

## TEMPLATE 2 - Full Equality Impact Assessment (EqIA)

In order to carry out this assessment, it is important that you have completed the EqIA E-learning Module and read the Corporate Guidelines on EqIAs. Please refer to these to assist you in completing this form and assessment.

What are the proposals being assessed? ( <b>Note:</b> ‘proposal’ includes a new policy, policy review, service review, function, strategy, project, procedure, restructure)	Changes to existing policy for Taxicards
Which Directorate / Service has responsibility for this?	<b>Resources Directorate</b>
Name and job title of lead officer	Fern Silverio, Head of Service, Collections and Housing Benefits
Name & contact details of the other persons involved in the EqIA:	<p>Bernie Beckett, Consultation Project Manager            Tel: 020 8424 7640    Email: <a href="mailto:bernie.beckett@harrow.gov.uk">bernie.beckett@harrow.gov.uk</a></p> <p>As part of the development of this proposal and the EQIA, all members of the Adult Services Steering Group were given the opportunity to give their views on impacts of the changes through meetings with the group and responding through the consultation activity. The membership of the Adult Services Steering Group includes representatives from the following: Harrow Association of Disabled People (HAD), Harrow Mencap, Mind in Harrow, Age UK Harrow, Harrow Carers, Unions, CNWL, Harrow Healthwatch, Crossroads Care, NHS Harrow, Carers Partnership Board, and Community Service User Champions.</p>
Date of assessment:	<p>This EQIA has been developed over a number of months, so the assessment date has been at multiple stages:</p> <ul style="list-style-type: none"> <li>• Version 1 - Draft Initial Assessment – 8.1.13</li> <li>• Version 2 - Update following consultation activity – 13.6.13</li> <li>• Version 3 - Update to complete data on returns from consultation – 17.6.13</li> <li>• Version 4 – Update to include proposals and actions</li> <li>• Version 5 – Update to include data on Taxicard Trips at Appendix A (included</li> </ul>

within EqIA – not separate document)

- Version 6 – Update with comments from HAD
- Version 7 – Updated with comments from Cabinet Briefing – 2.7.13

## Stage 1: Overview

1. What are the aims, objectives, and desired outcomes of your proposals?

(Explain proposals e.g. reduction / removal of service, deletion of posts, changing criteria etc)

Taxicard is a scheme that provides subsidised transport for people who have serious mobility impairment and difficulty in using public transport. Taxicard holders make journeys in licensed London taxis and private hire vehicles, and the subsidy applies directly to each trip. The funding is provided by both the Mayor of London and Harrow Council. The funding, provided by Transport for London (TfL), is distributed to Local Authorities on a pro rata basis depending on numbers of higher rate recipients of DLA and the number of residents over 65. For 2013/14 the contribution to Harrow is £258k. The projected budget outturn (based on 5 months) is £450k.

Further to the outcomes of the Council's commissioning process for 2012-13 to 2014-15 decisions were taken to save £407k from the Harrow Taxicard budget moving the scheme to be financed only by TfL grant, and this was agreed by Full Council as part of budget setting.

A recent review of Concessionary Travel was carried out and a decision was taken at the October 2011 Cabinet meeting to reduce the numbers of trips establishing levels of entitlement for multiple services as follows:

- Band A Applicants who hold either a Freedom Pass or a Blue Badge or both, will be entitled to a Taxicard with a maximum allocation of 52 trips annually.
- Band B Applicants who do not hold a Freedom Pass or Blue Badge will be entitled to a Taxicard with a maximum allocation of 104 trips annually.
- Applicants who hold a Discretionary Freedom Pass will not be entitled to a Taxicard.
- Current Discretionary Freedom Pass / Taxi card holders who have already been assessed and have qualified for both concessions to be offered choice of which one they wish to retain and the unwanted concession to be cancelled by 31/3/2012.

The EqIA for these changes is enclosed at Appendix B and further information included in Stage 2, Section

	<p>6. These changes to the scheme were implemented in October 2011 for new scheme members and in April 2012 for existing members.</p> <p>The criteria for access to the Taxicard Scheme is prescribed by Transport for London. However individual boroughs have the flexibility to decide the level of member contribution it requires and the number of trips that will be subsidised through the scheme.</p> <p>There are three options that were taken forward for consultation that will all individually provide the required savings:</p> <ol style="list-style-type: none"> <li>1. Increase the cost of the contribution from users towards individual taxi trips to £5.00 per trip (an increase of £2.50)</li> <li>2. Reduce the number of Taxicard trips available to all users to 40</li> <li>3. A combination of 1 &amp; 2 above: <ol style="list-style-type: none"> <li>a. Increasing the contributions towards trips to £5.00 for year 2013/14 and then decreasing to £4.00 for year 2014/15</li> <li>b. Reducing all trips to 52 a year.</li> </ol> </li> </ol> <p>People were also asked to identify the impacts of the proposed changes through the consultation and this information has fed into the EqIA.</p>
<p><b>2. What factors / forces could prevent you from achieving these aims, objectives and outcomes?</b></p>	<p>Identified negative impact on individuals that could not be mitigated</p>
<p><b>3. Who are the customers? Who will be affected by this proposal? For example who are the external/internal customers, communities, partners, stakeholders, the workforce etc.</b></p>	<p>Users of Taxicards</p> <p>Future users of Taxicards</p> <p>Taxi firms may be affected if impact of proposals is reduced usage</p>

