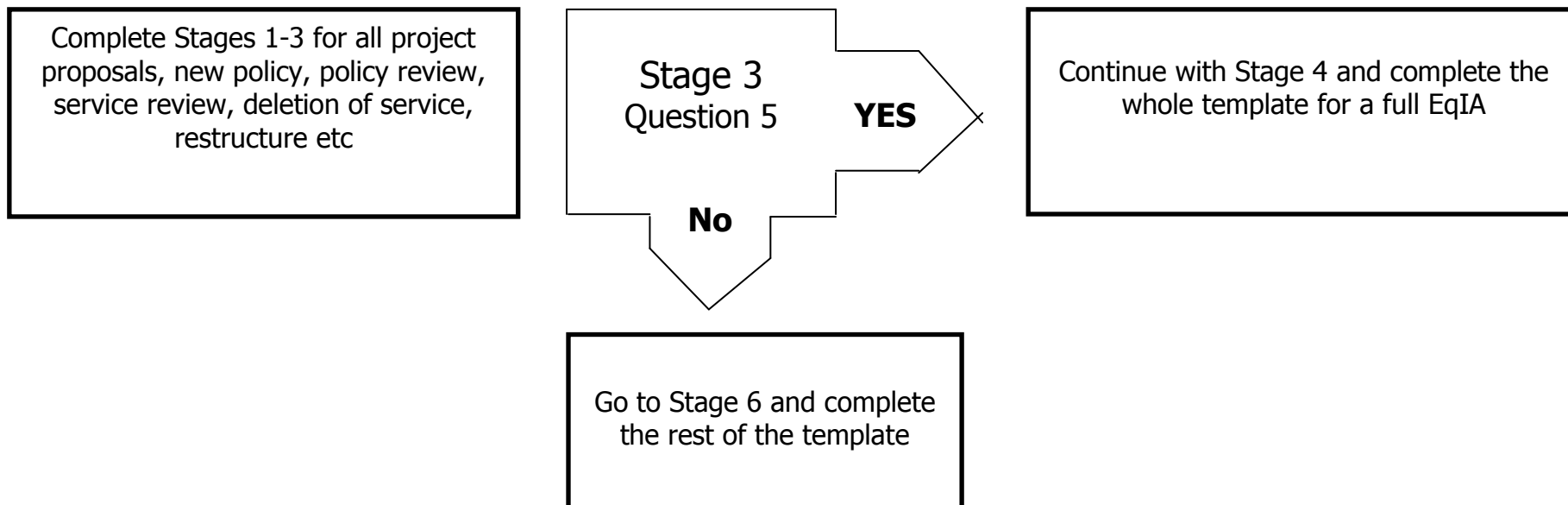# Equality Impact Assessment Template

The Council has revised and simplified its Equality Impact Assessment process (EqIA). There is now just one Template. Lead Officers will need to complete **Stages 1-3** to determine whether a full EqIA is required and the need to complete the whole template.

Complete Stages 1-3 for all project proposals, new policy, policy review, service review, deletion of service, restructure etc	**Stage 3** Question 5 **YES**	Continue with Stage 4 and complete the whole template for a full EqIA

No

Go to Stage 6 and complete the rest of the template

- In order to complete this assessment, it is important that you have read the Corporate Guidelines on EqIAs and preferably completed the EqIA E-learning Module.

- You are also encouraged to refer to the EqIA Template with Guidance Notes to assist you in completing this template.

- SIGN OFF: All EqIAs need to be signed off by your Directorate Equality Task Groups.

- Legal will NOT accept any report without a fully completed, Quality Assured and signed off EqIA.

- The EqIA Guidance, Template and sign off process is available on the Hub under Equality and Diversity

Equality Impact Assessment (EqIA) Template

Type of Decision: Tick ✓		Cabinet ✓		Portfolio Holder		Other (explain)	

Date decision to be taken:	8 December 2016 - Cabinet
Value of savings to be made (if applicable):	£734,000 over 3 years (2017/18 to 2019-2020)
Title of Project:	Information, Advice and Advocacy Strategy
Directorate / Service responsible:	Strategic Commissioning
Name and job title of Lead Officer:	Nahreen Matlib, Senior Policy Officer
Name & contact details of the other persons involved in the assessment:	Jasbinder Baddhan, Community Sector Development Officer With advice from: Rachel Dickinson, Care Act Programme Lead Mohammed Ilyas, Policy Officer (Equalities & Diversity) Sarah Wilson, Principal Lawyer – Litigation & Social Care
Date of assessment (including review dates):	August – November 2016

Stage 1: Overview

1. What are you trying to do? (Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)	It is proposed to introduce a new policy for the borough – an Information, Advice and Advocacy Strategy (IAAS). This will also see the commissioning of new Information, Advice and Advocacy Services for the borough, both at generalist and specialist/targeted levels. The borough does not currently have an IAAS or a clear and co-ordinated way in which we commission these services. Data analysis also demonstrates a growing need for this service due to welfare reforms, increasing homelessness, an ageing population, the changing demographics of the borough and the increasingly complex needs people are presenting with. The provision of high quality information and advice is vital to supporting individual resilience and enabling early resolution of potential problems that without intervention can lead to complex and distressing circumstances for residents which could have

been prevented.

The council currently funds over 20 different organisations through a range of budgets to provide information, advice and advocacy services (for example around 50% of small grant and around 70% of Outcomes Based Grants (OBGs) fund projects that have elements of information and advice in them), but there is no IAAS to bring all this provision together in the collective pursuit of joint outcomes.

Having a strategy would enable us to join up services and improve the resident experience as well as set out a clearer understanding of need and how this can be best met. The council also feels it is appropriate to review the service model now given the changes in technology, the way in which people access advice, the need to improve access and referral pathways and create a more co-ordinated offer so people get the right information and advice first time and we ensure we create a sustainable financial model for these services going forwards. This is also an opportunity for us to consider and implement our policy and legislative responses to welfare reform and the Care Act 2014 and a more efficient and effective way to deliver the Hardship Scheme.

The purpose of this strategy will be to:
- Detail the work and provision around Information, Advice and Advocacy as there is no strategy in place at the moment.
- Understand current service provision across the borough and work towards improving the customer journey
- Develop an action plan that will improve the customer's journey around accessing Information, Advice and Advocacy services and work with partners in developing a more co-ordinated approach and new service.

Internal drivers:
- The council's financial constraints.
- The council is currently commissioning multiples contracts to one service provider.

External drivers:

- Ensure that the council has incorporated the policy and legislative provisions within Welfare Reform and the Care Act 2014.
- Public information and advice is strategically relevant for local authorities and CCG

As people's needs become ever more complex but capacity and resources decline the new service needs to make it easier for residents to navigate their way to the most appropriate sources of information and advice. People being referred at an earlier stage and to the correct services in the first instance means that they are not being passed round to multiple places.

The strategy will work towards a more joined up service which reduces duplication and provides better access for users. Joining up key areas of work across the council and its partners provides an opportunity to incorporate more digital access (whilst also acknowledging that in some areas face to face provision of services may work better). A more co-ordinated service with standardised processes also builds a stronger and more resilient Voluntary and Community Sector (VCS).

The vision in the IAAS is to 'deliver high quality, independent and co-ordinated information and advice services through a range of channels for Harrow residents in need that supports them to easily and seamlessly access the help they require at the earliest possible opportunity and to continue to provide statutory services.'

