inequalities and set priorities for providers, as well as metrics by which service user inequalities can be tracked.

1.137 An additional challenge reported related to the measurement of and monitoring of inequalities is the **multifaceted and complex nature of inequalities**. Health inequalities were argued to be influenced by factors which are more directly influenceable by the provider than the regulator, such as the quality of and access to care; but also wider socio-economic factors such as housing quality, deprivation and job security (Institute of Health Equity, 2023), which are often intersectional with protected characteristics such as race or disability. Interviewees reported that this wide range of influencing factors means that measuring progress against inequalities is challenging and progress or deterioration is difficult to attribute solely to the actions of a provider (and regulator).

1.138 Similarly, interviewees noted that it may take a **significant period of time to influence** more structural or systemic inequalities. This means that, for example:

"Although a practice serving a population in an area of deprivation may be planning or implementing innovation to reduce health inequalities, the work may not be observed in [an] inspection and therefore not contribute to a higher quality rating."

CQC, 2022b

1.139 Another challenge relating to data, monitoring and measurement reported by interviewees is that progress made by regulators in increasing staff and provider knowledge and awareness around inequalities, can perversely appear in monitoring data as though organisations are performing worse than they were previously. This is because **areas of non-compliance are reported that would otherwise have gone unnoticed** had staff knowledge and awareness not improved.

"There can be different indicators based on the maturity of an organisation. I did a lot of work on hate crime many years ago and initially, the data looked like there wasn't much of a problem. The organisation needed to train their staff and develop really good systems for capturing hate crime and encouraging people to report it. And suddenly all the data starts to go up and up - and you know, on the face of that's a terrible thing. But the reality is actually it's a good thing, because organisations are beginning to grapple with it. And then once they have been grappling with it consistently and people are encouraged and are reporting hate crime, you start to see the numbers go down."

Interviewee

1. Considerations and implications

1.140 This section reflects on the evidence base which has informed this report, and sets out key considerations and implications for regulators seeking to tackle inequalities experienced by service users, including (but not limited to) CQC.

1.141 Work undertaken or underway by CQC has not been considered in this review; it does not seek to evaluate CQC's practice. Considerations and implications set out in this section are intended to be applicable to all regulators.

The coverage and strength of the evidence base

1.142 The evidence base spans a range of sectors and includes examples from across (and to a lesser extent, outside of) the UK. The evidence is largely timely, relevant for CQC's context (in addition to regulators more broadly) and in many cases provides detailed examples of approaches adopted for tackling inequalities experienced by service users.

1.143 It is important to note that the **majority of the evidence is focused on regulatory bodies**, as opposed to supervisory or oversight bodies. It is not possible to assess the extent to which this is because relevant evidence does not exist to the same extent regarding the role of supervisory or oversight bodies in tackling inequalities experienced by service users, or whether our searching and sifting process simply identified more potentially relevant evidence regarding regulators.

1.144 The quality of the evidence is generally good and some of the sources provide detailed examples and learnings regarding approaches adopted. Similarly, interviewees were generous with their time and provided illustrative examples of action, as well as reflective assessments regarding efficacy, enablers and challenges.

1.145 It is worth noting that **much of the evidence discussed in this report refers to activity and evidence from Scotland**. Again, it is not possible to assess whether this is because (some) Scottish regulators are further developed in their thinking and activity regarding inequalities experienced by service users, or whether they are particularly effective at communicating what they are doing and how/why. There was also evidence emerging from elsewhere in the UK, from Wales and Northern Ireland and also UK-wide examples.

1.146 The evidence does however have some gaps. Specifically, it is important to reflect on the **relative lack of insights captured regarding the measurement and assessment** of regulator activity to tackle inequalities experienced by service users and outcomes achieved as a result.

Implications for regulation

1.147 Below we reflect on the possible implications of the findings presented in this report when considering how regulators can best support organisations to tackle inequalities experienced by service users. These implications have been thematically grouped; there is no significance in their ordering.

Implementation

Implication 1: Approaches to tackle inequalities experienced by service users identified in the literature are typically multi-faceted and holistic. Regulators could **consider how multiple interventions and approaches can be combined and embedded,** as this is likely to prove key in enabling change at scale.

Implication 2: Regulators could consider **how to embed sustainable approaches to tackling inequalities amongst different service areas or user groups**. It is important to ensure that once an area of inequality or a particular service user group has been focused on, that the focus on tackling inequalities in that space does not entirely shift away to the extent that inequalities return. Linked to this, evidence indicates that monitoring progress using tangible metrics can ensure that inequalities are not unintentionally overlooked when more immediate priorities and pressures arise.