	<p>Through the consultation it was raised that Day Centres may be impacted as some of the scheme members use these services to travel to and from the Day Centres. The service is liaising with Adult Social Care to ensure joined up approach on travel arrangements particularly as issues regarding transport have also been raised within the Day Centre Review Consultation.</p>
<p><b>4.</b> Is the responsibility shared with another department, authority or organisation? If so:</p> <ul style="list-style-type: none"> <li>• Who are the partners?</li> <li>• Who has the overall responsibility?</li> </ul>	<p>The overall responsibility for the delivery of the scheme within Harrow Council is the Collections and Housing Benefits Service.</p> <p>The Taxicard Scheme responsibilities are shared with the London Councils and Transport for London</p> <p>Working closely with Adult Services Steering Group as this group were involved in the changes to Concessionary Travel that were carried out in 2011.</p> <p>Councillors will make the final decision on whether the proposed changes are taken forward and implemented.</p>
<p><b>4a.</b> How are/will they be involved in this assessment?</p>	<p>The consultation sought feedback on the impact of the proposed changes. Feedback from this activity has fed into the development of the proposals being put to Cabinet and included within the EqIA.</p> <p>The Adult Services Steering Group were involved in the shaping of the consultation. All within this group were given the opportunity to give their view on the impacts of the proposed changes as part of the consultation and again and were given the opportunity to be involved in the development of the Equality Impact Assessment. They have also been given the opportunity to be involved in a workshop to discuss the findings from the consultation, impacts of the changes and proposals being put to Councillors for decision.</p> <p>London Councils and Transport for London were advised of the consultation and will be advised of the proposals and any feedback received that relates directly to their services. Various issues were raised regarding the operation of the Taxicard Scheme and therefore a meeting has been requested with London Councils to go through the feedback and discuss possible mitigations that can be put in place.</p>

## Stage 2: Monitoring / Collecting Evidence / Data

5. What information is available to assess the impact of your proposals? Include the actual data, statistics and evidence (including full references) reviewed to determine the potential impact on each equality group (protected characteristic). This can include results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, workforce profiles, service users profiles, local and national research, evaluations etc

(Where possible include data on the nine protected characteristics. Where you have gaps, you may need to include this as an action to address in the action plan)

Age (including carers of young/older people)	<p>The age ranges of all members of the Taxicard Scheme are as follows:</p> <p>0-15=1.1%, 16-24=1.7%, 25-34=2.4%, 35-44=3.6%, 45-54%=6.1%,55-64=9.6%, 65+=75.5%</p> <p>As can be noted from the data older people make up the largest group of people that are Taxicard Members.</p> <p>The consultation was carried out with all residents however and through the quantitative consultation activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their age as follows:</p> <p>0-15=1%, 16-24=2%, 25-34=2%, 35-44=4%, 45-54=6%, 55-64=10%,65+=75%.</p> <p>There is therefore significant overlap between the above ranges, which gives a strong evidence base for understanding the overall impact.</p>
Disability (including carers of disabled people)	<p>Members of the Taxicard Scheme will have been required to meet the eligibility criteria and therefore all members of the scheme will have a serious mobility issues. The automatic eligibility criteria is:</p> <ul style="list-style-type: none"><li>- In receipt of Higher Rate Mobility Component of Disability Living Allowance</li><li>- Registered as Severely Sight Impaired/Blind</li></ul>

	<p>- In receipt of War Pension Mobility Supplement</p> <p>If the person does not meet the automatic criteria then they are subject to an assessment and must be able to prove their impairment is constant and causes the applicant to walk only with excessive labour and at an extremely slow pace or with excessive pain at all times.</p> <p>Information from London Councils CMS shows the breakdown of disability as follows:</p> <p>Age=0.2%, HR AA (Indefinite)=0.9%, HR AA Allowance (Fixed)=0.1%, HR Mobility (Fixed)=1.4%, HR Mobility (Indefinite)=12.1%, Mobility – Desk=54.3%, Mobility-Functional=4%, Severely Visually Impaired=26.6%, War Pension Mobility=0.1%, Unknown=0.3%</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their disability as follows:</p> <p>89%=Consider themselves to have a disability</p> <p>4%=No</p> <p>7%=Prefer not to say</p>
Gender Reassignment	<p>Transport for London do not currently collect data in relation to this protected characteristic.</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their gender identity as follows:</p> <p>61%=female, same as birth, 22%=male, same as birth, 10%=same as birth unspecified, 1%=changed from birth, 7%=prefer not to say.</p>
Marriage / Civil Partnership	<p>Transport for London do not currently collect data in relation to this protected characteristic</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their marriage/civil partnership as follows:</p> <p>21%=single, 38%=married, 0.5%=civil partnership, 0.1%=co-habiting, 1.5%=divorced, 21%=Widow/Widower,</p>

