

Equality impact assessment form for quick COVID 19 decisions only

Directorate	Corporate Resources
Service area	Policy, Insight and Communications
Proposal	Approval of the Derby Recovery Plan
Reason for proposal	Support the City's response to Covid-19 and the recovery of the local area from the pandemic
Sign off (Director/Head of Service)	Director of Policy, Insight and Communications
Date of assessment	November 2020

Please read the support notes before completing your assessment that are set out in Appendix 1.

The form

You need to attach the completed form to any report to help councillors and colleagues make their decisions by taking equality implications into account.

The assessment team or name of individual completing this form

Team leader's name and job title – Sarah Walker – Policy and Improvement Manager

Other team members if appropriate

Name	Job title	Organisation	Area of expertise

Step 1- setting the scene

Make sure you have clear aims and objectives on what you are impact assessing – this way you keep to the purpose of the assessment and are less likely to get side- tracked.

1. What are the main aims, objectives and purpose of the decision you want to make?	To draft a plan that support's the city and council to recovery from Covid-19; improving outcomes.
2. Why do you need to make this decision?	Covid-19 has impacted many aspects of our economy, communities and council.
3. Who delivers/will deliver the changed service/policy including any consultation on it and any outside organisations who deliver under procurement arrangements?	The plan will be owned by Cabinet and Strategic Leadership Team and delivered by all Service Directors, Heads of Service and council colleagues. It will also support the delivery of our local area partnership goals; with many of the actions requiring a local area response.
4. Who are the main customers, users, partners, colleagues or groups affected by this decision?	All businesses, residents, communities, partners, councillors and council colleagues.

Step 2 – collecting information and assessing impact

5. Who have you consulted and engaged with so far about this change, and what did they tell you? Who else do you plan to consult with? – tell us here how you did this consultation and how you made it	Ann Webster – Lead on Equality and Diversity Natalie Tuckwell – Corporate Insight Manager Heather Greenan – Director of Policy, Insight and Communications Corporate Leadership Team (all Directors)
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accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents.

Council Cabinet
Derby Local Area Partnership Board

Summary presentation drafted to support the detailed contents of the plan.

Sources of supporting information used in the development of the impact assessment:

- Office of National Statistics - Mid-year population estimates 2018 (released June 2019)
- Census 2011, Office of National Statistics (released March 2011)
- Office of National Statistics - Annual population survey for the period (July 2018 - June 2019) (released October 2019)
- DWP benefit claimants – working age client group (May 2017)
- Her Majesties Revenue and Customs (HMRC), Personal Tax Credits: children in low income families local measure: 2009 – 2015 snapshot data from summary tab (released January 2019).
- [Public Health England - Disparities in the risk and outcomes of COVID-19](#)
- [Age UK - The impact of COVID-19 to date on older people's mental and physical health](#)
- [UK Youth - The impact of COVID-19 on young people & the youth sector](#)
- [Office of National Statistics](#)
- [The International Lesbian, Gay, Bisexual, Trans and Intersex People in Europe - COVID-19 and specific impact on LGBTI people and what authorities should be doing to mitigate impact](#)
- [European Institute for Gender Equality - Covid-19 and gender equality](#)
- [Public Health England - Beyond the data: Understanding the impact of COVID-19 on BAME groups](#)

6. Using the skills and knowledge in your assessment team or what you know yourself, and from any consultation you have done, what do you already know about the equality impact of the proposed change on particular groups? Also, use any other information you know about such as any customer feedback, surveys, national research or data. Indicate by a tick for each protected characteristic group whether this is a negative or a positive impact. Only fill in the mitigation box if you think the decision will have a negative impact and then you'll need to explain how you are going to lessen the impact.

