

Public Sector Equality Duty

Equality analysis for the Cabinet Office Infected Blood Compensation Scheme

This document records the analysis undertaken by **the Cabinet Office Infected Blood Compensation Scheme** to fulfil the requirements of the Public Sector Equality Duty (PSED) as set out in section 149 of the Equality Act 2010. This requires the Minister to pay due regard to the need to:

1. **eliminate unlawful discrimination** - direct discrimination, indirect discrimination, discrimination arising from disability, and harassment, victimisation and any other conduct prohibited by the Act
2. **advance equality of opportunity** between people who share a protected characteristic and people who do not share it
3. **foster good relations** between people who share a protected characteristic and those who do not share it

The protected characteristics which have been considered are:

- age → consideration of different age bands of younger and older people
- disability → long term limited conditions and mental health. Different disabilities must be considered separately to each other.
- gender reassignment
- pregnancy and maternity
- race
- religion or belief
- sexual orientation
- marriage and civil partnership (but only in respect of the first aim of the Equality Duty).

We have also considered the following other groups not included within the list of protected characteristics within the Act:

- carers
- socio-economic group

In relation to the first limb of the PSED, the conduct prohibited by the Act includes the following:

- **Direct discrimination** – this means less favourable treatment “because of” a protected characteristic. This includes discrimination by association (being treated less favourably because of a protected characteristic e.g. of a friend, spouse, partner, parent or another person with whom they are associated) and discrimination by perception (because of a perceived protected characteristic which an individual may not, in fact, possess).
- **Indirect discrimination** – this is concerned with acts, decisions or policies which are not intended to treat anyone less favourably, but which in practice have the effect of disadvantaging a group of people with a particular protected characteristic. Where such a policy disadvantages an individual with that

characteristic, it will amount to indirect discrimination unless it can be objectively justified.

- **Harassment** – this is unwanted conduct related to a relevant protected characteristic which has the purpose or effect of either violating a person’s dignity, or creating an intimidating, hostile, degrading, humiliating or offensive environment.
- **Victimisation** - this occurs where a person subjects another person to a detriment because either they have done a protected act or it is believed they may do, a protected act.

Having due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- (a) remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- (b) take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- (c) encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to—

- (a) tackle prejudice, and
- (b) promote understanding.

1.1 Policy/Service

This assessment is concerned with the equality impacts of changes to the Infected Blood Compensation Scheme due to be made in regulations.

The Government announced its response on 21 July 2025 to the Infected Blood Inquiry’s additional report on compensation, committing to changes that will be implemented through legislation. The Government agreed to consult on a number of areas and held a consultation between 30 October and 22 January 2026. The Government response to the consultation was published on 14 April 2026.

The Government may update this assessment in light of new impacts highlighted in the drafting process of the fourth set of regulations to be laid this year for the scheme.

This Equality Impact Assessment is concerned with changes to the compensation scheme. The changes to the scheme to be made in regulations, following recommendations from the Inquiry and public consultation, are:

- **Recognition of interferon treatment:** Introducing a Level 2B core route award for all victims who can evidence treatment with interferon, regardless of the treatment duration. This decision follows the Infected Blood Inquiry’s suggestion that the existing Level 2 (Chronic) band did not sufficiently recognise the debilitating side effects of this treatment.
- **Special Category Mechanism Severe Health Condition award:** The introduction of a new Severe Health Condition award specifically to recognise the impacts previously captured by the Special Category Mechanism and its equivalents. The Government proposes the new award will also capture the mental health impacts of infection/treatment that are in excess of the core route.
- **Affected people:** Implementation of an Enhanced Injury award providing a 50% uplift to the core Injury award for children and siblings who were affected under the age of 18, parents of those who died as children, and for bereaved partners.
- **Past care award:** Removing the 25% discount previously applied to past care costs for those on the IBSS route
- **Past financial loss/care:** providing the higher of the two calculations for past financial loss. This applies to those who took the ‘IBSS route’ to continue with their support scheme payments regardless of their infection type.
- **Unethical research award:** Increase Unethical Research awards to £30,000 (general), £60,000 (Treloar’s), and £45,000 for a new tier specifically for children treated at other centres. It also includes the expansion of eligibility to all infected people treated for a bleeding disorder in the UK up to and including 1985.
- **Infected children:** Implementation of a 50% uplift to the core Autonomy award for all those infected as children, to recognise loss of potential, increased psychological harm, and loss of a care free childhood.
- **Evidence requirements for exceptional loss:** introducing a compensation uplift of £60,000 for people who had entered, or had an offer to enter, a higher-earning career but were unable to progress in this career due to their infection. IBCA will determine whether a given career would have paid at least 10% higher than the core route by using annual median salaries for the profession.