	19%=prefer not to say
Pregnancy and Maternity	<p>Transport for London do not currently collect data in relation to this protected characteristic</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. There were no further figures available.</p>
Race	<p>The users of the Taxicard Scheme ethnic groups are as follows:</p> <p>White British=25.5%, White Irish=1.9%, White Other=1.2%, Asian/Asian British Bangladeshi=0.0%, Asian/Asian British Indian=19.3%, Asian/Asian British Pakistani=5.5%, Asian other =2.9%, Black/Black British African = 0.9%, Black/Black British Caribbean=0.3%, Black/Black British other=0.2%, Mixed White/Black Caribbean=0.3%, Mixed White/Black African=0.0%, Mixed White and Asian=0.1%, Mixed other=0.1%, Other=3.7%, Arab=0.1%, do not wish to say=36.8%</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their ethnic group as follows:</p> <p>Asian or Asian/British=1.4%, Afghan=0.1%, Indian=22.2%, Pakistani=1%, Sri Lankan Tamil=2%, Any other Asian background=0.9%, Black, Black British=0.1%, African=0.5%, Caribbean=1.7%, Somali=0.2%, Any other ethnic group=0.5%, Arab=0.1%, Iranian=0.1%, White and Black African=0.2%, White and Black Caribbean=0.2%, White and Asian=0.2%, British=20.1%, English=25.3%, Welsh=0.6%, Prefer not to say=18.8%, Any other white background=3.7%</p>
Religion and Belief	<p>Transport for London do not currently collect data in relation to this protected characteristic.</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their religion/belief as follows</p> <p>4%=no religion, 1%=Agnostic, 1%=Buddhism, 42%=Christianity, 21%=Hinduism, 1%=Humanist, 4%=Islam, 4%=Jainism, 11%=Judaism, 1%=Rastafarian, 1%=Sikhism, 9%=prefer not to say, 1%=other</p>
Sex / Gender	<p>Transport for London do not currently collect data in relation to this protected characteristic.</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they</p>

	<p>were Taxicard Scheme members. Those who responded advised their sex/gender as follows</p> <p>Female=63%</p> <p>Male=23%</p> <p>Prefer not to say =14%</p>			
Sexual Orientation	<p>Transport for London do not currently collect data in relation to this protected characteristic.</p> <p>The consultation was carried out with all residents and through the quantitative activity 88.4% advised they were Taxicard Scheme members. Those who responded advised their sexual orientation as follows</p> <p>65%=Heterosexual, 3%=Bisexual, 1%=other, 30%=prefer not to say</p>			
<p><b>6.</b> Is there any other (local, regional, national research, reports, media) data sources that can inform this assessment?</p> <p>Include this data (facts, figures, evidence, key findings) in this section.</p>	<p>None, however as stated in Stage 1, the EqIA for changes to the Scheme that were implemented from 2011 to 2012 is attached at Appendix B to this EqIA.</p>			
<p><b>7.</b> Have you undertaken any consultation on your proposals? (this may include consultation with staff, members, unions, community / voluntary groups, stakeholders, residents and service users)</p>	Yes	x	No	
<p><b>NOTE:</b> If you have not undertaken any consultation as yet, you should consider whether you need to. For example, if you have insufficient data/information for any of the protected characteristics and you are <b>unable</b> to assess the potential impact, you may want to consult with them on your proposals as how they will affect them. Any proposed consultation needs to be <b>completed before</b> progressing with the rest of the EqIA.</p> <p><b>Guidance on consultation/community involvement toolkit can be accessed via the link below</b></p> <p><a href="http://harrowhub/info/200195/consultation/169/community_involvement_toolkit">http://harrowhub/info/200195/consultation/169/community_involvement_toolkit</a></p>				
Who was consulted?	What consultation methods were used?	What do the results show about the impact on different equality groups (protected characteristics)?	<p>What action are you going to take as a result of the consultation?</p> <p>This may include revising your proposals, steps to mitigate any adverse impact.</p>	