	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
Age – older and younger people	<p>Covid-19 has impacted all members of our communities, but there have been specific impacts for our younger and older resident that must be considered:</p> <p>Children and young people</p> <ul style="list-style-type: none"> • Missed education/inequality in access to online learning. • Increase in vulnerability reflected through increased referrals to children’s social care. • More families in need and increased poverty. • Increased mental health or wellbeing concerns. • Increased risks of loneliness and isolation. • Lack of safe space – including not being able to access their youth club/ service and a lack of safe spaces at home. • Challenging family relationships. • Lack of trusted relationships or someone to turn to. • Increased social media or online pressure. • Higher risk for engaging in gangs, substance misuse, carrying weapons or other harmful practices. • Higher risk for sexual exploitation or grooming. <p>Working age residents</p> <ul style="list-style-type: none"> • Increased unemployment. • Increase in those at risk of homelessness. • Increased risk of poverty. • Challenging family relationships / risk of family breakdowns. <p>Older people</p> <ul style="list-style-type: none"> • Reduce mobility resulting in a decline in physical health. • Low mood, lack of support for meal preparation, deteriorating physical health, and increased pain has impacted on some older people’s appetite and diet. • Lack of mental stimulation and socialising throughout the pandemic. • Increased anxiety including about the future. • Reduced self-care. • Loss of independence and loneliness. • Increased complexity in Adult Social Care referrals. • COVID-19 diagnosis rates increased with age for both males and females 	<p>Children and young people Identified outcome within the plan to support children, young people and families to thrive; supported by targeted actions aligned to the areas of risk/impact from the pandemic.</p> <p>Working age residents Identified outcome within the plan to support people back into jobs and reduce the risks of homelessness.</p> <p>Older people Identified outcomes within the plan to support health citizens; continuing to build resilience within communities to use local assets to maintain and re-build independence, as required.</p> <p>Local area Covid-19 governance also includes an Inclusion Working Group to review response actions for all protected characteristic groups.</p>	<p>The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some of our most vulnerable/those impacted most by the pandemic.</p>	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions commissioned, as required.</p> <p>There is a commitment within the plan to ‘Publish a refreshed Inclusion and Equality Plan for the city’, which will also allow the identification of any additional actions required to make sure that all residents and communities are supported to positive outcomes.</p>

	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	<p>The total population of Derby is 257,300 people – 21% are aged 0-15 years*, 62.6% are aged 16 - 64 years (working age) and 16.5% are aged 65 years and over (2019 mid-year estimates). Derby has an above average younger population, and a higher than national average percentage of these are living in poverty (21% compared to 17%, 2016 data).</p> <p>The working age population in the city is comparable with national, however Derby has a higher percentage of economically inactive residents (22.9% versus the national average of 21.1%, October 2019).</p>			
<p>Disability – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people with mental health issues, people with learning difficulties, people living with autism and people with physical impairments</p>	<ul style="list-style-type: none"> • A higher proportion of disabled people than non-disabled people were worried about the effect of the coronavirus pandemic on their well-being. • Increased loneliness and isolation. • Increased anxiety. • Increased concerns on safety if individuals leave their home. • <i>“After adjusting for region, population density, socio-demographic and household characteristics, the relative difference in mortality rates between those “limited a lot” and those not disabled was 2.4 times higher for females and 1.9 times higher for males”</i> (ONS - Coronavirus (COVID-19) related deaths by disability status, England and Wales: 2 March to 15 May 2020). • For young people – impacts on emotional health and wellbeing through disruptions in learning and/or care. <p>Based on working age residents, 0.9% are disabled, which is slightly above the national average of 0.8% there are also a higher percentage of residents claiming ESA and incapacity benefits (7.2% compared to the national average of 6.1%) (May 2017).</p> <p>Based on 2020 data, over 7,000 pupils in the city were either disabled or had an identified special educational need.</p> <p>In the 2011 census, 81.3% of residents reported that their day to day activities were not limited compared to the national position of 82.4%; evidencing further levels of need within the city.</p> <p>29.1% of Derby’s 16 to 64-year olds are economically inactive due to long-term sickness (29.1% compared to the national average of 23%, October 2019).</p>	<p>There are identified outcomes within the plan to support healthy citizens; continuing to build resilience within communities to use local assets to maintain and re-build independence, as required.</p> <p>The delivery of our local area SEND Strategy is a commitment within the plan, with a refreshed vision on ‘living my best life’</p> <p>Local area Covid-19 governance also includes an Inclusion Working Group to review response actions for all protected characteristic groups.</p>	<p>The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some of our most vulnerable/those impacted most by the pandemic.</p>	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions commissioned, as required.</p> <p>There is a commitment within the plan to ‘Publish a refreshed Inclusion and Equality Plan for the city’, which will also allow the identification of any additional actions required to make sure that all residents and communities are supported to positive outcomes.</p>

