

# Equality Impact Assessment (EqIA) Template

<b>Type of Decision: Tick ✓</b>		Cabinet	✓	Portfolio Holder		Other (explain)	✓ Corporate Strategic Board
Title of Project:	Procurement of Mobility Assessments Contractor						
Directorate / Service responsible:	Resources / Collections and Benefits						
Name and job title of Lead Officer:	Fern Silverio – Project Manager						
Name & contact details of the other persons involved in the assessment:	Fern Silverio – Head of Service						
Date of assessment (including review dates):	28 <sup>th</sup> July 2015 / 3 <sup>rd</sup> February 2016						
<b>Stage 1: Overview</b>							
<p><b>1. What are you trying to do?</b></p> <p>(Explain proposals e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)</p>	<p>The primary objective of the procurement is to secure the seamless provision of third party support from June 2016 when the existing contract for mobility transport assessments with Access Independent is scheduled to end. The procurement requires a Service Provider to carry out face to face and desktop mobility assessments for Blue Badge, Freedom Pass and Taxi Card scheme eligibility.</p> <p>Whilst the service included options to add the administration of applications where eligibility is considered 'automatic', and the management of periodic strategic reviews of scheme membership, this option was however not exercised. The procurement is therefore simply replacing the existing service supplier with a new contractor. As the recommendation is to appoint Access Independent (the existing service supplier), there will be no change or impact to service delivery and a seamless continuation of service delivery is expected..</p> <p>These proposals do not involve any change in eligibility policy, entitlement or involve any changes in the way residents apply for travel concessions.</p>						
<p><b>2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)</b></p>	Residents / Service Users	✓	Partners	✓	Stakeholders	✓	
	Staff	✓	Age	✓	Disability	✓	
	Gender Reassignment	✓	Marriage and Civil Partnership	✓	Pregnancy and Maternity	✓	
	Race	✓	Religion or Belief	✓	Sex	✓	

	Sexual Orientation	✓	Other	✓	
<p><b>3.</b> Is the responsibility shared with another directorate, 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> <li>How have they been involved in the assessment?</li> </ul>	<p>The provision of mobility assessments is a not shared responsibility. The responsibility for concessionary transport eligibility assessments rests with the Resources Directorate with the Corporate Director Resources having overall responsibility.</p>				

## Stage 2: Evidence & Data Analysis

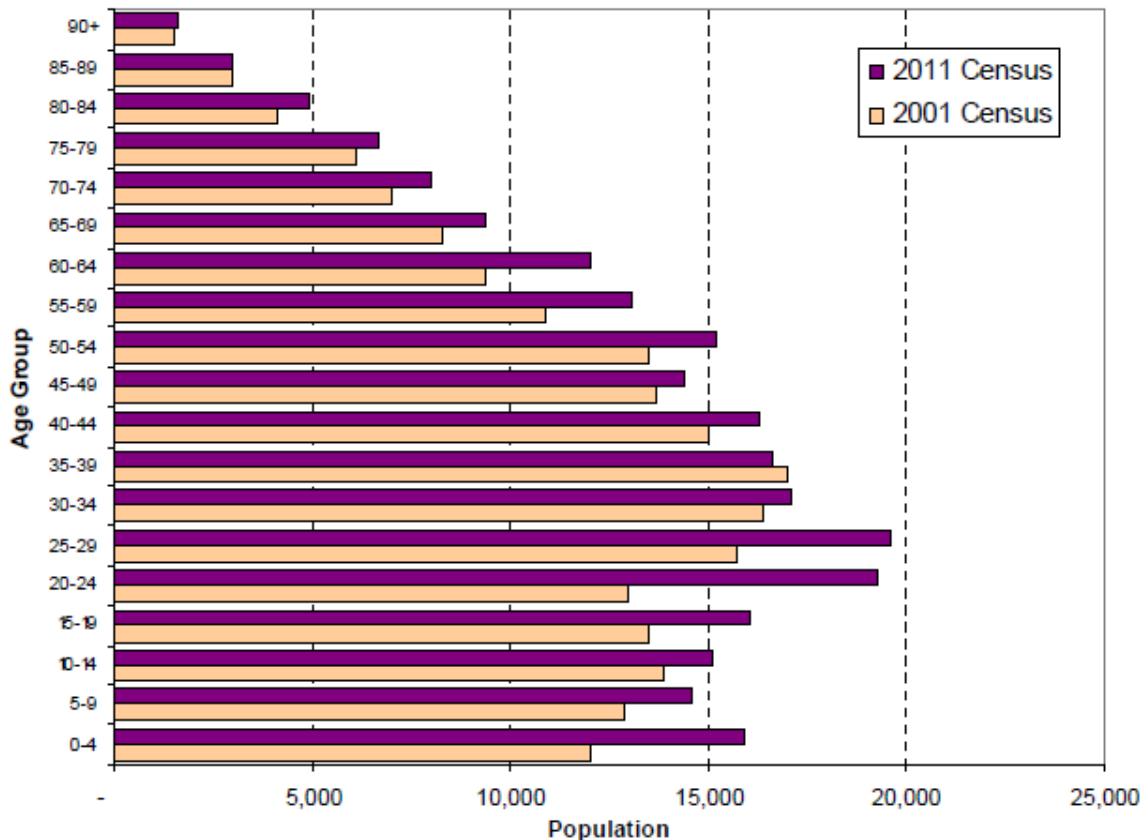
4. What evidence have you reviewed to assess the potential impact of your proposals? This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, complaints etc. Where possible include data on the nine Protected Characteristics.