			<i>(Also Include these in the Improvement Action Plan at Stage 5)</i>
<p>The consultation was carried out with the following groups:</p> <ul style="list-style-type: none"> <li>- All current Taxicard Scheme members</li> <li>- Residents</li> <li>- Voluntary Groups,</li> <li>- Community Groups</li> </ul>	<p>Consultation booklet and survey distributed widely and sent to all current Taxicard users (2,841 at the time of mailing) with opportunity for comment through freepost/telephone/email and web</p> <ul style="list-style-type: none"> <li>- 794 forms returned through the post</li> </ul> <p>Dedicated web pages</p> <ul style="list-style-type: none"> <li>- 97 surveys completed online</li> </ul> <p>Face to face activity including discussion groups and events held with users of the service, carers and residents. Face to face – over 400 people spoken to</p>	<p>The proposals for the changes to the Taxicard Scheme have been shaped as a result of the feedback collected throughout the consultation. The detailed Consultation Feedback Report is attached as Appendix A to the Cabinet Report.</p> <p>The adverse impacts have been summarised below:</p> <p><b><u>Feedback from the survey and web survey</u></b></p> <ul style="list-style-type: none"> <li>- The majority of people who responded chose Option 2 – to reduce all member trips to 40 per year</li> <li>- There were many concerns regarding the financial impacts if either Option 1 or Option 3 were taken forward</li> <li>- Changes would impact greatly on social exclusion and would create isolation</li> <li>- People with disabilities particularly those in wheelchairs who are only able to go out using their Taxicard were concerned that they may not be able to go to health appointments</li> <li>- Considerable comments relating to the operation of the Taxicard Scheme regarding overrunning taxi meters, different charging/costs for the same journeys/longer routes being taken/general unhelpfulness</li> <li>- Some people very positive about the scheme</li> </ul> <p><b><u>Feedback from the face to face activity</u></b></p> <ul style="list-style-type: none"> <li>- Mixed response to the options put forward for change. Some, who were more able, felt the trips could be reduced and this would not dramatically reduce their</li> </ul>	<p>All Taxicard service users, who meet the eligibility criteria, will continue to receive this concessionary service as a result of the changes to the Taxicard.</p> <p>As a result of the feedback from the consultation the proposals that will be put to members are that Option 2 – reducing all trips to 40 per year are implemented from October 2013.</p> <p>To mitigate the impacts of the reduction in trips the Council will work closely with other transport providers to ensure the best use of all transport options are provided to users. This will include:</p> <ul style="list-style-type: none"> <li>- The Council will work with the Health Sector to understand whether improvements can be made to the patient transport services provided by the NHS and Adults Services particularly as feedback to the consultation showed that the majority of people use the Taxicard to attend GP, Clinic</li> </ul>

		<p>ability to go out. However many people who were less mobile (often in wheelchairs), and had no other support felt strongly that the trips should not be reduced and no savings should be made to this service as it provides support for the most vulnerable</p> <ul style="list-style-type: none"> <li>- Members were very concerned that the changes would result in isolation and an inability to go out</li> <li>- Concern that numbers had already dropped at Day Centres and if further changes then people will not be able to access services</li> <li>- Concern that changes hitting the most vulnerable and should not be taken forward</li> <li>- Some members very distressed at prospect of losing their independence.</li> <li>- Again many comments in relation to the operation of the Taxicard Scheme as above.</li> </ul> <p><b><u>Formal Response from HAD</u></b></p> <p>The full response is within the Consultation report however in relation to impacts the response from HAD is summarised as follows:</p> <ul style="list-style-type: none"> <li>- Do not agree with the changes</li> <li>- As reduction of Taxicard trips have been implemented from previous consultations people are now realising the full effects of these changes and the impacts on their lives</li> <li>- Issues regarding the operation of the service raised</li> <li>- Concerns for people who do not have cars and even when they do they may be reliant on others who are not always available and therefore need the Taxicard</li> </ul>	<p>or Hospital appointments despite the clear advice given by both Transport for London and Harrow Council that this card is for social purposes and should not be used for time specific appointments.</p> <ul style="list-style-type: none"> <li>- The Council is also carrying out a Special Needs Transport service review which this service will feed in to.</li> <li>- Liaise with Adult Services to ensure a joined up approach to transport for people accessing Day Centres</li> <li>- Contact has been made with Dial-a-Ride to discuss the provision of their services and how we can make best use of this service for the users of the Taxicard Scheme.</li> <li>- North West London Clinical Commissioning Groups and Local Authorities have also bid to the Department of Health for pioneer status which looks at a whole system approach to the delivery of care including transport. The Concessionary Travel service will liaise with Public Health</li> </ul>
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		<p>Scheme</p> <ul style="list-style-type: none"> <li>- Quality and cost of the service are issues</li> <li>- Transport is a key concern for disabled people and poor transport is one of the biggest barriers they face</li> <li>- “Scheme needs to be preserved with no further cuts until a better option is found. The service is necessary, and the fact that people use it at all indicates this, as few people would use such a poor value, poor quality, routinely discriminatory service if they had other options</li> </ul>	<p>and Adult Services to ensure updated on progress with the bid.</p> <ul style="list-style-type: none"> <li>- To liaise with London Councils regarding the issues raised throughout the consultation on the operation of the Taxicard scheme to improve the service delivered to users.</li> <li>- To monitor the impact on service users through complaints to both the service, London Councils and via our partners in both the voluntary sector and the NHS.</li> </ul>
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### Stage 3: Assessing Impact and Analysis

8. What does your information tell you about the impact on different groups? Consider whether the evidence shows potential for differential impact, if so state whether this is an adverse or positive impact? How likely is this to happen? How you will mitigate/remove any adverse impact?