There is no public data available to understand the exact figures for the protected characteristics of those infected by contaminated blood. However the historic nature of the infected blood scandal, coupled with profiles of people who were more likely to contract certain illnesses means there are assumptions that can be made with certain groups.

2.1 Assess the impact

Diversity Target Group	Reason/Comment
Sex	<p>Potential positive impacts:</p> <p>Unethical research award: While haemophilia (the primary cohort for this award) is more common in males, the awards are available to anyone treated for a bleeding disorder before 1986, and therefore both women and men are equally eligible for the award if they fit this criteria.</p> <p>Potential neutral impacts:</p> <p>SCM: While more men may be impacted due to the prevalence of haemophilia, and more women may be impacted via transfusions during childbirth, the SCM criteria</p>

	<p>and financial loss formulas (based on median UK earnings) apply regardless of sex to mitigate the gender pay gap.</p> <p>Potential negative impacts:</p> <p>Exceptional Loss: Men are (particularly historically) more likely to have been in high-earning careers than women, making them more likely to be eligible for this award. In mitigation, we use median-earning statistics for each career (rather than the salary of individual claimants) and propose to use a data source that combines salary information for both men and women. This reflects existing and historic societal inequalities.</p>
<p>Race and ethnicity</p>	<p>Potential positive impacts:</p> <p>SCM: Reducing the clinical evidence threshold may benefit individuals from communities that face historic barriers to accessing secondary psychiatric care or who experience cultural stigma regarding clinical psychiatric diagnoses</p> <p>Potential neutral impacts:</p> <p>SCM: The use of a flat 5% over median earnings figure (£29,657) for financial loss continues to mitigate against ethnic pay gaps. However, the decision to exclude most estates may disproportionately affect ethnic groups with lower life expectancies who were unable to be assessed while living.</p> <p>Past care/financial loss: These specific calculation changes are based on care duration and earnings averages rather than ethnic data, which is not factored into the underlying Ogden Tables used for these calculations. This perpetuates existing inequality in the scheme</p> <p>Potential negative impacts:</p> <p>Exceptional Loss: Certain ethnic groups are more likely to have been in high-earning careers than others, making them more likely to be eligible for this award. In mitigation, we use median-earning statistics for each career (rather than the salary of individual claimants). This reflects existing and historic societal inequalities.</p>
<p>Disability/ long term Health condition and mental health</p>	<p>Potential positive impacts:</p> <p>SCM: The SCM award directly recognises people with complex needs and "significant impacts" on daily duties that are not already covered by core severity bands. It provides parity for those whose disabilities (e.g., chronic fatigue or mental health struggles) are not easily traceable to a specific medical diagnosis like cirrhosis.</p> <p>Directly addresses the Inquiry's finding that requiring consultant psychiatrist reports was a barrier to access to the Severe Health Condition award. The new SCM award, by accepting wider forms of evidence from psychological professionals, allows the scheme to provide a more accessible route for those with severe psychological harm.</p> <p>Interferon Level 2B: The Level 2B award automatically compensates for short-term impacts without requiring intrusive medical assessment. Long-term</p>