Implication 3: Regulators could consider **building mechanisms that are specifically focused on equality and protected characteristics into existing regulatory frameworks**. Providing clear and streamlined frameworks which set clear expectations can support providers in their efforts to address inequalities.

Implication 4: It is important that regulators **assign accountability and responsibility amongst their own workforce** in relation to tackling inequalities. The literature highlights the importance of ensuring that staff working within regulators have a strong understanding of their role in tackling inequalities, as well as an understanding of how the standards they inspect against link to equality. Regulators may wish to consider whether or how to designate specific role(s) to 'champion' the tackling of inequalities, whilst also ensuring that tackling it is embedded into everyone's role. Striking an appropriate balance here is likely to be key, to ensure oversight and leadership, whilst also ensuring it becomes part of 'business as usual' delivery.

Implication 5: It is important for regulators to **ensure their vision for tackling inequalities is communicated widely to both their own staff and the organisations they regulate**. There was no single definition of inequalities used across the literature. Ensuring clarity of vision will therefore support consistency in understanding. Some sources extended their definition of inequalities beyond the core legislation, particularly to encompass socio-economic disadvantage. In this context, it may also be useful for

regulators to consider the extent to which socio-economic disadvantage should be considered as part of their vision and what this might mean for their work with providers.

Implication 6: Regulators need to **remain realistic as to how far they can affect inequalities experienced by service users accessing settings they regulate**. Regulators are one-step removed from service users and their families. With this in mind, they should be realistic in setting expectations regarding their own potential for influence.

Engagement

Implication 7: It is important for regulators to **sustain (or embed) a focus on shared learning with other regulators**. Working collaboratively with other regulators was highlighted in the evidence as a key enabler and approach to addressing inequalities.

Implication 8: It is important that regulators **work collaboratively with partners within systems in which they work**. This may require some new relationships to be established. Collaboration could be delivered at various levels, from co-production and co-design activities, to engagement, to sharing learning with other regulators or providers.

Implication 9: It is important that regulators **demonstrate the behaviours and characteristics they are seeking from providers** in tackling inequalities. External factors can influence and affect performance and actions, both for providers and regulators themselves. It is important that regulators consider how their staff can themselves demonstrate the behaviours and diversity they are seeking their providers to adopt and display.

Implication 10: Regulators could consider how **dual 'encouragement and enforcement' functions can best support effective engagement with providers**. The review identifies effective engagement and collaboration with provider organisations they regulate as a crucial enabler for regulators in addressing inequalities for service users. Regulators use both incentives or encouragement and, when necessary, more enforcement-focused measures to ensure compliance. However, both the literature and interviewees emphasised the effectiveness of collaborative approaches, without discounting the efficacy of enforcement measures if collaboration proves unsuccessful. Collaboration was considered to be particularly enabling in situations where providers were willing to improve services, but lacked the knowledge or ability to do so.

Implication 11: It is important that regulators **continually assess the transparency of their communications with providers, to ensure clear expectations are set with a view to building trust and confidence.** Transparent communications were identified as a key enabler to encouraging provider buy in and efforts to tackle inequalities. The evidence indicates this may help to facilitate responsive problem-solving, encourage

compliance through raised awareness of standards and support a continuous improvement feedback loop.

Implication 12: Regulators may wish to **assess the extent to which services effectively capture and utilise a diverse range of service user, lived experience and/or family voice** (as appropriate to the service offer/user group) to inform continuous service improvement. Embedding this assessment across all service areas could help to evidence the extent to which this vital ingredient for tackling inequalities is in place.

Implication 13: It is important that regulators **continue to ensure service user voices are adequately reflected in their own activities or approaches to addressing inequalities**. This could involve co-design or co-production approaches, or collaboration with groups with particular expertise in working with seldom heard user groups or those particularly at risk of inequality. Being clear on roles and expectations and avoiding tokenism in service user and lived experience engagement will be key.

Implication 14: It is important that regulators ensure **processes and communications are as accessible as possible**, both within their own organisations and their providers. Offering support and guidance for providers is likely to prove useful, alongside implementing approaches which ensure service users can effectively access regulators where required (e.g. to raise a complaint). Engaging service users in co-design/co-development to support this may prove key.

Data, evidence and impact

Implication 15: Regulators may wish to **test and implement approaches to measure their impact on equalities**. The examples identified in this report suggest that this could best be captured qualitatively. As a key gap identified in this review, further research around the measurement of and outcomes associated with regulator action to tackle inequalities experienced by service users could also prove helpful.

Implication 16: It is important that regulators **continue to contribute to the evidence base around inequalities**, to support the providers they work with. Delivering a range of contributions is likely to prove useful in supporting providers with different needs, and focusing on different types of inequalities (e.g. thematic inquiries, or analysing and sharing meaningful data with providers).