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<p>Gender identity- trans and those people who don't identify with a particular gender, for example, non-binary, genderfluid, genderqueer, polygender and those who are questioning their gender or non-gendered identity.</p>	<ul style="list-style-type: none"> • Social distancing may be particularly difficult for those who have been rejected by their families. • Rainbow families often struggle to formalise their documents and relationships legally. • A greater than average rate of LGBTI people are unemployed and in precarious jobs and live on very limited and unstable financial resources. • LGBTI people have significantly lower health outcomes due to stigma and discrimination, biases held by healthcare providers, and lower socioeconomic status. • Past experience of discrimination, stigma, gatekeeping, misgendering, and non-consented procedures can deter LGBTI people from seeking medical care, leading to later entry into medical systems or no entry at all. • Transition-related medical care, which is life-saving care for trans people, may be deemed non-urgent and postponed or cancelled in the light of Covid-19. • Policing of emergency measures can involve discrimination <p>Refugees, including LGBTI asylum seekers/refugees, are stuck in limbo or at borders.</p>	<p>Whilst there are no identified actions within the plan to support this cohort, our identified outcomes are centred on supporting improved outcomes for all, and there will be targeted activity completed as part of the delivery of actions within the plan (i.e. recruitment activity and our Employment Hub, identifying and reducing health inequalities and supporting our families to thrive).</p> <p>Local area Covid-19 governance also includes an Inclusion Working Group to review response actions for all protected characteristic groups.</p>	<p>The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some of our most vulnerable/those impacted most by the pandemic.</p>	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions commissioned, as required.</p> <p>There is a commitment within the plan to 'Publish a refreshed Inclusion and Equality Plan for the city', which will also allow the identification of any additional actions required to make sure that all residents and communities are supported to positive outcomes.</p>
<p>Sexual orientation - the effects on lesbians, gay men, bisexuals, pansexual, asexual and those questioning their sexuality</p>				
<p>Marriage and Civil Partnership</p>	<p>Covid-19 impacted on the opportunities for marriages and civil partnerships to proceed; as ceremonies were stopped for prolonged periods during lockdown and numbers of attendees restricted due to social distancing once they were allowed to continue.</p> <p>Based on the 2011 census data of the 102,271 households 41% were married / in a civil partnership.</p>	<p>No specific actions identified as supporting marriages and civil partnerships is part of our business as usual activity and will resume in line with national policy.</p>		