The objectives of a new IAAS would be to deliver over the course of the next 4 years:

- Improved access – removing barriers to access in terms of language, technology, knowledge, awareness so people can access help earlier

- More effective triage and referrals system so people are not passed from pillar to post and multiple needs are able to be dealt with at first point of contact

- An enhanced digital offer, so those who are able to self-serve can

- Sustainable funding for the targeted support projects

- A holistic offer that joins up all information and advice services from all partners

- Co-location where service requirements would be more effectively delivered or supports a reduction in cost base which can support further resource to front line

The strategy is being co-produced with the VCS, and the feedback from the VCS around developing a strategy and new services is reflected in this EQIA.

Given that the majority of the council's outcome based grants (OBGs) and small grants are awarded in the area of information and advice, there are significant overlaps between the development of the new Information, Advice & Advocacy Strategy and service, and the funding landscape for the VCS going forward. Funding proposals for the VCS 2017-18 is subject to a separate EQIA. The proposal is to:

1. Continue funding statutory Care Act and advocacy service provision.
2. Tender for a generalist advice service for 3 years
3. Introduce a tapered fund allocated via a grants process for specialist/targeted and non-statutory information and advice that the Voluntary and Community Sector could access over the next two years and would reduce incrementally to zero by year 3.
4. Provide support through officer capacity and other initiatives such as crowdfunding to assist the sector and the community to bring in additional income.
5. Arrange a Harrow Crowdfunding platform with a specialist/targeted provider to support access to this alternative funding option and a Council Top Up Fund which would be used to contribute towards Crowdfunding initiatives.
6. Continue to fund a Voluntary and Community Sector infrastructure organisation on the same or similar specification as now.

The council has also consulted on changes to its Emergency Relief Scheme (subject to

a separate EQIA) and the IAAS recognises that the ERS will be delivered by the generalist advice service provider.

	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓
2. Who are the main groups / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Gender Reassignment		Marriage and Civil Partnership	✓	Pregnancy and Maternity	✓
	Race	✓	Religion or Belief	✓	Sex	✓
	Sexual Orientation	✓	Other			

3. Is the responsibility shared with another directorate, authority or organisation? If so: • Who are the partners? • Who has the overall responsibility? • How have they been involved in the assessment?	The VCS have been consulted and involved in the formulation of the strategy through a range of consultations and co-production events over a number of months. It is recognised however that this is a council strategy and ultimately the council's responsibility to decide what is the right strategy for the residents of Harrow. A number of other people have been involved in the drafting of this EQIA, including council colleagues from the cross-directorate Information, Advice and Advocacy Project Group and ongoing advice from Legal Services. There are crossovers with the EQIAs that have been developed as part of the consultations on 'VCS funding proposals 2016/17' and the 'Hardship Scheme (previously Emergency Relief Scheme) proposals 2016/17', both of which are presented for Cabinet consideration in December.

Stage 2: Evidence & Data Analysis

4. What evidence is available 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, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics.
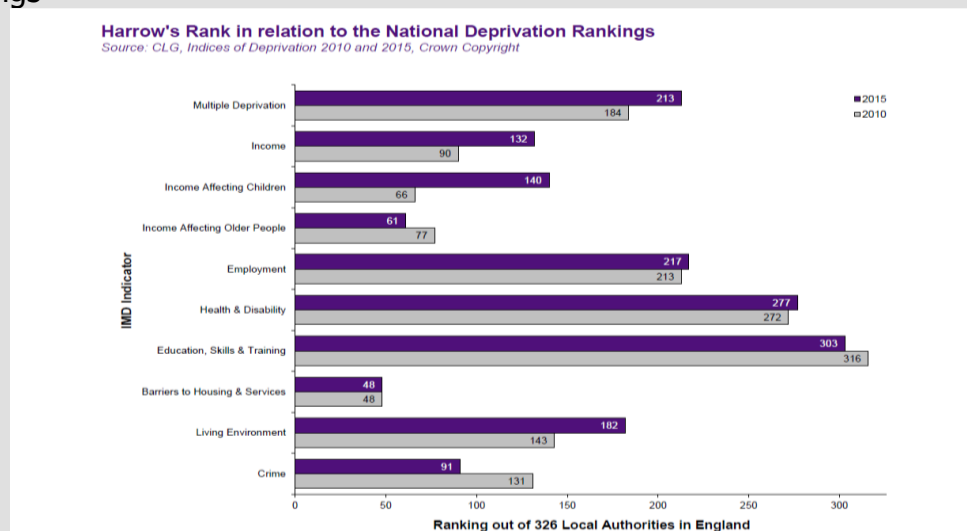
(Where you have gaps (data is not available/being collated for any Protected Characteristic), you should include this as an action to address in your Improvement Action Plan at Stage 6)

ISSUES COMMONLY DEMANDING INFORMATION, ADVICE AND ADVOCACY SERVICES

Indices of Deprivation – Harrow Summary 2015

Headlines[1]
- Harrow is ranked 213th out of 326 Districts in England, an improved ranking since 2010, when the borough was ranked 184th, where 1st is the most deprived
- Harrow is ranked the 6th least deprived borough out of the 33 London Boroughs, an improvement of one place on the 2010 rankings and three places on the 2007 rankings

Harrow's Rank in relation to the National Deprivation Rankings
Source: CLG, Indices of Deprivation 2010 and 2015, Crown Copyright

Housing and Homelessness[2]

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[1] 2015 Indices of Deprivation – Harrow Summary, December 2015
[2] Needs Analysis for the Information, Advice and Advocacy Strategy, Policy Team, October 2016

Harrow Council Equality Impact Assessment Template – March 2016

Of the total amount of occupied dwellings in the area, 10.6% of Harrow's households live in social rented housing. Harrow has the lowest proportion of social housing of any of the London boroughs and 21.7% of households live in private rented accommodation. Approximately, 10% of Harrow's household live in social rented housing. There are still a high number of families dwelling in temporary accommodation. Harrow is nationally ranked 24th for overcrowding, where 1st is the most overcrowded. Over the past 5 years in Harrow, there has been an increase in the number of households approaching the Council for housing-related assistance – with the figure reaching 2,000 for the year 2014-15 (Harrow Ambition Plan, 2020). Harrow also ranks poorly (48th/326 Local Authorities in England - where 1st is the most deprived) for the 'barriers to housing' deprivation domain – Harrow's lowest score across all IMD domains (London Borough of Harrow, 2015).

There have also been significant increases in cases of homelessness in the Borough, resulting in more families being placed in B&B's, at an average cost to the council of £7,000 per family per year. Specifically, B&B numbers as of 1st April 2015 were 153, and had increased by the end of the 2015-16 to about 310 although there has been a decrease in this level in 2016.

Health and Disability[3]
17.3% of Harrow's working age population classified themselves as disabled in the 2011 Census - a total of 26,600 people (Office for National Statistics, 2012). 8,370 individuals, 3.4% of the population, receive Disability Living Allowance[4].

People with health conditions are likely to seek advice services if they feel that they are not receiving the necessary help. Numerous reports have recently claimed that there are currently long waiting times in the NHS nationwide, something which may escalate people's need for information and advice.

Based on user and provider consultations, it would appear that there is a high demand for advice over mental health-related issues in Harrow. Supporting people with mental health issues is complicated by the fact that many do not access advice services until their issues have reached 'crisis point'. When asked about the levels of need in their clients, service providers claimed that many of those requesting advice over mental health delayed approaching the advice services, due to a perceived stigma attached to having mental health problems, and were therefore in high need. Harrow Carers for instance put forward that 'most service users' had 'high levels of need related to mental health and emotional issues', whilst an increase in sections and acute mental health issues were widely reported by providers during consultation. Furthermore, 9/28 of users, when asked 'Do you have a disability?', stated that they had a disability related to mental health. To improve advice services, 5 users later called for more service advice provision related specifically to mental health, whilst in consultations a common view was that there should be mental health advocacy specialists, and this was listed as a gap in service provision.

