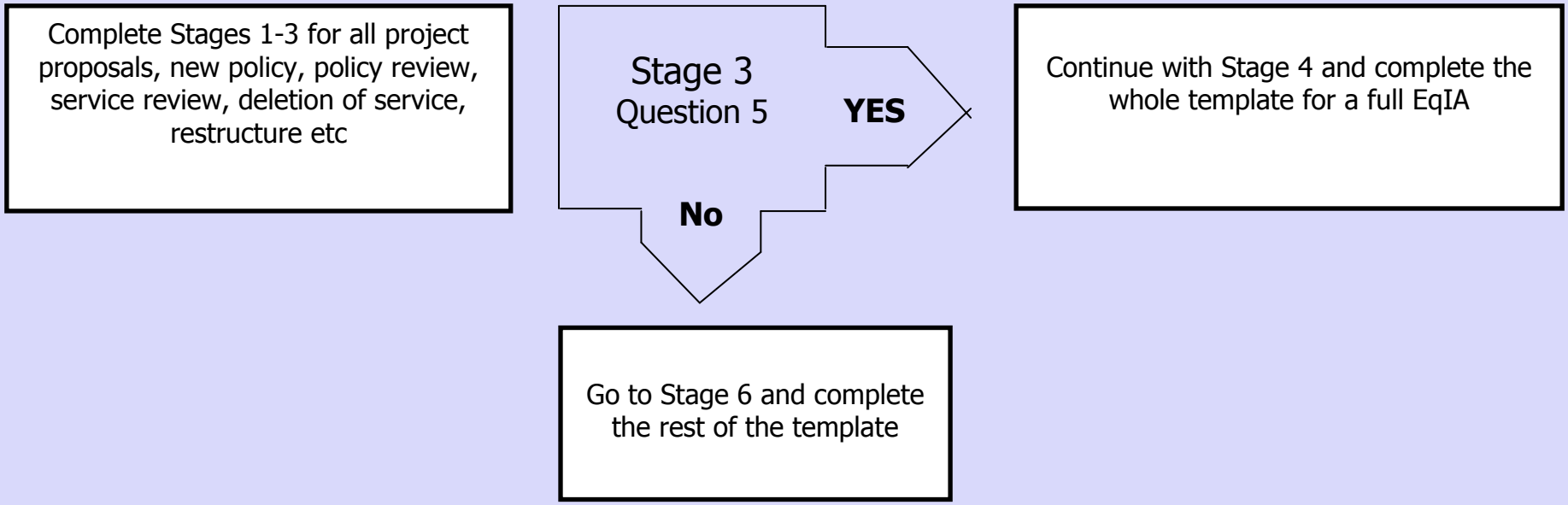
Equality Impact Assessment Template

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.



- 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. EqIAs relating to Cabinet Reports need to be submitted to the EqIA Quality Assurance Group at least one month before your Cabinet Report date. This group meets on the first Monday of each month.
- Legal will NOT accept any reports 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:								
Value of savings to be made (if applicable):	**£48k**							
Title of Project:	**Health Intelligence & Knowledge – deletion of post**							
Directorate / Service responsible:	Public Health							
Name and job title of Lead Officer:	Andrew Howe							
Name & contact details of the other persons involved in the assessment:	Carole Furlong & Carol Yarde							
Date of assessment (including review dates):	31.1.2017							

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)	This proposal is to reduce the capacity of the public health intelligence team by one FTE.					
2. Who are the main people / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓
	Gender Reassignment	X	Marriage and Civil Partnership	✓	Pregnancy and Maternity	✓
	Race	✓	Religion or Belief	X	Sex	✓
	Sexual Orientation	X	Other	X	Socioeconomic groups	
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?	No					

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 may need to include this as an action to address in your Improvement Action Plan at Stage 6)		
Protected Characteristic	Evidence	Analysis & Impact
Age (including carers of young/older people)	There has been a 32% (+3,900) increase in 0-4 year olds since 2001. 6.7% (15,916) of residents were aged four and under in 2011, compared to 5.8% (12,019) in 2001. Harrow is ranked in the top quartile nationally for 0-4 year olds. 13.5% (32,142) of Harrow's residents are aged 5 to 15, above the national and London rates. Harrow is ranked in the top quintile nationally for 5 to 15 year olds. The percentage of those aged 5 to 15 has fallen slightly in Harrow over the decade, although numbers have increased. 65.7% of Harrow's residents are of working age (16 to 64), an increase since 2001 when 63.4% of residents were aged 16 to 64. Harrow is ranked 70th within England for its working age population, where 1st has the highest percentage. Harrow is ranked 5th in London for the proportion of residents aged 65 and over. 14.1% (33,637) of Harrow's residents are aged 65 and over, 12.4% (3,700) higher than the 2001 Census. 18% (15,083) of Harrow's households are comprised solely of residents aged 65 and over, below the national level of 21%, but above London's level of 14%. Harrow is ranked 5th in London, based on households where all residents are aged 65 and over (where 1st is the highest rank).	The Public Health Intelligence team provides input into needs assessments and health impact assessments which could identify inequalities in need, service provision or outcomes for any of the protected groups. Reduction in capacity will reduce the number of projects that the team can get involved in and therefore inequalities may not be identified and subsequently addressed