(Where you have gaps (data is not available/being collated for any Protected Characteristic), you may need to include this as an action to address in your Improvement Action Plan at Stage 6)

Keep the data as succinct as possible, use bullet points; provide links to websites and documents including names of documents which can be easily referred to at a later stage if required.

Protected Characteristic	Evidence (Data, Consultation, Anecdotal evidence)	Analysis & Impact
Age (including carers of young/older people)	<p>Extract from the 2011 Census</p> <ul style="list-style-type: none"> <li>In <b>Harrow</b> 14.1% of residents (33,600) were aged 65 and over in 2011, compared to 14.5% (29,929) in 2001. In 2011, within England 16.3% of people were aged 65 and over, compared to 11.1% in London and 12.7% in Outer London.</li> <li>The number of residents aged 80 and over in <b>Harrow</b> is estimated to be 9,500 in 2011, 4% of residents. This compares to 8,544 residents in 2001, 4.1% of residents. Corresponding rates in 2011 for England, London and Outer London are 4.6%, 3.1% and 3.7% respectively.</li> </ul>	<p>These proposals do not involve any change in eligibility policy or entitlement and those who currently meet the defined criteria and are properly eligible for concessionary travel will continue to do so.</p> <p>Census data for Harrow has been used to inform the</p>

**Figure 1: Harrow's Population by Age Group, 2001 & 2011**



Source: 2001 Census (KS02) and 2011 Census (P04), Office for National Statistics. Crown Copyright

service of who our clients might be and to allow us to ensure any contractor appointed takes into account the population diversity within Harrow.

An increasing older population is an important consideration as mobility assessments generally are carried out to assess the eligibility of our older residents.

The data highlights the linkage between age and limiting long term health/bad health and the service is designed to ensure the Service Provider takes this into account.

**Table 2: Ethnic group by age, Harrow, 2011**

Source: 2011 Census, Table DC2101EW, Office for National Statistics, Crown Copyright