	<p>effects can be further addressed via the Severe Health Condition award.</p> <p>Potential neutral impacts:</p> <p>Interferon Level 2B: No change to existing inequity - The 25% discount on past care remains. Since interferon was rarely used after 2016, almost all Level 2B care awards are retrospective and will be reduced, assuming care was provided gratuitously by family.</p> <p>Affected people: All affected cohorts continue to receive a base £10,000 award for general psychological impact, maintaining existing parity for those not in the three sub-groups.</p> <p>Potential negative impacts:</p> <p>Exceptional Loss: People with pre-existing disabilities or long term health conditions (i.e. outside of their qualifying infection) may be less likely to be eligible for this award, as their disability may have prevented them from obtaining a job offer in a highly paid career. This reflects existing and historic societal inequalities.</p>
<p>Sexual Orientation</p>	<p>Potential negative impacts:</p> <p>Exceptional Loss: Where a group is more likely to be employed in (or was historically more likely to be employed in) a high earning career, they are more likely to benefit from this award. This reflects existing and historic societal inequalities.</p>
<p>Gender reassignment</p>	<p>Potential negative impacts:</p> <p>Exceptional Loss: Where a group is more likely to be employed in (or was historically more likely to be employed in) a high earning career, they are more likely to benefit from this award. This reflects existing and historic societal inequalities.</p>
<p>Age (Inter generational groups)</p>	<p>Potential positive impacts:</p> <p>Interferon Level 2B: The minimal evidential burden (evidence of treatment only, no proof of side effects required) benefits older victims who may struggle to produce decades-old medical records detailing specific reactions</p> <p>SCM: Opening the award to those infected after the 1991 cut-off date with Hepatitis B and C (who were previously ineligible for IBSS) particularly benefits younger cohorts who may have been excluded from prior support schemes.</p> <p>Reducing the clinical evidence threshold for the Severe Health Condition award may benefit individuals that face historic barriers to accessing secondary psychiatric care or who experienced stigma regarding clinical psychiatric diagnoses during the time period of the infected blood scandal.</p> <p>Affected people: The policy explicitly targets children and siblings affected while under the age of 18. The 50% uplift acknowledges formative harm where a child's developmental trajectory was permanently altered by stigma, familial instability, and</p>

loss of potential. Parents of children who passed away under 18 receive the uplift in recognition of grief.

Infected children: The policy explicitly targets those infected while under the age of 18. The 50% uplift to the Autonomy award acknowledges the increased harm likely faced by someone infected in childhood, to their formative development, such as disrupted education leading to a loss of potential, reduced earnings, increased psychological harm and loss of a carefree childhood.

Unethical research awards: The introduction of a specific £45,000 award for children recognises their unique lack of autonomy and total dependency at the time of research.

Expanding eligibility to anyone treated for a bleeding disorder before 1986 removes the evidential burden for those who cannot access decades-old medical records, who are likely to be older people impacted by the scandal.

Potential neutral impacts:

SCM: Award levels continue to assume effective treatment (from 2016 for Hepatitis C; 2008 for Hepatitis B) improves work capacity, which may result in lower awards for younger people compared to those born before 1961/1953

Exceptional Loss: People who were able to work until later in life may be more likely to benefit from this award, as they will have had more opportunity to enter the workforce. To mitigate this, we will introduce safeguards to reduce the possibility of someone qualifying when it is unlikely that their illness had a significant impact on their career advancement (for example, they were infected close to retirement).

Potential negative impacts:

SCM: The award is not open to estate claims because the SCM criteria are designed to assess *current* and *future* life impacts. This may disproportionately affect older people who died before they could be assessed for SCM while living. The historic intent of SCM was to address current impacts on living persons across the IBSS.

Affected people: Affected people who were over 18 at the time of the infection's impact (and are not bereaved partners) do not qualify for this specific uplift.

To be eligible as a bereaved partner or parent, the infected person must have passed away before 14 April 2026. This means that those who are younger are less likely to be eligible for this uplift as they are less likely to have passed away. However the cut-off date protects against a perverse incentive which must be maintained.

Infected children: Infected people who were over 18 when they were first infected do not qualify for this uplift.

Religion & Beliefs groups	We have no evidence or reason to suspect that these changes will disproportionately affect anyone with this protected characteristic.
Marriage or Civil Partnership	<p>Potentially positive impacts:</p> <p>Interferon Level 2B positive impact: The Level 2B award includes an additional year of care (16.5 hours per week). This directly benefits spouses or partners who typically provided this care during the treatment period.</p> <p>Affected people: Bereaved partners benefit from 50% injury award uplift where their partner passed away with an infection severity that meant the infection caused their death.</p> <p>Potential neutral impacts:</p> <p>Affected people: eligibility for the uplift for bereaved partners is tied to infection severity bands (e.g HIV, cirrhosis) where the infection likely caused death, so where the infected persons infection was not of a higher severity level, partners will not be eligible for this uplift as it cannot be said that their infection was the cause of death.</p>
Pregnancy or maternity	We have no evidence or reason to suspect that these changes will disproportionately affect anyone with this protected characteristic.
Carers	<p>Potential negative impacts:</p> <p>Exceptional Loss: People with caring responsibilities (particularly if those are full-time caring responsibilities and particularly if the responsibilities were taken on early in life) are less likely to be eligible for this award. This is because people with such responsibilities are less likely to have had the opportunity to enter into a high-earning career. This reflects existing and historic societal inequalities.</p>
Socio economic group	<p>Potential positive impacts:</p> <p>Interferon Level 2B: The removal of a minimum treatment duration ensures that those who had to stop treatment early due to severe illness are not financially penalised.</p> <p>SCM: The SCM award acts as a "floor," ensuring that even those without high historical earnings receive substantial compensation based on a 70%/60% working capacity reduction assumption.</p> <p>Potential negative impacts:</p> <p>Exceptional Loss: People from lower socio-economic backgrounds are less likely to work in high earning careers, meaning they are less likely to be eligible for this award. In mitigation, we use median-earning statistics for each career (rather than the salary of individual claimants). This reflects existing and historic societal inequalities.</p>