Implication 17: It is important that regulators **identify the trajectory that a provider is on in tackling inequalities experienced by service users, and ensure the reasons for any changing performance are fully understood**. The evidence highlighted a key challenge relating to data, monitoring and measurement, noting that progress made by regulators in increasing staff and provider knowledge and awareness around inequalities can perversely appear in monitoring data as though that organisation has worsening

performance, at least in the short term. Considering data in the round is likely to be key here.

Implication 18: Recognising that tackling inequalities experienced by service users takes time, regulators could **identify expected interim outcomes to ensure realistic expectations**. Developing and sharing a headline logic model or theory of change to outline some of the key inputs and activities/outputs expected in tackling inequalities and the associated interim outcomes expected in the medium term, may help to provide both a roadmap for settings and a realistic indication of their trajectory towards embedding an effective approach. Using this approach as a type of 'maturity index' to assess against could inform assessment and improvement activities.

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Annex B: Methodology

A.a.i.1.A.A.1 This section describes how the study was conducted to align with the specification set by CQC. It details the process used to search for and identify relevant evidence, the interview sampling, recruitment and fieldwork process and the analytical framework applied during the review of the primary and secondary evidence.

A.a.i.1.A.A.2 The following research questions have underpinned the study.

1. How are inequalities understood and conceptualised by regulators of health and adult social care services and organisations in other countries?
2. How are inequalities understood and conceptualised by regulators, oversight and supervisory bodies in the UK, including those from other sectors?
3. What progress has been made by regulators in tackling inequalities?
4. What enablers and challenges do regulators face in tackling inequalities?
5. What is considered good practice in tackling inequalities? What examples of approaches are there? What is effective, for whom and in what context?
6. What mechanisms do regulators use (and how does this align with the regulatory mechanisms outlined in the framework for understanding regulatory impact)?
7. What are the necessary conditions required for regulators to tackle inequalities in their work? Are these replicable within the context of CQC?
8. What can CQC learn and apply from regulators in different sectors and countries to support organisations to tackle inequalities?

Scoping phase

A.a.i.1.A.A.3 The purpose of the scoping phase was to define the parameters of the study and develop the research questions. It ran between June and August 2023.

A.a.i.1.A.A.4 Activities undertaken during the scoping phase included:

- A regulator mapping exercise to identify regulators, oversight and supervisory bodies within different sectors and countries who implement approaches to tackle inequalities
- Scoping interviews with seven individuals from CQC and relevant external organisations identified by CQC
- Fortnightly update meetings with the core review team within CQC.

A.a.i.1.A.A.5 A scoping paper was developed upon completion of these activities. The paper summarised early learning around tackling inequalities through regulation and set out the workplan for the main phase of the study, as well as key tools required to deliver this, including a search protocol and a call for evidence briefing.

Literature search and call for evidence

A.a.i.1.A.A.6 The search protocol (see Annex E) outlined what geographies were in scope for the study, how far back in time the literature search should go and what types of documents should be included. It also detailed a set of search terms to be included, covering:

- Terms relating to the role and activities of regulators and oversight and supervisory bodies (e.g. 'inspect', 'assure', 'assess')
- Terms synonymous with inequality (e.g. 'disparity', 'discrimination') and relating to specific types of inequalities (e.g. 'racism', 'socioeconomic disadvantage')
- Health and social care settings (for literature relating to the activities of regulators, oversight and supervisory bodies outside of the UK)
- Terms associated with improvement (e.g. 'best practice', 'enabler').