Ethnic Group	All Persons	Age 0 to 4		Age 5 to 15		Age 16 to 64		Age 65 and over	
		Number	%	Number	%	Number	%	Number	%
<b>All categories: Ethnic group</b>	<b>239,056</b>	<b>15,916</b>	<b>6.7</b>	<b>32,142</b>	<b>13.4</b>	<b>157,331</b>	<b>65.8</b>	<b>33,667</b>	<b>14.1</b>
<b>White: Total</b>	<b>100,991</b>	<b>4,628</b>	<b>4.6</b>	<b>9,931</b>	<b>9.8</b>	<b>63,894</b>	<b>63.3</b>	<b>22,538</b>	<b>22.3</b>
White: English/Welsh/Scottish/Northern Irish/British	73,826	2,925	4.0	7,551	10.2	44,189	59.9	19,161	26.0
White: Irish	7,336	200	2.7	499	6.8	4,700	64.1	1,937	26.4
White: Gypsy or Irish Traveller	181	17	9.4	60	33.1	97	53.6	7	3.9
White: Other White	19,648	1,488	7.6	1,821	9.3	14,908	75.9	1,433	7.3
<b>Mixed/multiple ethnic group: Total</b>	<b>9,499</b>	<b>1,759</b>	<b>18.5</b>	<b>2,933</b>	<b>30.9</b>	<b>4,488</b>	<b>47.2</b>	<b>319</b>	<b>3.4</b>
Mixed/multiple ethnic group: White and Black Caribbean	2,344	348	14.8	784	33.4	1,142	48.7	70	3.0
Mixed/multiple ethnic group: White and Black African	1,053	148	14.1	291	27.6	593	56.3	21	2.0
Mixed/multiple ethnic group: White and Asian	3,417	723	21.2	1,122	32.8	1,452	42.5	120	3.5
Mixed/multiple ethnic group: Other Mixed	2,685	540	20.1	736	27.4	1,301	48.5	108	4.0
<b>Asian/Asian British: Total</b>	<b>101,808</b>	<b>7,134</b>	<b>7.0</b>	<b>13,652</b>	<b>13.4</b>	<b>71,817</b>	<b>70.5</b>	<b>9,205</b>	<b>9.0</b>
Asian/Asian British: Indian	63,051	3,691	5.9	6,818	11.0	45,670	72.4	6,772	10.7
Asian/Asian British: Pakistani	7,797	744	9.5	1,350	17.3	5,184	66.5	519	6.7
Asian/Asian British: Bangladeshi	1,378	100	7.3	242	17.6	931	67.6	105	7.6
Asian/Asian British: Chinese	2,629	97	3.7	256	9.7	1,984	75.5	292	11.1
Asian/Asian British: Other Asian	26,953	2,502	9.3	4,886	18.1	18,048	67.0	1,517	5.6
<b>Black/African/Caribbean/Black British: Total</b>	<b>19,708</b>	<b>1,730</b>	<b>8.8</b>	<b>4,119</b>	<b>20.9</b>	<b>12,628</b>	<b>64.1</b>	<b>1,231</b>	<b>6.2</b>
Black/African/Caribbean/Black British: African	8,526	821	9.6	1,904	22.3	5,498	64.5	303	3.6
Black/African/Caribbean/Black British: Caribbean	6,812	337	4.9	896	13.2	4,750	69.7	829	12.2
Black/African/Caribbean/Black British: Other Black	4,370	572	13.1	1,319	30.2	2,380	54.5	99	2.3
<b>Other ethnic group: Total</b>	<b>7,050</b>	<b>665</b>	<b>9.4</b>	<b>1,507</b>	<b>21.4</b>	<b>4,504</b>	<b>63.9</b>	<b>374</b>	<b>5.3</b>
Other ethnic group: Arab	3,708	460	12.4	947	25.5	2,198	59.3	103	2.8
Other ethnic group: Any other ethnic group	3,342	205	6.1	560	16.8	2,306	69.0	271	8.1

**Table 5: Bad or Very Bad health by ethnic group by sex by age, Harrow, 2011**

Source: 2011 Census, Table DC3201EW, Office for National Statistics, Crown Copyright

Ethnic Group	All people with bad or very bad health	Age 0 to 15		Age 16 to 49		Age 50 to 64		Age 65 and over	
		Number	%	Number	%	Number	%	Number	%
<b>All categories: Ethnic group</b>	<b>10,927</b>	<b>330</b>	<b>3.0</b>	<b>2,623</b>	<b>24.0</b>	<b>2,772</b>	<b>25.4</b>	<b>5,202</b>	<b>47.6</b>
White	5,350	102	1.9	1,092	20.4	1,230	23.0	2,926	54.7
Mixed/multiple ethnic group	226	30	13.3	113	50.0	42	18.6	41	18.1
Asian/Asian British	4,259	123	2.9	954	22.4	1,234	29.0	1,948	45.7
Black/African/Caribbean/Black British	685	54	7.9	278	40.6	152	22.2	201	29.3
Other ethnic group	407	21	5.2	186	45.7	114	28.0	86	21.1