2.2 Summary of the analysis

The Government has had due regard to each limb of the PSED. A summary of our analysis in relation to each is:

Eliminating unlawful discrimination, harassment, victimisation and any other unlawful conduct prohibited by the act:

- **Disability:** Our analysis shows that the introduction of the new Severe Health Condition award for SCM provides an accessible route for those with mental health impacts that do not meet the current threshold for the Severe Psychiatric Disorders award. It could be argued that this has a significant impact in terms of eliminating indirect discrimination for those whose disabilities were previously harder to evidence.
- **Age:** For the protected characteristic of age, our analysis shows that the exclusion of estates from the SCM award may disproportionately affect older victims who passed away before assessment. Therefore, it could be argued that while the scheme seeks to be timely, this specific exclusion has an impact in terms of indirect discrimination that is considered a proportionate means of delivering an administratively accessible scheme.
- **Marriage and Civil Partnership:** For the protected characteristic of marriage and civil partnership, our analysis shows that the 50% uplift for bereaved partners recognises the unique loss and legal standing of these relationships. Therefore, it could be argued that this has a positive impact in terms of eliminating unlawful discrimination or disadvantage for this group.
- **Race:** For the protected characteristic of race, our analysis shows that the use of median earnings for financial loss mitigation helps prevent the replication of wider societal pay gaps. Therefore, it could be argued that this has a positive impact in terms of eliminating indirect discrimination.
- **Sexual Orientation/Gender Reassignment/Religion or belief/Carers/Pregnancy and maternity:** For these characteristics, our analysis shows no evidence that these changes disproportionately affect these groups aside from perpetuating existing inequities. Therefore, there is no foreseeable impact on the elimination of discrimination, harassment, victimisation or any other conduct prohibited by the Equality Act 2010.
- **Sex:** For the protected characteristic of sex, our analysis shows that while haemophilia disproportionately affects men, the SCM and Unethical Research awards are applied neutrally. Therefore, it could be argued that this has no/minimal impact in terms of eliminating direct/indirect unlawful discrimination. To prevent the replication of societal pay gaps with the exceptional loss award, the scheme uses gender-neutral median-earning statistics for each career rather than individual salary histories.

Advancing equality of opportunity:

- **Disability:** For the protected characteristic of disability, our analysis shows that the new SCM award provides a more accessible route for those with severe psychological harm by moving away from strictly diagnostic thresholds. Therefore, this appears to positively impact the advancement of opportunities by recognising evidence thresholds that may have been barriers to access to SCM.
- **Age:** For the protected characteristic of age, our analysis shows that the 50% uplift for those infected as children recognises the specific loss of life opportunities and education. Therefore, this appears to positively impact the advancement of opportunities for this group.
- **Race:** For the protected characteristic of race, our analysis shows that the use of flat median earnings plus 5% (£29,657) continues to mitigate against ethnic pay gaps. However, the continued use of Ogden Tables, which do not factor in ethnicity, makes no difference to existing inequities regarding life expectancy. Our analysis has highlighted certain neutral impacts that perpetuate systemic inequalities.
- **Sex:** For the protected characteristic of sex, our analysis shows that the use of gender-neutral median salary figures for the SCM award prevents the gender pay gap from

reducing compensation for women. Therefore, this appears to positively impact the advancement of opportunities.