Protected Characteristic	Positive	Adverse	Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur.	What measures can you take to eliminate or reduce the adverse impact(s)? E.g. consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 5)
Age (including carers of young/older people)		x	<p><b>Analysis and impacts identified through the review of Concessionary Travel Policy carried out in 2011</b> – The following impacts were identified within the EqIA attached at Appendix A that relate to the ‘age’ characteristic:</p> <ul style="list-style-type: none"> <li>- Young people using the Taxicard for socialising in the evening and older people for going to lunch clubs or other community</li> </ul>	<p>All Taxicard service users, who meet the eligibility criteria, will continue to receive this concessionary service as a result of the changes to the Taxicard.</p> <p>As a result of the feedback from the consultation the proposals that will be put to members are that Option 2 – reducing all trips to 40 per year are implemented from October 2013.</p> <p>To mitigate the impacts of the reduction in trips the</p>

			<p>activities during the day.</p> <p><b>Complaints and compliments from April 2012</b>– There have been approximately 15 complaints received since the implementation of the changes to the numbers of Taxicard trips in April 2012. The majority of these complaints are from elderly people with limited mobility who are unhappy at the reduction in Taxicard trips to 52 a year. Feedback from the complaints states that this reduction in trips stops the user from being able to go out mainly to either do shopping or to attend hospital appointments. The feedback on the deduction of the trips is that the users are likely to suffer social isolation as a result of the changes, are unable to do shopping, losing independence, unable to go out and detrimental to quality of life.</p> <p><b>Profile of the users of the service</b> – there are 2,900 current members of the Taxicard Scheme, the large majority being over 60 years of age and therefore it is the older age group that will be most impacted by the changes.</p> <p><b>Consultation on further changes 2013</b> – This consultation has highlighted the following key impacts:</p> <ul style="list-style-type: none"> <li>– There was much concern regarding the raising of charges and the majority chose the option where the trips were reduced due to the financial impact of the proposed changes.</li> <li>– Members of the scheme were very concerned</li> </ul>	<p>Council will work closely with other transport providers to ensure the best use of all transport options are provided to users. This will include:</p> <ul style="list-style-type: none"> <li>- The Council will work with the Health Sector to understand whether improvements can be made to the patient transport services provided by the NHS and Adults Services particularly as feedback to the consultation showed that the majority of people use the Taxicard to attend GP, Clinic or Hospital appointments despite the clear advice given by both Transport for London and Harrow Council that this card is for social purposes and should not be used for time specific appointments.</li> <li>- The Council is also carrying out a Special Needs Transport service review which this service will feed in to.</li> <li>- Liaise with Adult Services to ensure a joined up approach to transport for people accessing Day Centres</li> <li>- Contact has been made with Dial-a-Ride to discuss the provision of their services and how we can make best use of this service for the users of the Taxicard Scheme.</li> <li>- North West London Clinical Commissioning Groups and Local Authorities have also bid to the Department of Health for pioneer status which looks at a whole system approach to the delivery of care including transport. The Concessionary Travel service will liaise with</li> </ul>
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			<p>regarding the changes resulting in isolation and inability to go out.</p> <ul style="list-style-type: none"> <li>- Concerns numbers would drop in Day Centres and if further changes members of the scheme would not be able to attend the services</li> </ul> <p>There are 432 members of the scheme who use more than 40 trips and the majority of these (77%) are above the age of 65.</p>	<p>Public Health and Adult Services to ensure updated on progress with the bid.</p> <ul style="list-style-type: none"> <li>- To liaise with London Councils regarding the issues raised throughout the consultation on the operation of the Taxicard scheme to improve the service delivered to users.</li> </ul> <p>To monitor the impact on service users through complaints to both the service, London Councils and via our partners in both the voluntary sector and the NHS</p>
Disability (including carers of disabled people)		x	<p><b>Analysis and impacts identified through the review of Concessionary Travel Policy carried out in 2011</b> – The following impacts were identified within the EqIA attached at Appendix A that relate to the ‘disability’ characteristic:</p> <ul style="list-style-type: none"> <li>- People who do not drive or who are unable to use public transport because of disability or illness may be adversely affected by the reduction in Taxicard trips;</li> <li>- People with disabilities that currently have Blue Badges and full Taxicard trips however are reliant on carers driving may be impacted by having a reduction in Taxicard trips.</li> </ul> <p><b>Consultation on further changes to 2013</b> – The consultation has highlighted the impacts as stated above in age and in addition there was much concern that people who had disabilities, particularly in wheelchairs would not be able to go out to health appointments. This may also affect</p>	As above stated in the ‘Age’ protected characteristic