Disability (including carers of disabled people)

**Table 6: Limiting long-term health where day to day activities are limited a lot, by ethnic group by sex by age, Harrow, 2011**

Source: 2011 Census, Table DC3201EW, Office for National Statistics, Crown Copyright

Ethnic Group	All residents whose day-to-day activities limited a lot	Age 0 to 15		Age 16 to 49		Age 50 to 64		Age 65 and over	
		Number	%	Number	%	Number	%	Number	%
All categories: Ethnic group	16,167	655	4.1	3,343	20.7	3,445	21.3	8,724	54.0
White	8,557	221	2.6	1,460	17.1	1,536	18.0	5,340	62.4
Mixed/multiple ethnic group	330	77	23.3	137	41.5	45	13.6	71	21.5
Asian/Asian British	5,819	229	3.9	1,191	20.5	1,539	26.4	2,860	49.1
Black/African/Caribbean/Black British	974	81	8.3	372	38.2	193	19.8	328	33.7
Other ethnic group	487	47	9.7	183	37.6	132	27.1	125	25.7

- 16,187 (6.8%) people in Harrow have a limiting long-term illness/health problem or disability that affects their day-to-day activities a lot.
- Limiting long-term illness (LLTI) generally affects older people to a greater extent and overall 54 per cent (8,724) of residents aged 65 and over have a LLTI that limits their activities a lot (Table 6). The next largest group greatly affected by LLTI is the working age group (age 16 to 64). 42 per cent (6,788) residents with a LLTI, that limits day-to-day activities a lot, are of working age. Just 4.1 per cent (655) of the 16,167 residents with a severely limiting LLTI are aged 15 and under.
- In the White group LLTI, which limits activities a lot, increases with age and 62.4 per cent of all White residents with a very limiting LLTI are aged 65 and over. In the Mixed race group the highest percentages of people with a very limiting LLTI are aged 16 to 49, at 41.5 per cent. Similarly in the Black/Black British and Other ethnic groups there are more people aged 16 to 49 with a LLTI, at 38.2 per cent and 37.6 per cent respectively.
- Overall only 4.1 per cent (655) of people with a severely limiting LLTI are children aged 15 and under, but in the Mixed/multiple ethnic group category this proportion is much higher, at 23.3 per cent

#### Bad or Very Bad Health

- Bad or very bad health affects older people more (Table 5). Of those with bad or very bad health 47.6 per cent of sufferers (5,202) are residents aged 65 and over. 54.7 per cent (2,926) of residents from the White group (with bad or very bad health) are aged 65 and over, whilst the lowest rate, at only 18.1 per cent, is for residents from the Mixed/multiple ethnic group.

The Harrow Annual Equality in Employment Monitoring Report 2012/13 and employee data records for the Collections and Benefits Service show the composition of the

workforce in proportionate terms that is disabled in comparison to the 2011 census:

	Whole Council 5,125 employees			Harrow Community Data 2011 Census	Revenues	Benefits
Disabled	2011	2012	2013			
Yes	1.84%	2.02%	1.81%	*16.40%	0%	2.94%
No	98.00%	97.77%	93.66%	*83.60%	100.00%	97.06%
Unknown	0.16%	0.22%	4.53%	-	0.00%	0.00%

\*Not the same definition - in the 2011 census, 16.4% of Harrow residents self classified their health to be not good. A target has been set for Harrow Council for 3% of its workforce to declare they have a disability.