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[3] Needs Analysis for the Information, Advice and Advocacy Strategy, Policy Team, October 2016
[4] Rate calculated using the ONS 2013 Mid-Year Estimates

Harrow Council Equality Impact Assessment Template – March 2016

Ageing Population

The Borough's population is ageing at a faster rate than average across the rest of Greater London and the proportion of residents aged over 65 at 14% is higher than the London average (Harrow Community Learning Strategy, 2015).

There is also an impact on carers - Harrow Carers have noted that the main change in customer needs noticed within the past 5 years is a growing number of ageing carers with a diverse range of needs[5] (this diverse range also being listed by the organisation as their most time-consuming factor in delivering advice services). Similarly, during consultation over summer, a 'main user needs change noticed within the past 5 years' reported by service providers was a growing number of older people with issues around social isolation. It seems that an ageing population is likely to increase demand for information and advice services from elderly and disabled people. Furthermore the Harrow Joint Strategic Needs Assessment 2016 has highlighted that Harrow has a skills gap in the caring services, and that this is likely to be an important sector in the future as the average age in the population increases.

Economic and Welfare Reform Impacts[6]

Currently, 30,733 Harrow residents are experiencing income deprivation[7], and over a fifth of residents are in low-paid jobs. More people experiencing income deprivation is likely to increase the numbers seeking advice services in the future over a wide range of areas; such as finance, health and housing - as perhaps demonstrated by the fact that service providers have reported a rise in the number of users accessing their services due to financial difficulties. It seems that income-deprivation is high in Harrow, particularly for older people.

For the Harrow Economic & Welfare Reform Impacts Dashboard, the council collects data from Harrow Citizens Advice Bureau (CAB) on a quarterly basis on all enquiries to the CAB. This provides an understanding of the general information and advice needs within the borough, through residents approaching the CAB.

CAB Enquiries (volume)	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Travel

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[5] For instance, a statistical analysis completed by Harrow's BIU (Business Intelligence Unit) on the Carers Survey showed that the two most significant factors associated with carers feeling under excessive pressure (and at risk of breakdown) were: not being able to maintain social contacts and thereby becoming socially isolated, and feeling that they were not receiving enough encouragement and support. It is suggested that these areas are prioritised in carer assessments.

[6] Needs Analysis for the Information, Advice and Advocacy Strategy, Policy Team, October 2016

[7] The income deprivation domain measures the proportion of the population experiencing deprivation relating to low income. The definition of low income used excludes both those people that are out-of-work, and those that are in work but have low earnings (and who satisfy the respective means tests).

Mortgage & Secured Loan Arrears	5	4	3	0	2	2	3	2	6	1	1	1	◁▷
Rent Arrears (local authority)	11	7	19	16	15	11	7	12	15	10	14	17	△
Rent Arrears (Housing Associations)	7	2	5	6	6	5	2	2	5	1	5	3	▽
Rent Arrears (Private Landlords)	10	6	6	12	14	8	12	4	3	7	0	8	△
Council Tax Arrears	58	48	53	48	46	32	31	31	37	29	32	34	△
Other Debts	59	48	65	72	69	48	60	59	65	39	20	39	△
Council Tax Benefit	32	17	20	17	24	9	25	17	34	16	11	24	△
Housing Benefit	140	83	95	109	106	55	94	95	103	68	70	78	△
Job Seekers Allowance	17	12	12	14	17	13	19	24	19	13	7	12	△
Incapacity Benefit / Employment Support Allowance	66	60	68	55	64	48	50	63	47	60	62	61	◁▷
Redundancy & Dismissal	29	19	17	25	14	7	8	23	17	16	8	8	◁▷
Actual Homelessness	9	11	3	10	6	5	6	6	6	2	6	9	△
Threatened Homelessness	27	24	13	20	34	18	23	18	24	22	27	15	▽
Domestic Violence Incidence	0	0	0	1	0	1	0	0	0	2	5	3	▽
Divorce and Separation	10	9	17	8	7	7	15	12	20	18	9	8	▽
Fuel Debt	17	15	47	25	14	6	15	5	16	5	11	17	△
Telephone & Broadband Debt	5	3	5	1	6	1	1	4	7	2	2	4	△
Bank and Building Society Arrears	9	3	5	2	4	2	4	6	8	3	2	2	◁▷
Credit, Store & Charge Card Arrears	13	10	14	4	17	8	11	12	17	17	14	8	▽
Unsecured Personal Loan Debts	8	8	11	2	12	3	3	7	8	5	3	2	▽

9

Water Supply Sewerage Debts	8	2	18	10	6	6	5	7	3	6	5	17		▬ .
Access To + Provision of Accommodation	23	21	8	7	10	7	17	8	18	13	16	16		◁▷
Local Authority Housing	13	6	4	4	6	6	10	13	10	11	18	14		▽
Total for Month	**576**	**418**	**508**	**468**	**499**	**308**	**421**	**430**	**488**	**366**	**348**	**400**		△

SUMMARY: Source: Petra - Citizens Advice Bureau Client Management System

From April 2015 the data records all enquiries at the bureau, previously only unique client enquiries were recorded. In general the number of issues dealt with has gone down, most notably with mortgage and secured loans, rent arrears with private landlords, other debts and housing benefit. All other categories remain at similar levels. Information received quarterly.

The Department of Work and Pensions has forecast that a total of 464 households in Harrow will be capped under the new Benefit Cap that has recently been implemented, however it is anticipated that this number will reduce as rules around exemptions are applied, such as for carers (Harrow Economic & Welfare Reform Impacts Dashboard, 2016). The extension of the welfare reform programme is likely to cause further increases in demand for advice services in the future. A common view throughout the user questionnaires, telephone interviews and consultations conducted over the summer, was that the main factors driving an increase in demand for advice services in Harrow were Government's welfare reforms.

From a skills and employment perspective, Harrow is one of 25 local authorities identified by the Department for Communities and Local Government as an area with high levels of need for English language provision. In 15.9% of households English is not the main language of any occupants (10th highest ranking nationally and far exceeding the 4.3% national average). Moreover, the 2011 Census showed that 1% of Harrow residents are unable to speak any English at all, compared with 0.6% for London as a whole and 0.3% nationally (Inequality Report, 2016).

Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	Office for National Statistics (ONS) 2013 Mid-Year Estimates	Population: Harrow's resident population is estimated to be 243,400[8] Age – 20.3% of Harrow's residents are under 16. 65.1% of Harrow's population are of working age (16 to 64) and 14.6% of Harrow's residents are 65 or older.[9] The average

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[8] At 30th June 2013

	ONS, 2011 Census, Table KS102EW	(median) age is 36 years, lower than most other places[10]. As with most areas in the country, the borough has an ageing population. It is expected that the number of residents aged 65 plus will increase by nearly 39% and those aged 85 plus could increase by over 60% by 2029.
Disability (including carers of disabled people)	2011/2012, ONS, Annual Population Survey February 2014, Rate is calculated using the ONS 2013 Mid-Year Estimates Adult Social Care User Survey (2016), analysis from Harrow Business Intelligence Unit Mind in Harrow evidence submission in relation to impact of Council proposed funding cut to all VCS	Disability – 17.3% of Harrow's working age population classified themselves as disabled, a total of 26,600 people[11]. 8,370 individuals, 3.4% of the population, receive Disability Living Allowance.[12] The Adult Social Care User Survey (ASCS)[13] is an annual mandatory survey of clients with long term support. The Care Act introduced new duties on the council to ensure information & advice is easily available. The 2016 survey showed that in Harrow 69% of service users thought it was easy to find information about services. Mind in Harrow provided analysis of 2013/14 and 2014/15 external funding levels for the 2015 Take Part consultation. This forecast the impact of the proposed cut of voluntary sector capacity to deliver preventative services benefitting the four priority client groups (learning disability, mental health, physical disability, older people) and their carers funded external sources. For example for the organisations that under the Harrow Community Action consortium that deliver the Harrow Care Act Information and Advice Service[14] (Harrow Carers, Harrow Mencap, Age UK, HAD, Mind in Harrow) and other local adult social care providers, the combined impact was forecast as: • the loss of over £1,000,000 funding per annum from Big Lottery, charitable grant-