			<p>people with some other kinds of walking adaptation. People who cannot transfer into a minicab, or a car, or who use a heavy power chair will be particularly seriously impacted.</p> <p>Within the face to face activity people who had disabilities and received no other support were therefore very reliant on the scheme to get out. There was a strong feeling that these changes should not be taken forward as they were hitting the most vulnerable.</p> <p>There was a strong concern that members would lose their independence.</p> <p>There are 433 people using over 40 trips and many of these will be the people who currently have 102 trips a year. Through the consultation there are some people who have no other support mechanism and will therefore feel the impact of the changes more than others. These figures cannot be broken down.</p> <p>Further data on the usage of Taxicard trips is attached at Appendix A.</p> <p>People with behavioural needs in addition to other disabilities will be affected, as the safest way for them to travel may be with someone supporting them and an independent driver. This will affect people with multiple disabilities (usually including at least a learning and physical disability), and if going out is a way of helping people to manage their behaviour, the impact of social isolation may be increased levels of behavioural difficulties,</p>	
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			<p>creating an unsafe environment for them and others who share their living space.</p> <p>Carers who drive for partners/children/parents with disabilities will be adversely affected as they may be the only source of transport for the person besides the Taxicard system. This may particularly affect carers of people whose lifestyles are very different from the cared for person, e.g. if a parent has to be free to pick up their child from a night club, but may not want to stay up late themselves. If they cannot do this their child may have a reduced social life.</p>	
Gender Reassignment	x		No information to suggest specific adverse or positive impact	
Marriage and Civil Partnership	x		No information to suggest specific adverse or positive impact	
Pregnancy and Maternity	x		No information to suggest specific adverse or positive impact	
Race	x		No information to suggest specific adverse or positive impact	
Religion or Belief	x		No information to suggest specific adverse or positive impact	
Sex	x		No information to suggest specific adverse or positive impact	
Sexual Orientation	x		No information to suggest specific adverse or positive impact	
Other (please state)	x		No information to suggest specific adverse or positive impact	
<p><b>9. Cumulative impact –</b> Are you aware of any cumulative impact? For example, when conducting a major review of services. This would mean ensuring that you have sufficient relevant information to understand the cumulative effect of all of the decisions. <b>Example:</b></p>			<p>As outlined in Stage 1.1 changes to the Taxicard Scheme were agreed in October 2011 and these changes were implemented in April 2012. Further changes to this scheme will have a cumulative impact on those members of the scheme who use more than 40 trips a year. The figures show that there are 433 members of the scheme that currently use more</p>	

<p>A local authority is making changes to four different policies. These are funding and delivering social care, day care, and respite for carers and community transport. Small changes in each of these policies may disadvantage disabled people, but the cumulative effect of changes to these areas could have a significant effect on disabled people's participation in public life. The actual and potential effect on equality of all these proposals, and appropriate mitigating measures, will need to be considered to ensure that inequalities between different equality groups, particularly in this instance for disabled people, have been identified and do not continue or widen. This may include making a decision to spread the effects of the policy elsewhere to lessen the concentration in any one area.</p>	<p>than 40 trips a year.</p> <p>Some Taxicard Members may also be affected by the changes within the Welfare Reforms and therefore will be cumulatively impacted through loss of Benefits and the changes to Disability Living Allowance (DLA) and the introduction of Personal Independent Payments (PIP). Numbers are not known as the Taxicard Scheme does not means test applicants and therefore financial circumstances are unknown.</p> <p>The criteria for mobility payment is being reduced when DLA becomes PIP, and the government estimates that 25% of current DLA holders will be affected on review. This will lead to a loss of other concessionary travel benefits, and yet many of this group will still not be mobile enough to use public transport for all or for many journeys. With reduced access to all forms of transport this group will be seriously isolated if they also lose Taxicards. For people in residential homes, the impact may be much worse, as they will be isolated with people they did not choose to live with, and who are not family.</p> <p>There may also be reductions in care packages, particularly in relation to changes to government policy and therefore people are less likely to have support for social activities and may therefore be very restricted or entirely reliant on family, especially with the closure of the Independent Living Fund (ILF) to new applicants.</p>		
<p><b>10.</b> How do your proposals contribute towards the requirements of the Public Sector Equality Duty (PSED), which requires the Council to have due regard to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations between different groups.</p> <p>(Include all the positive actions of your proposals, for example literature will be available in large print, Braille and community languages, flexible working hours for parents/carers, IT equipment will be DDA compliant etc)</p>			
<p>Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010</p>	<p>Advance equality of opportunity between people from different groups</p>	<p>Foster good relations between people from different groups</p>	<p>Are there any actions you can take to meet the PSED requirements? <i>(List these here and include them in the Improvement Action Plan at</i></p>