Gender Reassignment	There is no data included for this characteristic
Marriage / Civil Partnership	There is no data included for this characteristic
Pregnancy and Maternity	There is no data included for this characteristic

**Table 1: Ethnic group by sex, Harrow, 2011**

Source: 2011 Census, Table DC2101EW, Office for National Statistics, Crown Copyright

Ethnic Group	All persons	Males		Females	
	Number	Number	%	Number	%
<b>All Residents</b>	<b>239,056</b>	<b>118,023</b>	<b>49.4</b>	<b>121,033</b>	<b>50.6</b>
<b>White: Total</b>	<b>100,991</b>	<b>50,104</b>	<b>49.6</b>	<b>50,887</b>	<b>50.4</b>
White: English/Welsh/Scottish/Northern Irish/British	73,826	37,039	50.2	36,787	49.8
White: Irish	7,336	3,537	48.2	3,799	51.8
White: Gypsy or Irish Traveller	181	84	46.4	97	53.6
White: Other White	19,648	9,444	48.1	10,204	51.9
<b>Mixed/multiple ethnic group: Total</b>	<b>9,499</b>	<b>4,749</b>	<b>50.0</b>	<b>4,750</b>	<b>50.0</b>
Mixed/multiple ethnic group: White and Black Caribbean	2,344	1,130	48.2	1,214	51.8
Mixed/multiple ethnic group: White and Black African	1,053	533	50.6	520	49.4
Mixed/multiple ethnic group: White and Asian	3,417	1,739	50.9	1,678	49.1
Mixed/multiple ethnic group: Other Mixed	2,685	1,347	50.2	1,338	49.8
<b>Asian/Asian British: Total</b>	<b>101,808</b>	<b>50,418</b>	<b>49.5</b>	<b>51,390</b>	<b>50.5</b>
Asian/Asian British: Indian	63,051	30,852	48.9	32,199	51.1
Asian/Asian British: Pakistani	7,797	4,092	52.5	3,705	47.5
Asian/Asian British: Bangladeshi	1,378	684	49.6	694	50.4
Asian/Asian British: Chinese	2,629	1,226	46.6	1,403	53.4
Asian/Asian British: Other Asian	26,953	13,564	50.3	13,389	49.7
<b>Black/African/Caribbean/Black British: Total</b>	<b>19,708</b>	<b>9,097</b>	<b>46.2</b>	<b>10,611</b>	<b>53.8</b>
Black/African/Caribbean/Black British: African	8,526	3,840	45.0	4,686	55.0
Black/African/Caribbean/Black British: Caribbean	6,812	3,012	44.2	3,800	55.8
Black/African/Caribbean/Black British: Other Black	4,370	2,245	51.4	2,125	48.6
<b>Other ethnic group: Total</b>	<b>7,050</b>	<b>3,655</b>	<b>51.8</b>	<b>3,395</b>	<b>48.2</b>
Other ethnic group: Arab	3,708	1,989	53.6	1,719	46.4
Other ethnic group: Any other ethnic group	3,342	1,666	49.9	1,676	50.1