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[9] Office for National Statistics (ONS) 2013 Mid-Year Estimates
[10] ONS, 2011 Census, Table KS102EW
[11] In 2011/2012, ONS, Annual Population Survey
[12] In February 2014, Rate is calculated using the ONS 2013 Mid-Year Estimates
[13] Adult Social Care User Survey (2016), analysis from Harrow Business Intelligence Unit
[14] Support & Wellbeing Information Service Harrow (SWiSH)

	funding 2015-16 (January 2015)	making trust and national government sources not being raised for Harrow services. - As a result, over 350 volunteers supported by these externally funded projects not recruited and trained to contribute to service delivery. - As a result, over 6,000 people from the priority vulnerable groups not benefitting from a range of preventative outcomes, including improved mental and physical health, increased social integration, better sustained caring role and reduced need for care and support. - Even if only 10% of 6,000 people access FACS eligible personal budget resources following the loss of voluntary sector externally funded services, it is estimated the financial impact on the council could be very significant, totalling hundreds of thousands of pounds or more per annum.
Gender Reassignment	Data not collected.	The council is not aware of any groups in Harrow that specifically provide information and advice to the LGBT community, however we do know that some of our LGBT and gender reassigned residents use services in neighbouring Ealing[15].
Marriage / Civil Partnership	Harrow Registrars' Office (August 2016)	Civil Partnership Inception 05/12/05 - Civil Partnerships 103 couples Civil Partnership Conversions Inception 10/12/2014 - Civil Partnership conversions to marriages 18 couples Same Sex Marriages Inception 29/03/2014 - Same Sex Marriages 13
Pregnancy and Maternity	Data not collected.	
Race	ONS, 2011 Census, Table QS203EW	Race (Ethnicity) – 69.1% of residents classify themselves as belonging to a minority ethnic group. The White British group forms the remaining 30.9% of the population, (down from 50% in 2001). The 'Asian/Asian British: Indian' group form 26.4% of the population. 11.3% are 'Other Asian', reflecting Harrow's sizeable Sri Lankan community.

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[15] West London LGBT Forum

		8.2% of residents are 'White Other', up from 4.5% in 2001. In percentage terms, in 2011, Harrow had the second largest Indian, the largest 'Other Asian' and the 7th largest Irish population of any local authority in England and Wales. Harrow also had the highest number of Romanian (4,784) and Kenyan born residents, the latter reflecting migrants from Kenya who are of Asian descent.[16]
Religion and Belief	ONS, 2011 Census, Table KS209EW	Religion or Belief – In 2011, Harrow had the third highest level of religious diversity of the 348 local authorities in England or Wales. The borough had the highest proportion of Hindus, Jains and members of the Unification Church, the second highest figures for Zoroastrianism and was 6th for Judaism. 37% of the population are Christian, the 5th lowest figure in the country. Muslims accounted for 12.5% of the population[17].
Sex / Gender	ONS, 2013 Mid-Year Estimates	Gender/Sex – 49.6% of the Harrow population are male and 50.4% are female[18].
Sexual Orientation	Equality Matters – Reducing Inequality in Harrow, August 2016	Sexual Orientation – It is estimated that 6% of the UK population are lesbian, gay and bisexual (LGB), which would equate to approximately 14,430 of our residents.[19] The council is not aware of any groups in Harrow that specifically provide information and advice to the LGBT community, however we do know that some of our LGBT and gender reassigned residents use services in neighbouring Ealing[20]. Harrow does not have a local specialist/targeted LGBT forum through which to support the local LGBT community, although there is a LGBT youth group based in Harrow. Data shows increased prevalence of domestic violence, hate crime[21] and health inequalities in the LGBT community and therefore for example more need for information and advice in these areas for the LGBT

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[16] ONS, 2011 Census, Table QS203EW
[17] ONS, 2011 Census, Table KS209EW
[18] ONS, 2013 Mid-Year Estimates
[19] Equality Matters – Reducing Inequality in Harrow, August 2016
[20] West London LGBT Forum
[21] https://www.theguardian.com/society/2016/oct/08/homophobic-attacks-double-after-brexit-vote

Harrow Council Equality Impact Assessment Template – March 2016

		community. The council has not had any grant applications from specific groups supporting the LGBT community in the last 5 years.

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									

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, complete a FULL EqIA.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.

- **NO** - If you have ticked 'No' to all of the above, then go to **Stage 6**

- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 6

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 do the results show about the impact on different groups / Protected	What actions have you taken to

What consultation methods were used?	Characteristics?	address the findings of the consultation? E.g. revising your proposals
Preliminary consultation – developing ideas with the VCS (May – July 2016) - With service providers – questionnaires, telephone surveys, workshops (facilitated by the New Local Government Network), co-production event, discussion meeting to hear VCS concerns. 39 different organisations have been engaged with through these consultation exercises. - With service users – questionnaires, meetings with user groups, face to face meetings with service users to develop case studies	The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Issues emerging from consultation responses are: **Access** Language barriers – either in terms of people with English not as their first language, or the technical and complex language often used. In both the interviews and consultations, service users and providers reported language barriers as a key obstacle to service accessibility. For example, 6/20 service providers listed 'Language barriers' as the main issue which clients currently have with accessing information and advice. Namaste Care expanded on this further by stating that in order to improve the accessibility of advice services, advice organisations needed to present information in different languages, as well as in 'culturally sensitive' ways. HARA stated that it has occurred due to an increase in the number of Arabic and Romanian speakers accessing their service. Both concluded that overcoming language barriers was the largest gap in service provision in the Borough. In terms of overcoming the issue, a common response was that having more face-to-face consultations, preferably with the addition of interpreters, would provide the flexibility needed to not only identify, but also address, language barriers. HARA stated that there was a particular need for Arabic and Romanian speaking interpreters. Users during consultation widely reported that having low/no English	Ensuring the new service for information and advice adequately reflects the need for translation into community languages (including new communities coming into Harrow), the provision of interpreters and demonstration of cultural sensitivity. For example the tapered fund could be used by the service for translation and interpretation provision. Maintaining the provision of face-to-face and telephone services as part of a multi-channel approach to information, advice and advocacy services. Use of plain language in council communications.

language skills makes it very challenging for them to understand letters from the council or have conversations over the phone. Meeting with an advisor however, often enabled users to overcome language issues. Similarly, 3 service providers also stated that meeting clients face to face was 'easier for language interpretation and form-filling' and Harrow Anti-Racist Alliance claimed that such meetings also enabled the quicker and easier assessment of a users' language needs.

Issues relating to a lack of English language skills in the borough may increase with further immigration. Currently, the 'Asian/Asian British: Indian' group form 26.4% of the population, whilst 11.3% classified themselves as 'Asian Other' (reflecting Harrow's sizeable Sri Lankan community), and the proportion of both ethnic groups in the population is increasing. In percentage terms, in 2011 Harrow also had the second largest Indian and the largest 'Other Asian' population of any local authority in England and Wales, and had the highest number of Romanian and Kenyan residents. Therefore, overcoming language barriers is, and is likely to continue to be, of central importance in achieving efficiency and quality in delivering advice and information services in the future.