						Stage 5)	
<p>The Taxicard Scheme is a discretionary service operating only in London. A decision has been taken to reduce the funding available to the scheme to help meet the overall Council budget deficit. Whilst the Council is proposing to withdraw it's funding to the scheme from April 2013/14 and 2014/15 the Council wish to continue to run the scheme as it is recognised that the service offered to vulnerable residents has a positive impact upon their lives. This continued operation of the scheme will ensure vulnerable residents continue to be able to access the Taxicard Scheme.</p>		<p>The Taxicard Scheme eligibility criteria is prescribed by Transport for London and relates to severe mobility issues being a requirement for access to the scheme. All groups are able to access the scheme if they meet the eligibility criteria.</p>		<p>Extent of consultation with all users of the service and ensuring different groups were also able to be involved in the face to face activity through interpreters etc.</p> <p>Inclusion of the Voluntary Sector within the Steering Group has ensured impacts are identified and an action plan put in place to address the issues.</p>		<p>The actions are included within Stage 5 of the report.</p>	

**11.** Is there any evidence or concern that your proposals may result in a protected group being disadvantaged (please refer to the Corporate Guidelines for guidance on the definitions of discrimination, harassment and victimisation and other prohibited conduct under the Equality Act)?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes	x	x							
No			x	x	x	x	x	x	x

If you have answered "yes" to any of the above, set out what justification there may be for this in Q12a below - link this to the aims of the proposal and whether the disadvantage is proportionate to the need to meet these aims. (You are encouraged to seek legal advice, if you are concerned that the proposal may breach the equality legislation or you are unsure whether there is objective justification for the proposal)

If the analysis shows the potential for serious adverse impact or disadvantage (or potential discrimination) but you have identified a potential justification for this, this information must be presented to the decision maker for a final decision to be made on whether the disadvantage is

proportionate to achieve the aims of the proposal.

If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. (select outcome 4)

If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. (select outcome 4)

**Stage 4: Decision**

**12.** Please indicate which of the following statements best describes the outcome of your EqlA ( tick one box only)

**Outcome 1** – No change required: when the EqlA has not identified any potential for unlawful conduct or adverse impact and all opportunities to enhance equality are being addressed.

**Outcome 2** – Minor adjustments to remove / mitigate adverse impact or enhance equality have been identified by the EqlA. *List the actions you propose to take to address this in the Improvement Action Plan at Stage 5*

**Outcome 3** – Continue with proposals despite having identified potential for adverse impact or missed opportunities to enhance equality. In this case, the justification needs to be included in the EqlA and should be in line with the PSED to have ‘due regard’. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. **(explain this in 12a below)**

**Outcome 4** – Stop and rethink: when there is potential for serious adverse impact or disadvantage to one or more protected groups. (You are encouraged to seek Legal Advice about the potential for unlawful conduct under equalities legislation)

**12a.** If your EqlA is assessed as **outcome 3 or have ticked ‘yes’ in Q11**, explain your justification with full reasoning to continue with your proposals.

Impacts will be presented to Cabinet to support the decision making process

**Stage 5: Making Adjustments (Improvement Action Plan)**

**13.** List below any actions you plan to take as a result of this impact assessment. This should include any actions identified throughout the EqlA.

Area of potential adverse impact e.g. Race, Disability	Action proposed	Desired Outcome	Target Date	Lead Officer	Progress
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<p>Age – older people are the most impacted within the ‘age’ protected characteristic as they are the majority users of the Taxicard Scheme</p>	<p>All Taxicard service users, who meet the eligibility criteria, will continue to receive this concessionary service as a result of the changes to the Taxicard.</p> <p>As a result of the feedback from the consultation the proposals that will be put to members are that Option 2 – reducing all trips to 40 per year are implemented from October 2013.</p>	<p>The funding available from Transport for London continues to be accessed to ensure service users receive taxicard trips.</p> <p>By working in partnership with other organisations and services providing transport for vulnerable people users of the service will be able to access alternative means of transport.</p>	<p>October 2013</p>	<p>Fern Silverio</p>	<p>Progress will be fed into the multi-agency Steering Group</p>
<p>Disability – people must have a severe mobility issue and meet specific criteria to be eligible for the scheme and therefore all scheme users will have a disability that affects their mobility</p>	<p>To mitigate the impacts of the reduction in trips the Council will work closely with other transport providers to ensure the best use of all transport options are provided to users. This will include:</p> <ul style="list-style-type: none"> <li>- The Council will work with the Health Sector to understand whether improvements can be made to the patient transport services provided by the NHS and Adults Services particularly as feedback to the consultation</li> </ul>	<p>By working in partnership with other organisations and services providing transport for vulnerable people users of the service will be able to access alternative means of transport.</p>	<p>October 2013</p>	<p>Fern Silverio</p>	<p>Progress will be fed into the multi-agency Steering Group</p>

	<p>showed that the majority of people use the Taxicard to attend GP, Clinic or Hospital appointments despite the clear advice given by both Transport for London and Harrow Council that this card is for social purposes and should not be used for time specific appointments.</p> <ul style="list-style-type: none"><li>- The Council is also carrying out a Special Needs Transport service review which this service will feed in to.</li><li>- Liaise with Adult Services to ensure a joined up approach to transport for people accessing Day Centres</li><li>- Contact has been made with Dial-a-Ride to discuss the provision of their services and how we can make best use of this service for the users of the Taxicard</li></ul>				
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	<p>Scheme.</p> <ul style="list-style-type: none"> <li>- North West London Clinical Commissioning Groups and Local Authorities have also bid to the Department of Health for pioneer status which looks at a whole system approach to the delivery of care including transport. The Concessionary Travel service will liaise with Public Health and Adult Services to ensure updated on progress with the bid.</li> <li>- To liaise with London Councils regarding the issues raised throughout the consultation on the operation of the Taxicard scheme to improve the service delivered to users.</li> </ul> <p>To monitor the impact on service users through complaints to both the service, London Councils and via our partners in</p>				
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	both the voluntary sector and the NHS.				
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### Stage 6 - Monitoring