Race



<p>Religion and Belief</p>	<ul style="list-style-type: none"> <li>• Christianity is Harrow's most common religion with 37.3 per cent (89,181) of followers</li> <li>• 71 per cent of Harrow's Christian population are of White ethnicity, comprised of the following groups: 67.6 per cent White British; 10.2 per cent White Irish; 0.2 per cent Gypsy/Irish Traveller; and 22 per cent White Other</li> <li>• 14.1 per cent (12,538 people) of Harrow's Christian group is comprised of residents of Black/Black British origin, the second highest broad ethnic group</li> <li>• Hindus form Harrow's second largest religious group and is the country's largest Hindu community with 60,407 residents. 97 per cent of Hindus are of Asian/Asian British origin.</li> <li>• Harrow's Muslim community is one of the borough's most ethnically diverse groups, originating from a number of different backgrounds. Nearly two-thirds (61.4%) are of Asian/Asian British origin; 14.1 per cent are Black/Black British; 13.4 per cent are from Other Groups (mainly Arab); 7 per cent are from White groups; and 4.1 per cent are from Mixed/Multiple ethnic groups.</li> <li>• 95 per cent of Harrow's Jewish community come from the White ethnic groups</li> <li>• 86 per cent of Harrow's Sikh residents are Asian/Asian British, a similar level to the borough's Buddhist community, at 87 per cent</li> <li>• Harrow is ranked first nationally for people with Other Religions, with 5,945 people. 99 per cent of people who follow other religions in Harrow are Asian/Asian British, which is borne out by the fact that Jainism is the most practised religion in Harrow of these Other Religions.</li> <li>• 22,871 people in Harrow (9.6%) stated that they have no religion. 71 per cent of those with no religion are of White ethnicity; and nearly nine per cent are of Mixed race.</li> <li>• The 2011 Census question on religion was a voluntary question and 14,781 residents (6.2%) didn't answer this question. Over half (53.4%) who chose not to answer this question were of White ethnicity and 29 per cent were Asian/Asian British.</li> </ul>	
<p>Sex / Gender</p>	<ul style="list-style-type: none"> <li>• 50.6 per cent of Harrow's residents are females: 49.4 per cent are males.</li> <li>• There is some variation by ethnic group with a higher proportion of males of White ethnicity (52.5%) Arab ethnicity (53.6%); and Other Black ethnicity (51.4%)</li> <li>• There are higher proportions of females who are: Black-Caribbean origin (53.4%); African ethnicity (55%); Chinese (53.4%); and Gypsy or Irish Travellers (53.4%) the latter is Harrow's smallest minority ethnic group with just 181 residents in total</li> </ul>	



Sexual Orientation	There is no data included for this characteristic	
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### Stage 3: Assessing Potential Disproportionate Impact

5. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

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

### Stage 4: Further Consultation / Additional Evidence

6. What further consultation have you undertaken on your proposals as a result of your analysis at Stage 3?

Who was consulted?	What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? E.g. revising your proposals
<p>This document was originally shared with Trade Union representatives from GMB and Unison and revisions made with due regard to representations and comments received.</p> <p>Staff dealing with concessionary travel where consulted as original proposals under LOT 2 options meant that the current part of the service delivered in house was in scope. However, this part of the service is now not being awarded under the tender</p>	<p>Meetings and Presentations were used. Responses were given in writing, verbally and electronically to questions received as part of the consultation process.</p>	<p>There is to be no anticipated impact on a protected characteristic or group as the individuals involved in service delivery will continue to carry out those functions as the recommendation regarding Lot 2 is that this service remains in house.</p> <p>Lot 1 is recommended to be awarded to the existing supplier and as such there are no impacts, either on staff or service users.</p>	<p>The contract specification was revised to take account of comments and suggestions received.</p>

process and as such there are no impacts to existing staff or users. No further consultation is therefore scheduled.			
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**Stage 5: Assessing Impact**

**7.** What does your evidence tell you about the impact on the different Protected Characteristics? 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 any adverse impact?

Protected Characteristic	Adverse ✓	Positive ✓	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 mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc
Age (*including carers of young/older people)			<p>There are currently 7 employees within Access Harrow who carry out Concessionary Travel administration tasks. There is however no anticipated impact from this procurement on employees as the tasks they carry out appertaining to Lot 2 are to remain in house.</p> <p>There is no anticipated impact on customers as the procurement documentation for mobility assessments stipulated that where face to face mobility assessments need to take place, those assessments will continue to be delivered at Civic 1 Offices, the process therefore continuing as is.</p>	The council will ensure that people who meet the eligibility criteria are able to access concessionary travel .
Disability (*including carers of disabled people)			<p>There is no anticipated impact from this procurement on employees as the part of the service currently being delivered by Harrow staff will remain in-house.</p> <p>There is no anticipated impact on customers as the procurement for Lot 1 (clinical mobility</p>	