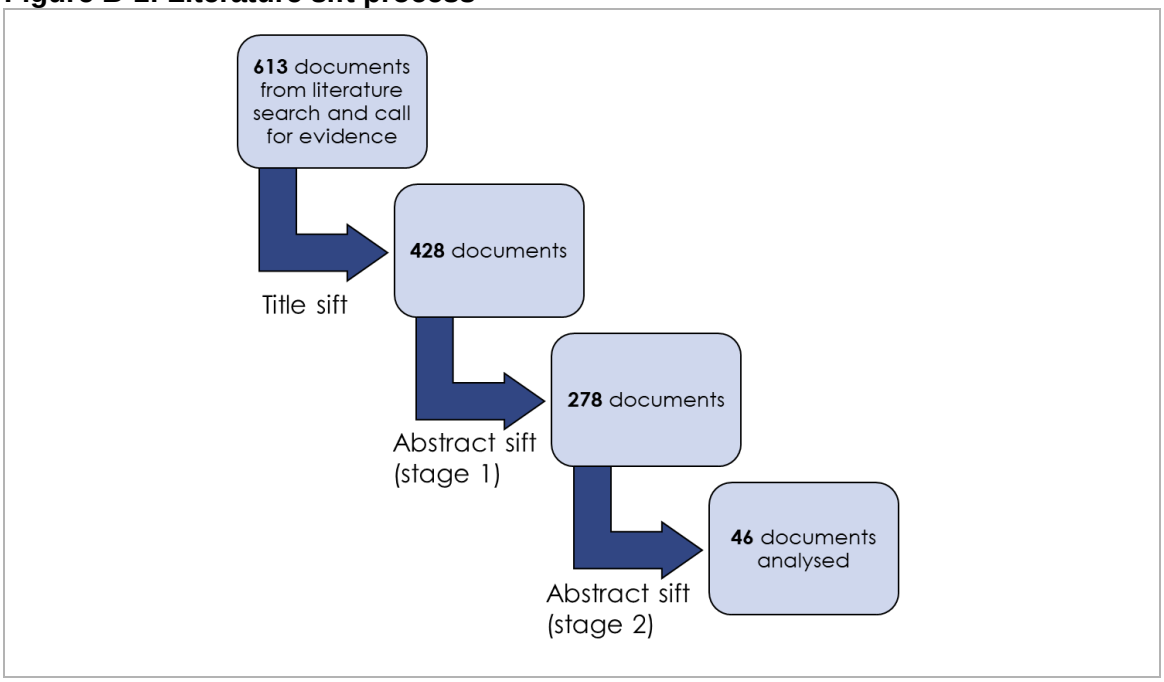
A.a.i.1.A.A.7 The King's Fund Library Service undertook the literature search in accordance with the search protocol agreed by CQC. This involved a search across eight databases and the websites of 75 regulatory, supervisory and oversight bodies, to identify literature (including grey literature) which aligned with the specified parameters. In total, 563 pieces of evidence were found.

A.a.i.1.A.A.8 The literature search was supplemented by a call for evidence issued to key stakeholders identified by CQC, which yielded an additional 50 documents. Stakeholders identified for the call for evidence were contacted by CQC using a call for evidence briefing note developed by SQW (see Annex F). Stakeholders included those involved in the Inequalities Sub-Group at the Institute of Regulation.

Literature review and analysis

A.a.i.1.A.A.9 The literature search and call for evidence returned a total of 613 potentially relevant documents. These were compiled by SQW into MaxQDA software to enable a systematic extraction and coding process. A four-stage review of the literature was then undertaken by SQW, using an agreed inclusion/exclusion framework. This comprised a title sift, a two stage abstract sift and full text review. Figure B-1 summarises this process.

Figure B-1: Literature sift process



Source: SQW

Title sift

A.a.i.1.A.A.10 The title sift involved a review of the titles of the 613 potentially relevant documents; documents clearly out of scope for this study were excluded. Reasons for excluding documents during the title sift were:

- Date of publication
- Whether the title indicated that the focus of the document was within scope (i.e. alignment with the research questions of the study)
- Recommended for exclusion for other reasons (e.g. duplication).

A.a.i.1.A.A.11 The results of this initial title sift were shared with CQC and Dr Tammy Boyce for review. Some titles which did not meet the initial inclusion criteria (e.g. on date) were subsequently included and taken forward to abstract sift.

A.a.i.1.A.A.12 Based on the title sift, 428 documents were taken forward to abstract sift stage.

Two stage abstract sift

A.a.i.1.A.A.13 The first abstract sift involved the application of the title sift framework onto document abstracts. This first sift was applied to reduce the number of abstracts taken forward to full abstract sift, given resourcing implications. In total, 278 documents were taken forward to the second stage of the abstract sift.

A.a.i.1.A.A.14 For the second abstract sift, SQW reviewed the abstracts of the documents and coded each against the following themes:

- Type of inequality
- The beneficiary (service user or workforce)
- Document type
- Research question alignment.

A.a.i.1.A.A.15 Each document was given a qualitative judgement (based on its abstract) as to whether it was suitable for full text review. Based on this judgement, CQC determined 46 documents were suitable for full text review.

A.a.i.1.A.A.16 A more detailed coding framework was used to extract relevant evidence from the full text of the selected 46 documents. This coding framework was developed to align with the research questions and sought to identify findings which focused on:

- How inequalities are understood and conceptualised by regulators, supervisory and oversight bodies
- Progress made by regulators in tackling inequalities
- Approaches considered good practice in tackling inequalities
- Enablers and challenges regulators face in tackling inequalities.

A.a.i.1.A.A.17 The coding framework also included a qualitative assessment of literature against the AACODS framework[8].