Digital access – can be improved to cover basic information and advice – but access needs to remain multi-channel. During interviews, 6 providers stated that the best way for users to access their service was digitally (such as via e-mail or online through a website) as it was believed that this would enable them to see more clients than they would be able to if they handled each service user's case face-to-face. The representative from the Kuwaiti Community Association also stated that a further benefit of digital access would be that providers could more easily keep a track record of their interactions with a service user.

The representative from Healthwatch (HW) also stated that social media may be a useful channel through which users can access information and

Strategy to recognise that digital access is only one way that services can meet people's information, advice and advocacy needs. It is not appropriate in all cases, e.g. for the financially/digitally excluded, the IT illiterate, vulnerable people who find digital access challenging and are better suited to face-to-face contact, those with complex/multiple

	advice, as they have noticed significant user activity through this channel. On the other hand there was recognition that accessing information online can be challenging for vulnerable people (e.g. older, disabled, mentally ill), those with no IT skills or with very basic English language skills. Face to face advice may be better for distressed and anxious people facing multiple issues. Social contact can prevent further physical and mental health deterioration. Face to face is easier for language interpretation and form filling. Waiting times and repeated appointments can make services difficult to access. Access channel preferences Face-to-face consultations are widely regarded as the most effective way to overcome language barriers but are also the most expensive. This method of accessing advice services was also suggested by a large number of users and some providers as the most effective way of accessing services for various additional reasons, such as: that they are better for comforting distressed or anxious clients, do not only offer generic advice (such as some online sources are reported to do), offered an opportunity for providers to really understand a users' unique circumstances (and thereby potentially either provide a more holistic service, or make appropriate referrals – reducing likelihood of incorrect signposting), and that 1-1's were the most suitable method of accessing services for those who could not access online/e-mail services, whether it be due to computer literacy or lack of computer access. An overwhelming majority (37) users, stated that accessing advice services online was difficult, due to a wide range of reasons such as lacking confidence online/low computer literacy (11), language barriers, online info	needs, those with very basic English.

	too vague/generic (4), ease of access depends on how respondent feels on the day (2), it's hard to identify reliability of online sources (2), don't have internet access (2) and didn't know about online service (1). The consultation events of 13th and 23rd July also found that service providers believed face-to-face consultations were better for distressed or anxious people with multiple needs (such as carers), provided the ability to look properly into a customers' circumstances and provide a holistic response, facilitated the process of helping users with form-filling and made it easier to overcome language barriers. HAD observed that disabled people cannot always access information in other ways (such as online), due to accessibility issues. The consultation findings also reflected this, as providers stated that information online is often too generic/basic to help people with complex needs, and was especially challenging for the elderly, disabled and mentally-ill to access – due to the fluctuating nature of their conditions. **Signposting and referrals pathway** Customer experience is often fragmented with many needing to go to multiple places in seeking resolution to their problem – a simpler pathway is needed, with better coordination/ collaboration between service providers in terms of referrals and sharing information on what is available. Signposting Signposting may therefore partially explain why a large group of respondents in the user questionnaire (12) stated that 'long waiting times' caused them the most difficulty in accessing advice provision. Indeed, during consultations, users reported having 'fragmented customer journeys'. A further common issue reported in the consultations, user questionnaire	Strategy to identify a simpler pathway by which to navigate information and advice services.

and provider telephone interview responses, was that users are often referred to inappropriate providers, sometimes repeatedly - resulting in them having to wait long times to get the advice and/or information which they need.

A 'main frustration which users experience in accessing advice' listed by 8 service provider representatives was the frustration caused when users were passed around different advice organisations without receiving adequate/appropriate advice. Incorrect signposting may also negatively impact a users' condition.

Referrals pathway
During telephone interviews, 18/20 providers agreed and service users in the consultation also stated that they needed a 'simpler pathway' with easier navigation to advice services and agreed that better co-ordination in the form of a reformed, well-resourced referral system between VCS organisations would help to provide this enhanced accessibility and 'inspire confidence', whilst retaining the specialisms of individual agencies.

9 providers stated that a 'single point of contact' would improve service delivery, as it was believed that it would facilitate trustful relationships between service user and provider and improve service users' confidence in the organisation they are referred to. However, it should also be noted that 5 organisations stated that a single point of contact would not improve service delivery, as it may reduce customer choice and they believed undermine the ability of providers to build trustful relationships with users.

A suggestion which did appear to get widespread report in the interview responses however was to retain the independence of individual advice provider organisations, whilst enhancing the collaboration and communication between them. Two questions focused on this (on the question 'What do you see at the pros/cons of advice provision delivered

Organisation(s) procured to provide the new services to demonstrate better coordination of referrals.

Strategy to retain the scope for generalist and targeted information and advice provision.

	by a smaller group of coordinated providers', the majority of responses were pros, with only one provider listing a con – Namaste Care stating that this may lead to there being insufficient funding to maintain advocacy standards). Most organisations favoured the proposal as a way to retain the specialisms and flexibility of approach of individual advice providers, whilst improving coordination and the sharing of data and best practice.	
	Demand Those seeking information and advice were increasingly finding themselves with complex/multiple needs so a 'one-size fits all' approach will not work. Demand for information and advice generally focussed on issues of immigration, benefits, housing, health, social care, legal, employment, education and disability. Gaps in provision were identified around advocacy and services for new migrant communities and the socially isolated. Mind in Harrow representative for instance stated that there is a high need in Harrow amongst migrant groups (particularly those from the Afghan, Tamil and Somali communities) around social isolation due to a lack of culturally targeted/tailored advocacy service in the borough.	Consideration of this needs to be built into the service specification for generalist advice. Access to information and advice services under the new arrangements will not be determined by who you are, but by what type of advice you need i.e. the subject matter of concern. The subject matters for which information and advice services will be commissioned will be determined by the needs analysis, which will also guide how the £100k tapered fund can be best used.
	Training and quality assurance Consistency and quality of advice and information regardless of where/how it is accessed is important. Improving the training of staff at advice service organisations was suggested several times during consultation by both providers and users, as a key way to improve the quality of service provision.	Volunteer use will be part of service specification for the generalist information and advice service. 3-year service provision will give a level of assurance to investing in

		volunteering.
	5 users in the questionnaire believed that the best way to improve services would be for advisors to specialise more. During telephone interviews, 3 providers stated that the best way to improve advice service quality in Harrow was more training. Service providers reported that service users' needs often require more specialised approaches, rather than general advice. The providers stated that there was a lack of expert advisors due to a reduced flow of volunteers into the VCS in recent years, and because organisations may struggle to retain these volunteers once they are fully trained. 'Volunteers receive intense training but then leave and move on' was a common response. Similarly during interviews the Indian Association of Harrow stated that a high turnover of volunteers and a lack of volunteers wanting to do information and advice work created issues for customers seeking quality advice. The VCS may therefore require a stronger base for attracting volunteers and incentivising them to remain in their positions once trained. In terms of quality assurance, there was a view shared by 4 representatives in the service provider interviews that the VCS required consistent quality standards to be implemented across different organisations, in order to improve service quality in Harrow.	Infrastructure organisation for supporting the VCS to maximise volunteers into the VCS so as to build up capacity and knowledge of specialisms.
Co-production of Information, Advice and Advocacy strategy between Council and VCS: (Event on 17 October 2016)[22] • Workshop style – about 20 attendees	Additional issues (not captured in the above) emerging from this event are: **Generalist and specialist/targeted advice services** The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of specialist providers	Most of these actions were suggested by the VCS at the event:

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[22] Given that currently 90% of OBG and small grants are awarded in the area of information and advice, there are significant overlaps between the development of the new Information, Advice & Advocacy strategy/services and the funding landscape for the VCS going forward.