			assessments) is being awarded to the existing service provider therefore service delivery will be seamless, continuing as is.	
Gender Reassignment			There is no gender reassignment data held within the Council records although it is anticipated that there will not be any adverse impact arising from the proposals concerning this protected characteristic.	
Marriage and Civil Partnership			There is insufficient information held from which to determine any potential impact although it is anticipated that there will not be any adverse impact arising from the proposals concerning this protected characteristic.	
Pregnancy and Maternity			There is no anticipated impact from this procurement on employees. There is no anticipated impact on customers.	
Race			Of the 7 staff working in the concessionary travel team, 28% (two) of the team are within a BAME grouping	Employees falling within this category are not disproportionately impacted. As there are no service changes to the service area currently being delivered in house, no impact whatsoever is expected.
Religion or Belief			it is anticipated that there will not be any adverse impact arising from the proposals concerning this protected characteristic.	
Sex			Within the part of the service which is currently delivered in house, currently 100% of staff are female. There is however no anticipated impact from this procurement on employees as it is expected employees will continue to deliver the service in-house.	
Sexual			There is insufficient information currently recorded from which to determine any potential impact	

orientation			although it is anticipated that there will not be any adverse impact arising from the proposals concerning this protected characteristic.						
<b>8. Cumulative Impact</b> – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic?  If yes, which Protected Characteristics could be affected and what is the potential impact?				Yes		No	✓		
				Across the organisation, the impact of cost reductions is likely to lead to further reductions in the number of posts. However, as this procurement is not anticipated to have a significant impact on a protected characteristic for the reasons outlined within this assessment, it is unlikely that there will be a cumulative impact arising from other proposals that may be considered.					
<b>9. Any Other Impact</b> – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion?  If yes, what is the potential impact and how likely is it to happen?				Yes		No			
				It is anticipated that there will be no other impact on individuals under this proposal.					
<b>10. Is there any evidence or concern that the potential adverse impact identified may result in a Protected Characteristic being disadvantaged?</b>									
	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes									
No	✓	✓	✓	✓	✓	✓	✓	✓	✓
If you have answered "yes" to any of the above, set out what justification there may be for this in Q13 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.									
<ul style="list-style-type: none"> <li>▪ If there are adverse effects that are not justified and cannot be mitigated, you should not proceed with the proposal. <b>(select outcome 4)</b></li> <li>▪ If the analysis shows unlawful conduct under the equalities legislation, you should not proceed with the proposal. <b>(select outcome 4)</b></li> </ul>									

## Stage 6 – Improvement Action Plan

List below any actions you plan to take as a result of this Impact Assessment. These should include:

- Proposals to mitigate any adverse impact identified
- Positive action to advance equality of opportunity
- Monitoring the impact of the proposals/changes once they have been implemented
- Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this?

Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact	How will you know this has been achieved? E.g. Performance Measure / Target	Lead Officer/Team	Target Date
There are no anticipated adverse impacts arising from this proposal.	Review impact of proposals within six months of the implementation date. Monitoring will be undertaken by the Revenues and Benefits Management Team with overall responsibility resting with the Head of Service – Collections and Benefits.	By completion of the review undertaken.	Fern Silverio	1 <sup>st</sup> October 2016

## Stage 7: Public Sector Equality Duty

**11.** How do your proposals meet the Public Sector Equality Duty (PSED) which requires the Council to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
2. Advance equality of opportunity between people from different groups
3. Foster good relations between people from different groups

The Service Provider will be required to comply with the Public Sector Equality Duty as set out within the contract documents and in accordance with the provisions of their method statement submission concerning "Social Value".

## Stage 8: Recommendation

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

**Outcome 1** – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed.

✓

<b>Outcome 2</b> – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are listed in the Action Plan above.	
<b>Outcome 3</b> – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. In this case, the justification needs to be included in the EqIA 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. <b>(Explain this in Q13 below)</b>	
<b>Outcome 4</b> – 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)	
<b>13.</b> If your EqIA is assessed as <b>outcome 3 or you have ticked 'yes' in Q10</b> , explain your justification with full reasoning to continue with your proposals.	

### Stage 9 - Organisational sign Off

<b>14.</b> Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	EqIA Quality and Assurance		
Signed: (Lead officer completing EqIA)	Fern Silverio	Signed: (Chair of DETG)	Alex Dewsnap
Date:	27 <sup>th</sup> January 2016	Date:	5 <sup>th</sup> February 2016
Date EqIA presented at the EqIA Quality Assurance Group	4 <sup>th</sup> February 2016	Signature of DETG Chair	