	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
<p>Pregnancy and maternity - women who are pregnant or who have recently had a baby, including breast feeding mothers</p>	<ul style="list-style-type: none"> Increased risk of exposure to and acquisition of COVID-19, particularly those expectant mothers with underlying health conditions. <p>Whilst research is on-going to fully understand the impacts of Covid-19 on pregnant women and new months (King College London); areas for consideration should include:</p> <ul style="list-style-type: none"> Increased anxiety and reduced access to support (i.e. through participation in groups). Reduced support from family and friends. Employment and financial concerns. 	<p>Supporting families to thrive is a priority outcome within the plan, alongside supporting employment and reducing health inequalities.</p> <p>Local area Covid-19 governance also includes an Inclusion Working Group to review response actions for all protected characteristic groups.</p>	<p>The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some of our most vulnerable/those impacted most by the pandemic.</p>	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions commissioned, as required.</p> <p>There is a commitment within the plan to 'Publish a refreshed Inclusion and Equality Plan for the city', which will also allow the identification of any additional actions required to make sure that all residents and communities are supported to positive outcomes.</p>
<p>Race - the effects on minority ethnic communities, including newer communities, Gypsies and Travellers</p>	<ul style="list-style-type: none"> Increased risk of exposure to and acquisition of COVID-19. Increased risk of complications and death from COVID-19. Longstanding inequalities exacerbated by COVID-19. Increased risk of discrimination impacting on physical and emotional health and wellbeing. BAME groups in the UK are more likely to face housing challenges. Risk of poverty post Covid-19. Educational impacts where some young people were previously experiencing lower attainments outcomes; including access to remote learning. Risk of food poverty impacting on health inequalities. 	<p>Supporting families to thrive is a priority outcome within the plan, alongside supporting employment and reducing health inequalities.</p> <p>Local area Covid-19 governance also includes an Inclusion Working</p>	<p>The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some</p>	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions</p>

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and the Roma community	<p>Based on the 2011 census, the highest percentage of Derby City residents are White, however at 80.3% this is below the national average of 89.3%.</p> <table border="1" data-bbox="324 347 1245 646"> <thead> <tr> <th></th> <th>Count</th> <th>%</th> </tr> </thead> <tbody> <tr> <td colspan="3">Ethnicity by broad ethnic group - Census 2011</td> </tr> <tr> <td>White</td> <td>199,751</td> <td>80.3</td> </tr> <tr> <td>Mixed/multiple ethnic groups</td> <td>7,232</td> <td>2.9</td> </tr> <tr> <td>Asian/Asian British</td> <td>31,095</td> <td>12.5</td> </tr> <tr> <td>Black/African/Caribbean/Black British</td> <td>7,320</td> <td>2.9</td> </tr> <tr> <td>Other ethnic group</td> <td>3,354</td> <td>1.3</td> </tr> </tbody> </table> <p>It should also be noted that there is a higher than average percentage of household in Derby where no one in the household has English as their first language (5.3%, compared to 3.6% for the East Midlands and 4.4% for England).</p>		Count	%	Ethnicity by broad ethnic group - Census 2011			White	199,751	80.3	Mixed/multiple ethnic groups	7,232	2.9	Asian/Asian British	31,095	12.5	Black/African/Caribbean/Black British	7,320	2.9	Other ethnic group	3,354	1.3	Group to review response actions for all protected characteristic groups.	of our most vulnerable/those impacted most by the pandemic.	<p>commissioned, as required.</p> <p>There is a commitment within the plan to 'Publish a refreshed Inclusion and Equality Plan for the city', which will also allow the identification of any additional actions required to make sure that all residents and communities are supported to positive outcomes.</p>
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<p>Religion or belief or none - the effects on religious and cultural communities, customers and colleagues</p>	<ul style="list-style-type: none"> • Cancellation of religious events impacting on emotional health and wellbeing of our communities and residents. • A positive response has been seen locally from our faith communities in supporting the city's response and recovery to Covid-19. <p>Based on the 2011 census, a higher than average percentage of the city's population identified that they did not have a religion, at 27.6% compared to 24.7% nationally...</p>	<p>Action to support a vibrant city events plan will be informed by religious beliefs and events.</p> <p>Local area Covid-19 governance also includes an Inclusion Working Group to review response actions for all protected characteristic groups.</p>	The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some of our most vulnerable/those impacted most by the pandemic.	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions commissioned, as required.</p> <p>There is a commitment within the plan to 'Publish a refreshed Inclusion and Equality Plan for the</p>																					