- **Marriage and Civil Partnership:** For the protected characteristic of marriage and civil partnership, our analysis shows the scheme provides parity for bereaved partners. Therefore, there is no foreseeable impact on the advancement of opportunities beyond existing provisions.
- **Sexual Orientation/Gender Reassignment/Religion or belief/Carers/Pregnancy and maternity:** For these characteristics, our analysis shows no evidence that these changes disproportionately affect these groups aside from perpetuating existing inequities. Therefore, there is no foreseeable impact on advancing equality of opportunity between people who share and people who do not share these characteristics

Fostering good relations:

- **Age:** For the protected characteristic of age, our analysis shows that the 50% uplifts for those impacted as children directly address feedback regarding loss of potential. Therefore, significant positive impacts have been identified with respect to fostering good relations by acknowledging the unique inter-generational trauma of the infected blood scandal.
- **Disability:** Our analysis shows that the more generous requirements for the SCM Severe Health Condition award benefits good relations for people who have suffered mental health impacts who were not previously eligible for a Severe Health Condition award on those grounds.
- **Sex:** For the protected characteristic of sex, our analysis shows the scheme acknowledges the different roles played by mothers and fathers of deceased children through equal uplifts. Therefore, some impacts have been identified with respect to fostering good relations.
- **Marriage/Civil Partnership:** For this characteristic, our analysis shows that the inclusion of an additional year of care for Level 2B awards directly benefits spouses who typically provided this care. Therefore, some positive impacts have been identified in fostering understanding of the roles partners played
- **Race:** Our analysis has highlighted the perpetuation of existing inequities in the scheme. This has no impact on fostering good relations.
- **Sexual Orientation/Gender Reassignment/Religion or belief/Carers/Pregnancy and maternity:** For these characteristics, our analysis shows no evidence that these changes disproportionately affect these groups aside from perpetuating existing inequities. . Therefore, there is no foreseeable impact on fostering good relations between people who share and people who do not share a relevant characteristic.

The Government is proceeding with these changes despite some remaining inequities because the package represents a significant increase in compensation for many and a reduction in administrative barriers:

- The eligibility criteria for the new SCM Severe Health Condition award provides further compensation for everyone who was assessed as eligible for SCM (or its equivalents) and will extend the opportunity for assessment to all people that can be properly assessed on the same terms as historic SCM beneficiaries. All living infected people will have the ability to benefit from increased care and financial loss awards in future, which mirrors the historic intent of the SCM that beneficiaries were given the support they needed to discharge their daily duties. This fulfils the recommendations of the Inquiry, which focus on the living, particularly those who were in life assessed as eligible for the SCM.
- By uplifting awards for those infected as children and widening unethical research eligibility, the Government is addressing the lost potential that disproportionately affected specific age and health cohorts.
- The decision to avoid a bespoke individualised assessment for the Affected Supplementary Route in favour of tariff uplifts (e.g., for bereaved partners, parents of deceased children, and children and siblings affected in childhood) was a direct response to consultation

feedback, and mitigate re-traumatisation. For the SCM Severe Health Condition award, moving away from a purely diagnostic threshold reduces the risk of re-traumatising applicants

- The introduction of the Level 2B award for interferon treatment and the SCM award addresses the Inquiry's findings that the scheme should recognise the specific short and long-term impacts

SECTION 3

3.1 Decision Making

We have rigorously considered the equality impacts of the proposed changes to the scheme. The provisions introduce significant positive impacts such as the recognition of interferon treatment (including multiple rounds), or tariff uplifts for bereaved partners, parents of deceased children and children and siblings affected. This assessment identifies potential negatives and acknowledges some of these, such as the exclusion for estate claims. We have decided to proceed as planned with the policy. For example, the decision to utilise tariff uplifts rather than bespoke individualised assessment was taken in response to consultation feedback, to mitigate the risk of re-traumatising applicants to the scheme. Whilst it is acknowledged there are potential negative impacts as a result of the proposed changes, they are considered justifiable as a proportionate means of achieving the aim of delivering a timely, administratively accessible scheme, which significantly increases support for the vast majority of beneficiaries.

3.2 Monitoring arrangements

We commit to continuously monitoring the policy going forward and will monitor any adverse future impacts.

We are satisfied that in all cases, sufficient mitigation actions have been taken to minimise disproportionate treatment between those with and without various protected characteristics.

If an applicant feels the tariff scheme disadvantages them, the Scheme does not require applicants to waive their rights to pursue litigation.