Stakeholder interviews

A.a.i.1.A.A.18 To supplement the evidence review, 12 semi-structured virtual interviews were undertaken with those involved in regulation, supervision or oversight. These included:

- 3 interviews with health and social care regulators in the UK
- 7 interviews with regulators, supervisory or oversight bodies from other sectors in the UK

[8] The AACODS checklist is designed to enable evaluation and critical appraisal of grey literature. AACODS stands for Authority, Accuracy, Coverage, Objectivity, Date and Significance. See here for more information https://www.library.sydney.edu.au/research/systematic-review/downloads/AACODS_Checklist.pdf

- 2 interviews with international regulators, supervisory or oversight bodies.

A.a.i.1.A.A.19 Stakeholder interviews were analysed in MaxQDA software against a similar framework to the 46 documents reviewed, to identify relevant themes and ensure read across.

A.a.i.1.A.A.20 An internal team debrief took place, to reflect on the emerging evidence and its implications for CQC.

Annex C: The evidence base

A.a.i.1.A.A.21 This report is based on a full review of 46 documents related to the role of regulators, oversight and supervisory bodies in tackling inequalities. All 46 documents were qualitatively assessed against the AACODS framework. The AACODS checklist is designed to enable evaluation and critical appraisal of grey literature. AACODS stands for Authority, Accuracy, Coverage, Objectivity, Date and Significance[9].

A.a.i.1.A.A.22 Based on this framework, the overall **quality of the evidence base is good**. All of the documents reviewed were judged to have Authority and Significance (although on the latter it is important to note that some documents provided more relevant evidence than others); with all but one judged to provide Coverage and Objectivity; and all but two judged to have Accuracy. Caution was taken in the review of documents which did not meet these standards, although these documents are still included in the overall study findings.

A.a.i.1.A.A.23 Information pertaining to Date is presented in Table C-1 below, alongside an overview of the evidence base in terms of geography, sector, inequalities covered and type of document.

Figure C-1: Overview of the evidence base

Feature	Details across the 46 documents reviewed in full
Year published	Three documents was published between 2000 and 2005
	Two documents were published between 2006 and 2010
	Three documents were published between 2011 and 2015
	11 documents were published between 2016 and 2020
	26 documents were published from 2021 onwards
	One document had no date
	The proportion of documents published from 2021 onwards was slightly higher in the full text review compared to the broader abstract sifted evidence base
Geography	30 documents presented evidence from the UK
	Seven documents presented evidence from elsewhere, including United States, Australia, Brazil, EU Member States, Croatia, Germany, Ireland, Netherlands, Poland and Slovenia
	One document presented evidence from the UK (England) and elsewhere (Belgium, France, Hungary and Portugal)

[9]. See here for more information https://www.library.sydney.edu.au/research/systematic-review/downloads/AACODS_Checklist.pdf

Feature	Details across the 46 documents reviewed in full
	Eight documents did not identify a geographical focus
	The proportion of documents presenting evidence from elsewhere was slightly higher in the full text review compared to the broader abstract sifted evidence base
Sector	12 documents focused on healthcare, one focused on social care and three focused on both health and social care
	22 documents focused on other sectors, including education (secondary education, higher education, qualifications and examinations), children's services, housing, utilities, finance, environmental health, prisons and gambling
	Eight documents did not identify a sectoral focus
	The proportion of documents focused on health and/or social care was slightly lower in the full text review compared to the broader abstract sifted evidence base
Inequalities covered	10 documents focused on health inequalities
	Nine documents focused on racial inequalities
	Five documents focused on socio-economic inequalities
	Other types of inequalities covered included gender, disability, sexual orientation, religious and geographic
	The proportion of documents focused on health, racial and socio-economic inequalities was notably higher in the full text review compared to the broader abstract sifted evidence base
Type of document	18 documents were reports
	16 documents were journal articles
	Four documents were policy papers
	Four documents were strategies
	Two documents were guidance
	One document was a blog
	One document was coded as "other"
	The proportion of documents that were journal articles was notably higher in the full text review compared to the broader abstract sifted evidence base.

Source: SQW

A.a.i.1.A.A.24 While the information presented above demonstrates that the evidence used to inform this report is (predominantly) recent, includes both UK and international evidence and spans a range of sectors and types of inequalities, it also raises some limitations. Specifically:

- **Reliance on grey literature** – around two-thirds of the evidence base is grey literature. This may have positive implications for the study, in reducing the structural bias which may remove the voice on underrepresented groups in certain document types. However, while this evidence has been reviewed against the AACODS framework (which suggests the quality is good overall), these documents are unlikely to have undergone formal peer review processes and therefore may not have the same level of rigour and reliability as academic journal articles.

- **Inherent bias in self-reporting –** some of the literature comprising the evidence base is written by regulators themselves about the approaches they have taken to address inequalities. While this report has only included examples of practice and approaches which have been implemented (and has not included any approaches which have only been proposed, or not yet delivered), it may be subject to inherent bias.