	Vulnerable groups Social care groups and migrant groups were identified by the VCS as particularly vulnerable and therefore perhaps most impacted by the funding proposals. The most in need must be identified through partnership work within the VCS. **Social isolation** A common concern surrounded social isolation, especially for the elderly and those with disabilities, who currently use support from VCS organisations for information and advice, but also a range of other support e.g. face to face contact, befriending, building up confidence/skills. This rests on the point stressed by the VCS that their organisations offer more than just information and advice, and that by their services potentially no longer being available a lot of preventative work will be lost, at the expense of vulnerable people on the edge of 'crisis point'. **Signposting/referrals** The VCS told us of the tendency for referring organisations to refer to their own service rather than elsewhere. This may not be possible if the number of organisations and the services they offer funded by the council are reduced. It was suggested that there be a database which maps all services available in the local VCS, and that a Continuous Professional Development programme be run with the aim of improving collaboration between providers. Furthermore it was suggested that a digital portal similar to the HAT may improve accessibility/referral pathways. **Attracting alternative funding** A number of organisations raised that without council funding they would struggle to continue to provide the services they currently do, and this may particularly hit projects that are additional to core provision. External	Explore the HAT website as a possible solution to developing and supporting the proposals in the consultation Infrastructure organisation to support organisations in pulling together funding applications and marketing.

	funding will be difficult to attract due to increased competition and may not cover statutory/core services. Also, without council funding, organisations can lose the infrastructure capacity needed to apply for other funding (e.g. staff capacity) and external bodies often check if the applicant is backed by council funding before awarding grants. There will be need to apply for funding with good marketing which reflects the priorities of external funding bodies. Some organisations pointed out that crowdfunding is not a universally suitable or attractive alternative to more traditional ways of raising funds. Crowdfunding may not be attractive to all clientele, as Shopmobility (whose clientele are predominantly elderly) noted. Also as the WISH Centre and Young Harrow Foundation noted, not all causes are equally attractive or global enough to attract funds through crowdfunding e.g. young Asian girls who are victims of sexual violence, addressing gang culture. VCS organisations suggested that the more attractive causes are ones that most people can relate to or see as relevant to them e.g. animal welfare, environmental causes, health and wellbeing. There is a skillset needed within organisations to successfully access crowdfunding and organisations need an awareness around how best to market/showcase their services so that they have a presence in the wider Harrow community.	Crowdfunding platform to be set up by the council to support VCS. However crowdfunding will not substitute funding levels or all types of activities. A suggested mitigation to this was for the council to support robust bids for alternative funding before funding ceases. The council should help the VCS lever in funding proactively and work with HCA to identify alternative funding sources and the best ways to support applications. Council to set up a session between the crowdfunding partner and local VCS to explore how crowdfunding can best work in Harrow and how local opportunities for income maximisation can be realised. Explore Hackney giving scheme which informs local philanthropists about local needs and encourages businesses to donate. Whilst most businesses in Harrow are small, the VCS organisations at

		the co-production event suggested that there are still untapped resources here.
	Timeframe for changes Support is needed now to stop small organisations from closing due to being financially unviable, although even some of the larger organisations have said they may close if they lose their grants and core funding. Although there were requests for the council to prolong the tapering of funds so as to allow organisations to acclimatise to the funding landscape/demands, the funding envelope for the council cannot sustain this.	Encourage services to amalgamate/merge where possible to better enjoy economies of scale and maximise income across a larger geographical area.
	The 'value add' of VCS organisations Many VCS organisations provide more than just information/advice which is at risk of being lost if the organisations ceased to exist e.g. work on prevention/intervention, engagement and outreach, user involvement. The impact of this may be unknown as there will be a critical period of time within which organisations will assess whether they can continue in the new funding environment. CAB referred to the escalation of cases to the council, especially of vulnerable social care cases, that will increase should people no longer be able to have their needs met through the VCS. In addition, there is data/intelligence gathering that the VCS do that may be lost.	Peer to peer advocates was suggested by the VCS – training members of the public to conduct outreach and engagement work on behalf of the VCS, and identifying vulnerable members of the public who may need assistance.
	Staff/Volunteers DAWN raised the impact not only on vulnerable people but also the counsellors and interns who rely on working in specialist/targeted organisations for their professional development. Without access to clients of certain groups, their skills and expertise may be lost from the local sector.	

Consultation with the VCS on funding proposals (22 September to 31 October 2016) – significant overlaps with new strategy/services for information, advice and advocacy • Online and paper consultation[23] - 25 responses from 19 organisations were received. In addition, 8 written submissions covering 21 organisations were also received • 2 open discussion meetings (26 September attended by 4 organisations, 6 October attended by 8 organisations) • 4 consultation events were held in the Council over 3 days from the 10th – 13th October during the daytime and evening, which provided opportunities for the VCS to let us know their views and the implications of our	Issues emerging from consultation responses (additional to the above) are: **Volunteering** Capturing people through volunteering opportunities can help harness and grow their social skills and engagement, and therefore in part address their social isolation. Organisations who know their clients and each individual's multitude of issues can best identify these people where it is suitable. **Holistic approach to information/advice services** Adopting a holistic approach raises the fear that the sector could lose the specialism of some services which will no longer be funded in the traditional route. The holistic approach should be towards client group needs rather than provide for all groups of clients, "responding to people's needs rather than people's labels". **Specific clienteles** It was raised that historically larger grants have been awarded to organisations that serve adults ("the big players in the VCS") and this puts organisations supporting children and young people at a disadvantage. It should not be assumed that all information/advice needs of all children and young people can be met through schools. **Impact of closure of large information/advice organisations due to loss of core funding**	Developing volunteering support capacity within VCS whilst recognising that not all organisations will want the formality/recognition of Community Click. See above point regarding peer-to-peer advocates. Volunteering will be part of the service specification for the new generalist information and advice service.

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[23] Consultation documents available at: https://consult.harrow.gov.uk/consult.ti/VCSfund/consultationHome%20%20

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proposals (In total 21 organisations attended). The online consultation yielded a low number of responses (16) of which four were from one organisation. Furthermore, the quality of the equalities data completed as part of the online responses was poor (with respondents answering for their own individual protected characteristics rather than that of their service users) and therefore compromising the analysis of equalities implications that can be carried out in Stage 5 of the EQIA. Analysis of the qualitative evidence provided by the written responses to the consultation as well as the general questions in the online consultation is given by theme.	There is a popular view amongst the written submissions that the loss of core Adult SLA grants will impact on the most vulnerable residents in Harrow. In its written response to the consultation, Citizens Advice Harrow (CAH) stated that if it were to close its services entirely because of financial unviability (e.g. the loss of core funding impacts upon the ability to secure other funding, CAH is unable to charge for its services), the impact of any closure would result in: • The loss of the face to face service (over 11,000 clients contact in 2015-16) • The loss of the telephone advice service (AdviceLine calls in excess of 10,000 in 2015-16) • The loss of the email enquiry service • 9 locally based outreach services, supporting some of the most vulnerable families, would cease to take place • All the preventative work, financial capability and energy switching education would stop • The entire skilled workforce would be made redundant and 58 skilled volunteers would be lost, many of them speaking community languages. CAH questioned 'where the axe would fall', as if they only offer service in times of crisis, they lose the opportunity for early preventative work and enabling clients' empowerment, whilst if they cut every aspect of service, clients would suffer 'at all stages of the customer journey'. CAH data on current service users shows that the majority are on a low income, have a mental or physical disability, are long-term sick, are women, are black or are from a minority-ethnic background. These clients, they state already experience 'higher than average rates of unemployment, debt and homelessness'. Service user monitoring for 2015/16 showed	

that:
- 59% of service users were women
- 65% BME
- 33% disabled
- 26% had long-term health conditions

CAH therefore stated that the cuts would impact 'thousands' of vulnerable and low income people, their children and hard-to-reach groups such as those with long term ill-health or disabilities, mental health conditions, from BAME communities or with low qualifications – as they would be 'deprived of access to an independent, free advice service'. The organisation also stated that the community trust built up with vulnerable people through current delivery of service would be lost as a result of the proposals.