The full impact of the decision may only be known after the proposals have been implemented, it is therefore important to ensure effective monitoring measures are in place to assess the impact.

<p><b>14.</b> How will you monitor the impact of the proposals once they have been implemented? How often will you do this? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>The impact of the proposals will be monitored on a six monthly basis</p>			
<p><b>15.</b> Do you currently monitor this function / service? Do you know who your service users are?</p>	<p>Yes</p>	<p>x</p>	<p>No</p>	
<p><b>16.</b> What monitoring measures need to be introduced to ensure effective monitoring of your proposals? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>A record of complaints made directly to the Authority and to other stakeholders will be kept and analysed in accordance with the Council's performance management framework.</p>			
<p><b>17.</b> How will the results of any monitoring be analysed, reported and publicised? <i>(Also Include in Improvement Action Plan at Stage 5)</i></p>	<p>Monitoring information will be brought to the Adult Services Steering Group for discussion</p>			
<p><b>18.</b> Have you received any complaints or compliments about the policy, service, function, project or proposals being assessed? If so, provide details.</p>	<p><b>Complaints and compliments from April 2012</b>– There have been approximately 15 complaints received since the implementation of the changes to the numbers of Taxicard trips in April 2012. The majority of these complaints are from elderly people with limited mobility who are unhappy at the reduction in Taxicard trips to 52 a year. Feedback from the complaints states that this reduction in trips stops the user from being able to go out mainly to either do shopping or to attend hospital appointments. The feedback on the deduction of the trips is that the users are likely to suffer social isolation as a result of the changes, are unable to do shopping, losing independence, unable to go out and detrimental to quality of life.</p> <p>There have been no further formal complaints in relation to the proposed changes. However feedback has been given as a result of the consultation and this is summarised and provided within the relevant sections of this EqIA.</p>			

**Stage 7 – Reporting outcomes**

The completed EqIA must be attached to all committee reports and a summary of the key findings included in the relevant section within them.

EqIA's will also be published on the Council's website and made available to members of the public on request.

## 19. Summary of the assessment

**NOTE:** This section can also be used in your reports, however you must ensure the full EqIA is available as a background paper for the decision makers (Cabinet, Overview and Scrutiny, CSB etc)

What are the key impacts – both adverse and positive?

Are there any particular groups affected more than others?

Do you suggest proceeding with your proposals although an adverse impact has been identified? If yes, what are your justifications for this?

What course of action are you advising as a result of this EqIA?

The scheme is a discretionary service that only operates in London. Whilst savings are being made from the scheme the Council is continuing to operate the scheme using funding provided by TfL to ensure that vulnerable residents continue to be able to receive a valued service.

An extensive consultation was held with users, residents and voluntary organisations:

- There were positive comments about the scheme and some people felt the changes would not impact their use of the scheme.

The adverse impacts highlighted through the consultation raised by both users of the scheme and HAD impacted both the 'age' and 'disability' protected characteristics. The key impacts that were identified included:

- If option 1 (to increase the cost from the users to £5 from £2.50) then the feedback suggested that the operation of the scheme would not be viable as the costs for the users would be too great.
- Limit the ability to go out (shopping, social appointments, health appointments, day centres)
- The impacts of the changes are likely to increase social isolation
- For those people with limited mobility, no other source of support and reliant on the scheme would be unable to go out as often.
- There were lots of concerns regarding the operation of the scheme

As a result of this feedback Officers are recommending that Option 2 (reducing the trips to 40) is taken forward.

Officers will feed into other services/organisations providing transport to vulnerable people to ensure the best use of available resources for people who require these services

Officers will monitor the impacts of the changes through complaints and through feedback from the voluntary sector.

Officers will liaise with London Councils and TfL to discuss the issues that were raised throughout the consultation regarding the operation of the scheme.



20. How will the impact assessment be publicised? E.g. Council website, intranet, forums, groups etc	The Impact Assessment will be publicised on the Council's website.		
<b>Stage 8 - Organisational sign Off (to be completed by Chair of Departmental Equalities Task Group)</b>			
<b>The completed EqIA needs to be sent to the chair of your Departmental Equalities Task Group (DETG) to be signed off.</b>			
21. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?			
Signed: (Lead officer completing EqIA)	Fern Silverio	Signed: (Chair of DETG)	Alex Dewsnap
Date:	2.7.13	Date:	04.07.13