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<p>Sex - the effects on both men and women and boys and girls</p>	<ul style="list-style-type: none"> Working age males diagnosed with COVID-19 are twice as likely to die as females. Gender segregation in the labour market leads to different levels of exposure to Covid-19 for women and men. Women are more likely to be in temporary, part-time and unstable employment than men, which may impact employment post Covid-19. Women have a longer life expectancy than men, but they spend less years living in good health – they are more likely to need long-term care which may impact on the demand for services and social isolation (and associated risks). <p>Overall, based on the 2018 mid-year estimates a large proportion of Derby's population are female, but a higher proportion of the working age population is male.</p> <table border="1"> <thead> <tr> <th rowspan="2">Statistic</th> <th colspan="2">Derby</th> <th>EM</th> <th>GB</th> </tr> <tr> <th>Count</th> <th>%</th> <th>%</th> <th>%</th> </tr> </thead> <tbody> <tr> <td colspan="5">Population estimates</td> </tr> <tr> <td>Total Population</td> <td>257,200</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Male Population</td> <td>127,300</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Female Population</td> <td>129,900</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Population aged 16-64 (working Age): Total</td> <td>161,600</td> <td>62.9</td> <td>62.4</td> <td>62.9</td> </tr> <tr> <td>Population aged 16-64 (working Age): Male</td> <td>81,300</td> <td>63.8</td> <td>63.0</td> <td>63.6</td> </tr> <tr> <td>Population aged 16-64 (working Age): Female</td> <td>80,300</td> <td>61.9</td> <td>61.8</td> <td>62.2</td> </tr> </tbody> </table>	Statistic	Derby		EM	GB	Count	%	%	%	Population estimates					Total Population	257,200				Male Population	127,300				Female Population	129,900				Population aged 16-64 (working Age): Total	161,600	62.9	62.4	62.9	Population aged 16-64 (working Age): Male	81,300	63.8	63.0	63.6	Population aged 16-64 (working Age): Female	80,300	61.9	61.8	62.2	<p>Supporting individuals to thrive is a priority outcome within the plan, alongside supporting employment and reducing health inequalities – with actions to be focused in areas of identified need.</p> <p>Local area Covid-19 governance also includes an Inclusion Working Group to review response actions for all protected characteristic groups.</p>	<p>The plan is seeking to support improvements for all residents and communities within the city, with targeted activity for some of our most vulnerable/those impacted most by the pandemic.</p>	<p>The Recovery Plan will be a dynamic plan and any negative impacts identified by actions taken will be identified through regular monitoring will be identified and new actions commissioned, as required.</p> <p>There is a commitment within the plan to 'Publish a refreshed Inclusion and Equality Plan for the city', which will also allow the identification of any additional actions required to make sure that all</p>										
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				residents and communities are supported to positive outcomes.

Important - For any of the equality groups you don't have any information about, then please contact our Lead on Equality and Diversity for help. You can also get lots of information on reports completed from organisations' websites such as the Equality and Human Rights Commission, Stonewall, Press for Change, Joseph Rowntree Trust and so on. Please don't put down that the impact affects 'everyone the same' – it never does!

Step 3 – deciding on the outcome

7 What outcome does this assessment suggest you take? – You might find more than one applies. Please also tell us why you have come to this decision?

Outcome 1	X	No major change needed – the EIA hasn't identified any potential for discrimination or negative impact and all opportunities to advance equality have been taken
Outcome 2		Adjust the proposal to remove barriers identified by the EIA or better advance equality. Are you satisfied that the proposed adjustments will remove the barriers you identified?
Outcome 3		Continue the proposal despite potential for negative impact or missed opportunities to advance equality identified. You will need to make sure the EIA clearly sets out the justifications for continuing with it. You need to consider whether there are: <ul style="list-style-type: none"> • sufficient plans to stop or minimise the negative impact • mitigating actions for any remaining negative impacts • plans to monitor the actual impact.
Outcome 4		Stop and rethink the proposal when the EIA shows actual or potential unlawful discrimination

Why did you come to this decision? *The plan is supporting improved outcome for the city and council and will remain dynamic to ensure that it can appropriately support all.*

If you have decided on **Outcome 3**, then please tell us here the justification for continuing with the proposal. You also need to make sure that there are actions in the Mitigation Box to lessen the effect of the negative impact. This is so important and may face a legal challenge in the future.