Age UK Harrow raised particular concerns about older people suffering from social exclusion who may not be supported or prevented from reaching 'crisis' point due to cuts to Adult SLA core funding. This is because Age UK Harrow states that services such as the befriending project ('the only one in Harrow that supports older isolated people') would need to close.

Mind in Harrow believes that cuts to Adult SLA funding will have strongly adverse impacts on two areas of its service: The Harrow Mental Health User Involvement Project ('HUG' Project – which aims to engage and promote the voice of people with mental health issues) and Mind's core services (which cover a broad range of areas such as increasing mental health awareness in the community and challenging stigma, offering wellbeing information and advice and increasing peer-to-peer support opportunities).

The Mental Health User Involvement Project receives £24,735 per annum from Adult SLA core funding, which is match funded by NHS Harrow

Clinical Commissioning Group (CCG) for NHS service user involvement activities. As such, the project is 'entirely reliant on Harrow Council funding for all of its running costs'. Mind states that there is no alternative means of funding support because the primary purpose of the project is to support the legal obligations of the Council to consult and engage with Harrow mental health users.

Mind in Harrow is sceptical that crowd-funding would raise more than to fund small-scale time-limited activities (ie £2-3,000). If any grants were to be provided through crowd-funding, Mind states these would be restricted to specific projects and the same exclusions would apply as for other grants as explained above.

Impact on protected characteristics: In 2016, the HUG project has 600 members/beneficiaries. Equalities data of those who attended a recent HUG forum showed that:

- 59% were women
- 65% were above the age of 51 (including 18% aged 66+)
- 5% Black or Black British, 36% Indian, 12% Other Asian, 6% mixed parentage, 38% white British or other white background, and 3% other ethnic groups.
- 100% had mental health problems and 10% on Autistic spectrum

MiH believes the closure of the project which would result from the loss of Adult SLA funding would be 'indirect discrimination' towards those with mental health conditions, because they are less able to participate in consultations without support (struggle to access digital and need advocacy)

Mind in Harrow's Core Services support per year over 7,000 Harrow residents experiencing mental health needs or their carers through 13 recovery, preventative and community outreach projects in partnership with CNWL NHS Foundation Trust, other public sector partners, private and

community organisations. The organisation states that 'this very significant contribution to the Harrow adult social care economy is often not recognised and its preventative impact often not quantified.'

Mind in Harrow assert that the majority of the service users impacted by the Core Services funding cut will have a mental health disability and one or more other 'protected characteristics' under the Care Act 2010. Demographic profile of users of MiH's Core Services:

Demographic profile of respondents
- **Gender:** 55% Female, 45% Male
- **Age ranges:** 0% (20 and under), 12% (21 – 35), 35% (36 – 50), 43% (51 – 65), 9% (66+)
- **Ethnicity:** 2% Black or Black British, 36 % Indian,12% Other Asian Background, 9% Mixed Parentage, 51% White British or Other White Background, 2% Other Ethnic Groups
- **Disability**: 100% mental health problems

MiH states that unless Harrow Council aligns to VCS priorities for sustainability urgently, Mind in Harrow will close within the next 2-3 years.

The Harrow VCS forum response[24] found that 3 organisations believed it was 'very likely' that reduction of Adult SLAs would have a significant impact on their beneficiaries: 'Service users would be in crisis, children and families adult social care rates would escalate.'

With regard to the loss of OBGs, there was a view that this would cause organisations to close, which would impact the most vulnerable residents, such as those experiencing domestic violence, and the retired and elderly experiencing social isolation. It was also felt that the closure of

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[24] This response includes feedback from Capable Communities, Citizens Advice Harrow, Friends of Bentley Priory Nature Reserve, Harrow Domestic & Sexual Violence, Harrow Women's Centre, Newcleus, South Harrow Christian Fellowship, Talk:Harrow, Voluntary Action Harrow Co-operative

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| | organisations would lead to increased demand for key public services such as Harrow Council ASC/NHS, which would overwhelm them: 'The withdrawal of grants will severely reduce the sector's ability to deliver against need. This will increase discrimination.' | |

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 a positive or an adverse impact? If adverse, is it a minor or major impact?

Protected Characteristic	Positive Impact ✓	Adverse Impact		Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. **Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7**	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc **(Also Include these in the Improvement Action Plan at Stage 6)**
		Minor ✓	Major ✓		
Age (including carers of young/older people)	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: See above (Stage 4) comments relating to: • Digital access • Social isolation • Attracting alternative funding • Specific clientele • Closure of organisations due to loss of core funding	Ensure that digital access is one part of a multi-channel approach to future information, advice and advocacy services. Service providers to continue to provide face to face and telephone consultations. Infrastructure organisation to support organisations in pulling together funding applications and marketing. Crowdfunding platform to be set up by the

				In the written survey of service users conducted, the age breakdown of the 53 respondents was: • 2% under-16 years • 15% 16-24 years old • 17% 25-44 years old • 51% 45-64 years old • 15% 65 years and over	council to support VCS. However crowdfunding will not substitute funding levels or all types of activities. A suggested mitigation to this was for the council to support robust bids for alternative funding before funding ceases. The council should help the VCS lever in funding proactively and work with HCA to identify alternative funding sources and the best ways to support applications. Explore Hackney giving scheme which informs local philanthropists about local needs and encourages businesses to donate. Whilst most businesses in Harrow are small, the VCS organisations at the co-production event suggested that there are still untapped resources here. Infrastructure organisation to support organisations of all sizes/specialisms to attract alternative sources of funding for their services.
Disability (including carers of disabled people)	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: See above (Stage 4) comments relating to:	Ensure that digital access is one part of a multi-channel approach to future information,

				- Digital access - Face to face access - Social isolation - Signposting - The value add of the VCS - Vulnerable groups - The closure of organisations due to loss of core funding In the written survey of service users conducted, 47% of the 53 respondents stated a disability.	advice and advocacy services. Service providers to continue to provide face to face and telephone consultations. Ensure strategy links to the Health and Wellbeing Strategy where a priority action is around mental health provision in the borough. Peer to peer advocates was suggested by the VCS – training members of the public to conduct outreach and engagement work on behalf of the VCS, and identifying vulnerable members of the public who may need assistance. Infrastructure organisation to support organisations of all sizes/specialisms to attract alternative sources of funding for their services.
Gender Reassignment	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of specialist providers and this may impact groups of this protected characteristic, although the	Access to information and advice services under the new arrangements will not be determined by who you are, but by what type of advice you need i.e. the subject matter of concern. The subject matters for which information and advice services will be commissioned will be determined by the needs analysis which highlights welfare, housing, debt as the top information and advice needs in the borough, and access to this will be open to everyone who needs it. The needs analysis does not identify gender

				expansion of the tapered fund would mitigate this risk more than the original proposal.	reassignment, marriage, pregnancy, sex or sexual orientation as high need areas and provision of information and advice on these areas exists elsewhere.
Marriage and Civil Partnership	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of specialist providers and this may impact groups of this protected characteristic, although the expansion of the tapered fund would mitigate this risk more than the original proposal.	Access to information and advice services under the new arrangements will not be determined by who you are, but by what type of advice you need i.e. the subject matter of concern. The subject matters for which information and advice services will be commissioned will be determined by the needs analysis which highlights welfare, housing, debt as the top information and advice needs in the borough, and access to this will be open to everyone who needs it. The needs analysis does not identify gender reassignment, marriage, pregnancy, sex or sexual orientation as high need areas and provision of information and advice on these areas exists elsewhere.
Pregnancy and Maternity	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of specialist providers and this may impact groups of this protected characteristic, although the expansion of the tapered fund would mitigate this risk more than the original proposal.	Access to information and advice services under the new arrangements will not be determined by who you are, but by what type of advice you need i.e. the subject matter of concern. The subject matters for which information and advice services will be commissioned will be determined by the needs analysis which highlights welfare, housing, debt as the top information and advice needs in the borough, and access to this will be open to everyone who needs it. The needs analysis does not identify gender reassignment, marriage, pregnancy, sex or sexual orientation as high need areas and provision of information and advice on these areas exists elsewhere.

| Race | ✓ | ✓ | | Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time.