Disability (including carers of disabled people)	Disability affects people of every ethnicity, age and sex although some disabilities are associated with particular demographic groups. Some people have a lifelong disability and some disabilities are associated with the ageing process, 2.1% of 16-19 year olds have a disability compared with 31% of 50-59 year olds and 78% of people aged 85 years and overi. It is estimated that almost 1 in 5 of the adult population living in private households has a disability. Families where one or more members have a disability are more likely to live in poverty and 21% of children in families with at least one disabled member are in poverty, this compares to 16% of children in families with no disabled member	
Gender Reassignment		
Marriage / Civil Partnership		
Pregnancy and Maternity	There are over 3,500 live births each year in Harrow – a number that is increasing year on year.	
Race	42.2% (100,991) of Harrow's usual resident population is White . There has been a 20.3% reduction since 2001 in the number of Harrow residents who are White. Harrow is ranked 324th nationally for its White population, where 1st has the highest percentage. Harrow is ranked 31st of 33 London boroughs for its proportion of White residents. The total White population is British (30.9%) Irish (3.1%) Gypsy/Irish Traveller (0.1%) Other (8.2%). The majority of these 'Other' residents are from other parts of Europe, with a large proportion from Eastern Europe, particularly Romania and Poland. 44% (105,225) of Harrow's usual resident population is Asian. Since 2001 there has been a 59.7% increase in the number of residents who are Asian. Harrow is	

	ranked 2nd nationally for its Asian population, where 1st has the highest percentage. Harrow is ranked 2nd of 33 London boroughs for its Asian residents. The Asian population can be sub-categorised as White/Asian (1.4%) Indian (26.4%) Pakistani (3.3%) Bangladeshi (0.6%) Chinese (1.1%) Other Asian (11.3%) Harrow has the highest ranking nationally of residents who are Other Asian, with 11.3% (26,953) residents. Within Harrow, Sri Lankans are the largest group within this category, with Harrow ranked 1st nationally for the proportion of residents who classified themselves as Sri Lankan or Tamil. 9.7% (23,105) of Harrow's usual resident population is Black. Since 2001, Harrow has seen a 56.5% increase in Black residents. Harrow is ranked 26th nationally for its Black population, where 1st has the highest percentage. Harrow is ranked 20th of 33 London boroughs for its Black residents. The Black category can be sub-categorised as White/Black Caribbean (1%) White/Black African (0.4%) Black African (3.6%) Black Caribbean (2.8%) Other Black (1.8%). In 2011 4.1% (9,735) of Harrow's usual resident population were included in the Arab and Other grouping. There has been a 112.6% (+5,157) increase in this population group since 2001. Harrow is ranked 18th, both nationally and in London, for its Arab and Other population, where 1st has the highest percentage.	
Religion and Belief	Christianity was Harrow's most commonly stated religion in the 2011 Census, with 37.3% (89,181) of residents. There has been an 8.8% (8,608) fall in the number of Christians in Harrow since 2001. Harrow is ranked 5th lowest nationally for the proportion of residents who are Christians.	

	Just over a quarter (25.3%) of Harrow's residents are Hindu, ranking Harrow 1st nationally for the highest proportion of residents who are Hindus. 12.5% of Harrow's residents are Muslim, with each ward having seen an increase in the number of Muslim residents since 2001. There has been a 100% increase, over the decade, in the number of Muslim residents living in Harrow. Nationally, Harrow is ranked 24th, based on the proportion of Muslim residents, where 1st is the highest level. 4.4% of Harrow's usual resident population is Jewish. Harrow is ranked 6th nationally for its percentage of Jewish residents, where 1st has the highest proportion. 11,397 (4.8%) of Harrow's residents are followers of all other religions, a 48.6% (+3,726) increase since 2001 (3.7%, 7,671 people). Harrow is ranked 1st nationally for its proportion of residents who follow Other religions, 38th for Sikhs and 16th for Buddhists. Religious affiliation is high in Harrow, demonstrated by Harrow's 325th place ranking out of 326 authorities for residents with no religion, where 1st has the highest percentage. 9.6% of Harrow's usual resident population have no religion, an increase since 2001 when 6.8% stated that they have no religion.	
Sex / Gender		
Sexual Orientation		

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, continue with the rest of the template.

- **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 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
No consultation has been undertaken regarding this saving.		

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)					
Disability (including carers of disabled people)					
Gender Reassignment					
Marriage and Civil Partnership					
Pregnancy and					

Maternity					
Race					
Religion or Belief					
Sex					
Sexual orientation					

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	**x**	No	
	Reductions in other aspects of council's business intelligence team could potentially have a cumulative effect.			
9. Any Other Impact – 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	**x**	No	
	This team looks at the outcomes of welfare reform, poverty and of council and health policies on health and wellbeing outcomes. This would have to be scaled back.			

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
All	No mitigation possible – prioritisation of workload would be only mitigation.			

Stage 7: Public Sector Equality Duty

10. 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 remaining public health budget will be targeted to those groups most in need to meet the public sector equality duty.

Stage 8: Recommendation

11. 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.	
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 listed in the Action Plan above.	x
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?			
Signed: (Lead officer completing EqIA)	Carole Furlong & Carol Yarde	Signed: (Chair of DETG)	
Date:	31.1.2017	Date:	
Date EqIA presented at the EqIA Quality Assurance Group (if required)		Signature of DETG Chair	

[i] Papworth Trust disability facts and figures 2010.