- **Breadth of evidence** – there are two points of note in relation to the breadth of evidence:

  - the evidence base is very broad and while the research brief was to explore what works to tackle service user inequalities by regulators, oversight and supervisory bodies from other sectors and countries, there is insufficient depth of evidence on the practices in the sectors (outside of health care) and countries (outside of the UK) cited in this review to draw robust comparisons.
  - while a range of inequalities are identified in the literature, there is insufficient depth to explore differences in how they are conceptualised (and, apart from some examples, differences in how specific inequalities are addressed). That said, it does mean that this study spans a range of inequalities in its consideration.

- **Availability of evidence** - 46 documents were reviewed in full. Beyond this, there were limited evidence sources identified which were considered relevant to the parameters of the study. This suggests that the evidence base is relatively small. That said, much of the literature reviewed was grey literature, which suggests that there could be unpublished evidence that was not accessible to or identified by this review.

- **Gaps in impact evidence –** there was limited evidence identified regarding the impacts of approaches taken by regulators to tackle inequalities experienced by service users. This means that the evidence base around ‘what works’ is limited. The implications of this are further explored in Section 3.

- **Gaps in evidence regarding social care –** while there were multiple literature sources focused on health care, there was relatively few sources focused on social care in comparison (one document focused on social care, and three focused on

both health and social care). The findings from this review should therefore be interpreted with some caution when considering relevance and strength of evidence within the health and social care sector.

- **Definition of inequalities –** although there was some consistency**,** there was not a single definition of inequalities used across the literature. This is explored further in Section 2, but does indicate variations within the literature. Linked to this, the evidence base includes evidence focused on human rights. While equality and human rights are inextricably linked, some of the evidence considers inequalities through a specifically human rights lens.

A.a.i.1.A.A.25 Furthermore, the literature search process identified a considerable amount of evidence on approaches to tackling inequalities that have been taken by CQC themselves. Only some examples of this literature were included in the full text review, given that there would be limited learning to be gained for CQC from this evidence. However, it does suggest that CQC, relative to other UK regulators, may be further ahead in (at least thinking and planning within) this theme. This was also reflected by interviewees, who noted that CQC is deemed to have made greater progress in this space than other regulators. However, it was also acknowledged that there remains further progress to be made by CQC.

Annex D: Alignment of approaches to tackling inequalities with regulatory impact mechanisms

A.a.i.1.A.A.26 Many of the approaches taken by regulators align with the eight impact mechanisms devised by the University of Manchester and The King's Fund[10], who identified ways in which regulators could generate impact in the organisations they regulate. Some examples of approaches which align with each of the eight regulatory mechanisms are presented below. To note, the table is illustrative only, and seeks to set out some examples of what regulators and oversight bodies could do to align with these mechanisms.

A.a.i.1.A.A.27 Across the approaches used by regulators, all eight mechanisms of regulatory impact have been utilised. The most commonly identified mechanism of regulatory impact used by regulators is **anticipatory.** Regulators have developed and adapted a range of frameworks, standards and guidelines to set clear expectations with the intention of supporting compliance in advance of regulatory interactions. Often this has been paired with the use of **informational** mechanisms to provide intelligence, including toolkits, guidance and broader evidence to support providers to make informed decisions in tackling inequalities. The **use of these two mechanisms together** reflects broader learning from literature and interviews, which suggests that showing providers what good looks like, alongside inspecting for compliance, should be used in conjunction to enable providers to tackle inequalities.

A.a.i.1.A.A.28 Other key mechanisms of regulatory impact used by regulators include **lateral and systemic** mechanisms to tackle inequalities through facilitating system learning and **relational** mechanisms through supporting relationship building between regulators and provider staff. The use of these mechanisms indicates that approaches to tackling inequalities require an interpersonal and collaborative focus to maximise their effectiveness. This demonstrates the importance of both *what* is done, as well as *how* it is done.

A.a.i.1.A.A.29 Regardless of the mechanisms, the literature is clear that the role of regulation is vital in supporting a system to work towards tackling inequalities, as regulators have the power to ensure that standards are met.