Adverse impact: See above (Stage 4) comments relating to:

• Language barriers to access

• Digital access

• Gaps identified for newly migrant communities

• Vulnerable groups

• The closure of organisations due to the loss of core funding

In the written survey of service users conducted, the ethnicity breakdown of the 53 respondents was:

• 34% Asian / Asian British
• 23% Black / Black British
• 4% Mixed Background
• 32% White / White British
• 8% Other | Ensure that digital access is one part of a multi-channel approach to future information, advice and advocacy services. Service providers to continue to provide face to face and telephone consultations.

Provision of translation/interpretation support as part of the tender specification for the new information and advice services. The tapered fund could be used by the service for translation and interpretation provision.

Council to use plain language in council communications.

Continue to analyse demographic changes to the borough so as to meet the needs of Harrow's communities. |
| Religion or Belief | ✓ | ✓ | | Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. | |

				Adverse impact: The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of specialist providers and this may impact groups of this protected characteristic, although the expansion of the tapered fund would mitigate this risk more than the original proposal.	
Sex	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of specialist providers and this may impact groups of this protected characteristic, although the expansion of the tapered fund would mitigate this risk more than the original proposal. See above (Stage 4) comments relating to the closure of organisations due to loss of core funding.	Access to information and advice services under the new arrangements will not be determined by who you are, but by what type of advice you need i.e. the subject matter of concern. The subject matters for which information and advice services will be commissioned will be determined by the needs analysis which highlights welfare, housing, debt as the top information and advice needs in the borough, and access to this will be open to everyone who needs it. The needs analysis does not identify gender reassignment, marriage, pregnancy, sex or sexual orientation as high need areas and provision of information and advice on these areas exists elsewhere.
Sexual orientation	✓	✓		Positive impact: The proposals are designed to positively impact on people seeking information, advice and advocacy - making it easier to access the right information at the right time. Adverse impact: The council recognises that one potential risk of procuring services (generalist and targeted) in a holistic way is the loss of	Access to information and advice services under the new arrangements will not be determined by who you are, but by what type of advice you need i.e. the subject matter of concern. The subject matters for which information and advice services will be commissioned will be determined by the needs analysis which highlights welfare, housing, debt as the top information and advice needs in the borough, and access to

				specialist providers and this may impact groups of this protected characteristic, although the expansion of the tapered fund would mitigate this risk more than the original proposal.	this will be open to everyone who needs it. The needs analysis does not identify gender reassignment, marriage, pregnancy, sex or sexual orientation as high need areas and provision of information and advice on these areas exists elsewhere. Infrastructure organisation to support organisations of all sizes/specialisms to attract alternative sources of funding for their services.
8. Cumulative Impact – 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 council, the impact of budget reductions is likely to be sustained over the medium-term and this is likely to lead to changes in how services are commissioned. However it is not anticipated that there should be a significant impact on any particular protected characteristic.	
9. Any Other Impact – Considering what else is happening within the				Yes	No ✓

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?	Harrow is one of the lowest funded councils in London and a recent review identified that in 2015/16 Harrow's revenue spending power per head is projected to be £159 (or 17.3%) lower than the London average which ranks Harrow 26th out of the 32 London Boroughs. The amount of Government funding we receive continues to reduce from a total of £86.9m in 2013/14 to £42.7m in 2018/19 as a result of the national public sector austerity measures. Harrow Council will therefore have £83 million less to spend in 2018 compared with 2014. Local government faces sustained cuts to its funding from central government over the forthcoming years. This is likely to lead to changes in how/what services are commissioned and provided. However the council will mitigate against any significant adverse impact on any particular protected characteristic.

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
Minor adverse impact may impact on the all of the	In its new strategy for information, advice and advocacy, the council should: • Recognise that one potential risk of procuring	Performance measures to be built into the new contract(s).	Rachel Gapp / Policy Team	1st July 2018.

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protected characteristics: There are no anticipated major adverse impacts arising from this proposal.	services (generalist and targeted) in a holistic way is the loss of specialist providers and this may impact groups of particular protected characteristics, although the expansion of the tapered fund would mitigate this risk more than the original proposal. • Ensure strategy links to the Health and Wellbeing Strategy where a priority action is around mental health provision in the borough. • Ensure strategy links to volunteering projects (like V4Change) and include peer-to-peer advocate training within this. • Identify a simpler pathway by which to navigate information and advice services, with referral pathways a clear part of the service specification for the generalist information and advice service. In the specification for new services for information and advice services, the council should: • Ensure that digital access is one part of a multi-channel approach to future information, advice and advocacy services. Service providers to continue to provide face to face and telephone consultations. • Include the provision of translation/interpretation support as part of the tender specification for the new information and advice service. • Ensure organisation(s) procured to provide the new service or awarded a targeted grant to demonstrate better coordination of referrals. • Ensure the infrastructure organisation is able to support organisations of all sizes/specialisms to attract alternative sources of funding for their	Review impact of proposals within 12 months of the new contracts starting.	

	services. • Ensure the infrastructure organisation for supporting the VCS is able to maximise volunteers into the VCS so as to build up capacity and knowledge of specialisms. Volunteer use will be part of service specification for the generalist information and advice service. In addition, the council should: • Use plain language in council communications. • Continue to analyse demographic changes to the borough so as to meet the needs of Harrow's communities. • Set up a Crowdfunding platform to support the VCS to attract alternative funding, as well as ensure the infrastructure organisation proactively supports organisations to identify alternative funding and submit robust applications for funds. • Help the VCS explore avenues to exploit local philanthropy and tap into local businesses for donations. • Review impact of proposals within 12 months of the new contracts starting. Monitoring will be undertaken by the Policy Team, as contract managers, with overall responsibility resting with the Divisional Director for Strategic Commissioning.			

Stage 7: Public Sector Equality Duty

10. How do your proposals meet the Public Sector Equality Duty	The service providers commissioned to provide information, advice and

(PSED) 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	advocacy services 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". This will include data collection around the 9 protected characteristics, providing inclusive services and providing training to staff/volunteers on equalities.

Stage 8: Recommendation

11. 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.	
Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been identified by the EqIA and these are included in the Action Plan to be addressed.	✓
Outcome 3 – 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. **(Explain this in Q12 below)**	
12. If your EqIA is assessed as **outcome 3** explain your justification with full reasoning to continue with your proposals.	

Stage 9 - Organisational sign Off

13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	EQIA has been presented to: • Resources Making a Difference Group – 25 October 2016 • Information and Advice Strategy Officers Group – 3 November 2016			
Signed: (Lead officer completing EqIA)	Nahreen Matlib		Signed: (Chair of DETG)	Alex Dewsnap

IAA report appendix 2 - $a5ynfnwm.doc

Date:	24 November 2016	Date:	25 November 2016
Date EqIA presented at Cabinet Briefing (if required)	24 November 2016	Signature of DETG Chair (following Cabinet Briefing if relevant)	