If you have decided on **Outcome 4** then if the proposal continues, without any mitigating actions, it may be likely that we will face a legal challenge and possibly a Judicial Review on the process - it is so important that the equality impact assessment is done thoroughly, as this is what the Judge will consider.

Equality impact assessment form for quick decisions concerning COVID 19 – please read this section first before you do the assessment

We've adapted our usual equality impact assessment form so you can use it for quick decisions needed concerning COVID 19. Remember it needs to be completed **before** that decision is made, but we hope it will just act as a reminder that we still need to 'pay due regard to equality' under our **Public Sector Equality Duty** as this is still very much in force. The Equality and Human Rights Commission are keeping an eye on examples of discrimination and collecting evidence so it's important we still check for equality impact.

The Public Sector Equality Duty is part of the Equality Act 2010 and this Duty requires us as a public body to have '**due regard**' to eliminating discrimination, harassment and victimisation and any other conduct that is prohibited by or under the Act. It requires us to advance equality of opportunity and foster good relations between people who share a '**relevant protected characteristic**' and people who don't. Protected characteristics are age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Having 'due regard' means:

- removing or minimising disadvantages suffered by people due to their protected characteristics
- taking steps to meet the needs of people with certain protected characteristics where these are different from the needs of other people – this also involves taking account of disabled people's barriers and may involve treating some people more favourably than others to achieve this
- encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

We usually ask for teams to complete Equality impact assessments, but we realise this is not helpful for quick decisions to do with COVID 19 so you can complete them yourself, if you can't get a team together. Please ask Ann Webster, our Lead on Equality and Diversity for help and advice if you're not sure about something. You'll need to pull together all the information you can about how your proposal affects different groups of people so you can check whether they will be negatively or positively affected. Then you'll need to look at ways of lessening any negative effects or making the service more accessible. Against every negative impact you will need to complete the mitigation section to explain how you will lessen the impact and what action you will take.

When you have completed the assessment, get it signed by your Head of Service or Service Director and **send it to our Lead on Equality and Diversity for checking and to publish on our website**. It's a public document so make it easy to understand and no jargon please.

Contact for help

Ann Webster – Lead on Equality and Diversity
ann.webster@derby.gov.uk Tel 01332 643722 Mobile 07812301144

We can give you this information in any other way, style or language that will help you access it. Please contact us on: 01332 Minicom: 01332 640666

Polish

Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku. Prosimy o kontakt: Tel. tekstowy: 01332 640666

Punjabi

ਇਹ ਜਾਣਕਾਰੀ ਅਸੀਂ ਤੁਹਾਨੂੰ ਕਿਸੇ ਵੀ ਹੋਰ ਤਰੀਕੇ ਨਾਲ, ਕਿਸੇ ਵੀ ਹੋਰ ਰੂਪ ਜਾਂ ਬੋਲੀ ਵਿੱਚ ਦੇ ਸਕਦੇ ਹਾਂ, ਜਿਹੜੀ ਇਸ ਤੱਕ ਪਹੁੰਚ ਕਰਨ ਵਿੱਚ ਤੁਹਾਡੀ ਸਹਾਇਤਾ ਕਰ ਸਕਦੀ ਹੋਵੇ। ਕਿਰਪਾ ਕਰਕੇ ਸਾਡੇ ਨਾਲ ਟੈਲੀਫੋਨ ਮਿਲੀਕਮ 01332 640666 'ਤੇ ਸੰਪਰਕ ਕਰੋ।

Slovakian

Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Skontaktujte nás prosím na tel.č: Minicom 01332 640666

Urdu

یہ معلومات ہم آپ کو کسی دیگر ایسے طریقے، انداز اور زبان میں مہیا کر سکتے ہیں جو اس تک رسائی میں آپ کی مدد کرے۔ براہ کرم مٹی کام 01332 640666 پر ہم سے رابطہ کریں۔



Derby City Council

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