[10] Smithson et al (2018) Impact of the Care Quality Commission on provider performance: Room for improvement? The King's Fund, London. https://www.research.manchester.ac.uk/portal/files/77461382/cqc_provider_performance_report_septembe r2018.pdf

Table 1-1: Eight regulatory impact mechanisms

Impact mechanism	Description	Ways to harness opportunities to tackle inequalities
Anticipatory	The regulator sets quality expectations and providers understand those expectations and seek compliance in advance of any regulatory interaction.	Developing standards, guidance or setting expectations to support providers to ensure compliance in anticipation of regulatory activity. For example: • Working with partners, including other regulators, government, third sector organisations or providers, to develop standards or guidance. • Supporting improved accessibility through developing and issuing guidance to providers and sharing good practice. • Setting expectations around effective monitoring (e.g. through developing toolkits) and equalities impact assessment.
Directive	Providers take actions that they have been directed or guided to take by the regulator. This includes enforcement actions and, at the extreme, may involve formal legal repercussions such as prosecution or cancellation of registration.	Building in approaches to tackling inequalities into existing regulatory mechanisms, including inspection frameworks. This would enable regulators to direct providers to take action when needed.
Organisation -al	Regulatory interaction leads to internal organisational developments, reflection and analysis by providers that are not related to specific regulator directions. This leads to changes in areas such as internal team dynamics, leadership, culture, motivation and whistleblowing.	Effectively drawing on all evidence during inspection (e.g. visiting 'authentic' spaces) to ensure inequalities issues are identified. Implementing requirements for providers to share equalities-focused data/information with regulators (which may be discussed with providers, leading to internal developments). Delivering a holistic regulatory approach balancing enforcement with guidance and support to consider and address inequalities.
Relational	Results from the nature of relationships between regulatory staff (i.e., inspectors) and regulated providers. Informal, soft, influencing actions have an impact on providers.	Developing resources, guidance and standards to support providers to tackle inequalities. Hosting forums for providers and other stakeholders to share learning around addressing inequalities.

Impact mechanism	Description	Ways to harness opportunities to tackle inequalities
Informational	The regulator collates intelligence and puts information about provider performance into the public domain or shares it with other actors who then use it for decision-making (e.g., commissioning, patient choice).	Working with service users (e.g. through co-production or engagement/consultation) to gather insights which feed into regulatory activity. Contributing to the evidence base around inequalities, including through publications and disseminating evidence in an accessible way (e.g. podcasts).
Stakeholder	Regulatory actions encourage, mandate or influence other stakeholders to take action or to interact with the regulated provider.	Working with other regulators to both inspect and provide guidance and support to providers, focused on inequalities.
Lateral	Regulatory interactions stimulate interorganisational interactions, such as providers working with their peers to share learning and undertake improvement work.	Hosting forums for providers and other stakeholders to share learning around addressing inequalities.
Systemic	Aggregated findings/ information from regulation are used to identify systemic or interorganisational issues and to influence stakeholders and wider systems other than the regulated providers themselves.	Bringing together system stakeholders to work together to address inequalities associated with specific protected characteristics. Delivery of workshops, webinars and training campaigns to system stakeholders. Contributing to the evidence base around inequalities, including through developing and publishing thematic inquiries, analysing and sharing data, disseminating evidence in an accessible way (e.g. podcasts).

Source: Smithson et al (2018) Impact of the Care Quality Commission on provider performance: Room for improvement? The King's Fund, London.

Annex E: Search protocol

A.a.i.1.A.A.30 The framework below presents a search protocol for the rapid review into what works to tackle inequalities by regulators, oversight and supervisory bodies in different sectors and countries. The protocol includes key search terms that will provide the basis for the searches, undertaken by the Kings Fund Library Service. They will use combinations of these terms within the key databases (using AND type searches), to identify appropriate literature sources. Search terms marked with an * have multiple potential suffixes which can be used during a search.

Study title	**What works to tackle inequalities by regulators in different sectors and countries**
Literature review aims	• To assess the different approaches regulators of organisations have taken to tackle inequalities in their work and reflect on what progress has been made • To identify the conditions that contribute to good regulation relating to tackling inequalities • To provide new learning and insights on the challenges and successes experienced by other regulators • To highlight examples of innovative and creative approaches
Literature review questions	• How are inequalities understood and conceptualised by regulators of health and adult social care services and organisations in other countries? • How are inequalities understood and conceptualised by regulators, oversight and supervisory bodies in the UK, including those from other sectors? • What progress has been made by regulators of organisations in tackling inequalities? • What enablers and challenges do regulators face in tackling inequalities? • What is considered good practice in tackling inequalities? What examples of approaches are there? What is effective, for whom and in what context? • What mechanisms do regulators use (and how does this align with the regulatory mechanisms outlined in the framework for understanding regulatory impact)? • What are the necessary conditions required for regulators to tackle inequalities in their work? Are these replicable within the context of CQC?

	• What can the CQC learn and apply from regulators in different sectors and countries to support organisations to tackle inequalities?
Period	2000 - 2023
Geography	• Health and social care organisation regulators: all countries • Regulators of organisations from all sectors: England, Scotland, Wales, Northern Ireland
Language of publication	English
Types of document	• Evaluation or research reports • Journal articles • Guidance documents • Case studies • Academic posters • Policy documents • Action plans/strategies • Annual reports
Databases searched	• Structured web search on regulators, oversight and supervisory bodies in the UK • The Department of Health Library and Information Services database • The King's Fund Information and Knowledge Services database • HMIC • MedLine • Social Care Online • Social policy and practice • Policy commons
Search terms A	Regulat* Supervisory bod* Supervis* Oversight Inspect* Assur* Assess* Enforce* Complian* Standard* Framework* Inquir* Enquir* Scrutin* Judicial review Performance management Performance support

	Influenc*
Search terms B	Inequalit* Equal* Equit* Inequit* Disparit* Discriminat* Inclusi* Outcome* Treat* Access* Experience* Ethic* Race Racis* Anti-racis* Decolonis* Ethnic* Sex* Gender Age* Disab* Pregnan* Maternity Religio* Socioeconomic disadvantage Poverty Depriv* Income Corporate social responsibility CSR
Search terms C	Best practice Good practice Effective* Enabl* Barrier* Driver* Condition* Impact* Outcome* Case stud* Evidence Example* Learn* Methodolog* Implication* Reflection*

	Review Evaluat* Study* Guidance Implement* Characteristics Action* Behaviour Framework Condition* Insight* Context* Assess* Model* Challenge* Data Demonstrat* Review Change* Approach* Improv* Environment* Understand*
Search terms D	**Non-UK only** Care Health care Primary care General practice Community care Acute care Secondary care Domiciliary care Ambulatory care Urgent care Emergency care Maternity care Mental health* Surg* Adult social care Reablement Care home* Residential care Nursing home* Discharge Rehabilit* Assistive tech* Trust* Care provider* Hospital* Clinic* Treat* Diagnos*

Annex F: Call for evidence briefing note

In 2021, the Care Quality Commission (CQC) published a new strategy for the changing world of health and social care. One of the core aims of the strategy is to use regulation to tackle inequalities in health and adult social care.

SQW (an independent research consultancy) was commissioned by CQC to deliver a rapid literature review into what works to tackle inequalities by regulators, oversight and supervisory bodies, including from other sectors and countries.

The study runs from June 2023 to December 2023, with dissemination activity to follow. The review was commissioned to support the delivery of CQC's new strategy. It aims to inform CQC's approach to the core aim of tackling inequalities. It is one of several reviews and research studies that CQC has commissioned regarding inequalities.

This call for evidence is asking for your support with this study. This is your chance to identify and provide access to any reports, documents or other evidence that can be considered as part of the review. It is likely that you have knowledge of, or access to, evidence sources that could be relevant, but are not publicly available or we may not identify through our current search processes.

The table overleaf sets out the purpose and aims of this call for evidence and the overall piece of research that it is supporting. The table details the core research questions that the study will seek to answer and the types of evidence we are seeking to collect.

Any evidence you provide will be included and considered as part of our evidence sifting process.

Study title	**What works to tackle inequalities by regulators, oversight and supervisory bodies, including from other sectors and countries**
Literature review aims	• To assess the different approaches regulators have taken to tackle inequalities in their work and reflect on what progress has been made • To identify the conditions that contribute to good regulation relating to tackling inequalities • To provide new learning and insights on the challenges and successes experienced by other regulators • To highlight examples of innovative and creative approaches

Literature review questions	• How are inequalities understood and conceptualised by regulators of health and adult social care services and organisations in other countries? • How are inequalities understood and conceptualised by regulators, oversight and supervisory bodies in the UK, including those from other sectors? • What progress has been made by regulators in tackling inequalities? • What enablers and challenges do regulators face in tackling inequalities? • What is considered good practice in tackling inequalities? What examples of approaches are there? What is effective, for whom and in what context? • What mechanisms do regulators use (and how does this align with the regulatory mechanisms outlined in the framework for understanding regulatory impact)? • What are the necessary conditions required for regulators to tackle inequalities in their work? Are these replicable within the context of CQC? • What can the CQC learn and apply from regulators in different sectors and countries to support organisations to tackle inequalities?
Period	2000 - 2023
Geography	• Health and social care regulators: all countries • Regulators from all sectors: England, Scotland, Wales, Northern Ireland
Examples of types of evidence	• Evaluations, research reports, guidance documents, journal articles, action plans/strategies on regulatory/oversight/supervisory body action to tackle inequalities • Literature reviews exploring multiple studies which include focus on this subject area • Case studies focused on this subject area, including examples of impacts on service users/patients

Responses to this call can be sent to Jane Meagher at SQW (jmeagher@sqw.co.uk), or you can share your responses directly with CQC, who will share them with the research team at SQW.

Please respond by **11th September**. Thank you – your help with this is much appreciated.

SQW

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