Derby City Council

Equality impact assessment form

Directorate	Corporate Services/People Services
Service area	HR and Social Care Commissioning Care Homes and Extra Care
Proposal	To introduce a vaccination policy for staff in response to Government legislation
Reason for proposal	To adhere with the regulations (The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021)
Sign off (Director/Head of Service)	Liz Moore
Date of assessment	11 October 2021

Please read the support notes to help you in Appendix 1 before completing your assessment

This EIA document relates to the Vaccination Policy. However, it is understood that this document may be used as a basis for the operational element of the mandatory vaccination process.

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 – Helen Bounds HR Lead Policy and Strategy

Other team members if appropriate

Name	Job title	Organisation	Area of expertise
Yvonne Short	Lead Commissioner Care Homes and Extra Care	Derby City Council	Commissioning of Care Homes and Extra Care Provision
Members of our Equality Hubs	Volunteers	Derby City Council	Equality and Diversity
Darren Allsobrook	Corporate Health and Safely Manager	Derby City Council	Health and Safety

Name	Job title	Organisation	Area of expertise
Pamela Thompson	Community Development Officer	Derby City Council	Equality and engagement

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 introduce a colleague vaccination policy which enables us to adhere with the regulations (The Health and Social Care Act 2008 (Regulated Activities) (Amendment) (Coronavirus) Regulations 2021) that require registered persons of all CQC registered care homes (which provide accommodation together with nursing or personal care) to ensure that a person does not enter the indoor premises unless they have been vaccinated unless they are exempt. • To create a more equitable level of vaccination status of care home staff in order to protect care home residents and the wider community • To reduce the likelihood of care home outbreaks, providing greater safety for care home users • Reduced cast of hospital treatments for both residents and workers • Reduced rate of transmission in the community • To protect Care Home Staff and Residents
2. Why do you need to make this decision?	In order to be legally compliant and to outline the Council's stance on vaccination and explain the role of and expectations on managers, HR and colleagues. The vaccination policy will take into account the legal aspects, for example, with respect to discrimination claims, as well as providing information on data protection and health and safety duties. A policy can potentially be objectively justified as a means of achieving the legitimate aim of staff health and safety. This vaccination policy can be part of the overall COVID-19 secure steps towards maximising the number of

	employees who can attend work safely. However, it is part of the overall matrix and not a substitute for other measures.
3. Who delivers/will deliver the changed service/policy including any consultation on it and any outside organisations who deliver under procurement arrangements?	Care home Managers and registered persons Derby City Council will monitor providers who deliver services to DCC customers
4. Who are the main customers, users, partners, colleagues or groups affected by this decision?	Colleagues employed by DCC deployed to care homes as part of their job role Residents and Staff in CQC-registered care homes: Staff working in care homes would be affected by any requirement to have the COVID-19 vaccination. If an employer is unable to redeploy the person outside the care home then this might lead to the person being dismissed. People might therefore feel pressured into accepting the vaccine or prefer to leave the workforce instead.

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 accessible for the equality groups, such as accessible locations, interpreters and translations, accessible documents.	We have informed impacted colleagues by letter and Trade Unions at regular intervals over the last few weeks. The draft Vaccination policy has been consulted on agreed with Trade Unions at the Policy Working Group on 3 September 2021. Individuals understand that Derby City Council need to be compliant with the regulations which come in on 11 November 2021. We have engaged with our Equality Hubs with this EIA In terms of communicating encouragement for the vaccine. We have: • Run an awareness campaign, drawing on NHS information, helping present a more powerful and persuasive case for vaccination and boosters.

	• Offered employees consistent, accessible and factual safety data which promotes the genuine achievement of science in producing an effective vaccine through links to Gov.UK websites, NHS information, sessions with Public Health Manager (Health Protection). Our Public Health team have put together a video with Dr Robyn Dewis, Director of Public Health answering staff questions which will believe give colleagues clear answers and will give you the information you need to know on Covid 19 and vaccinations. • Produced FAQ relating to COVID 19 vaccination • Allowed paid time off to attend vaccination appointment • Ensured that if colleagues have an adverse reaction won't be taken into account as part of any monitoring For Care Home Staff - The Government conducted a consultation between 14/4/21 and 20/5/21 The consultation and outcome are available in multiple languages via the gov.uk website Making vaccination a condition of deployment in older adult care homes - GOV.UK (www.gov.uk) The Government response has been to make legislative changes These changes come into effect from 11th November 2021 On 16/6/21 the Government published their EIA: Vaccination as a Condition of Deployment - Public Sector Equality Duty (publishing.service.gov.uk) This draws data from a variety of sources and identifies the impact across all of the protected characteristics.

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.

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
Age – older and younger people	We have identified that this policy is likely to have a significant impact based on age. Age is the dominant risk factor for serious illness and death as a result of COVID-19, as reflected in the JCVI's vaccine rollout prioritisation. Approximately four in five (79%) of residents receiving LA-commissioned care are aged 65 or over. This policy could therefore be expected to have a positive impact on residents in care homes for older adults, as well as on older staff, through the increased protection from COVID-19 due to increased staff vaccination. Levels of vaccine hesitancy in the general population are higher among younger people, possibly because they feel themselves at lower risk of death or adverse outcomes from COVID-19. One in 6 (17%) adults aged 16-29 years reported vaccine hesitancy; this was the highest of all age groups. Younger women are also reported to have higher levels of vaccine hesitancy, specifically related to fertility concerns.	**Yes**	**Yes**	We have provided information on COVID vaccination in various mediums (as described above) to encourage all age groups to be better informed about the vaccination benefit and risks to enable them to make informed decisions based on the scientific evidence provided by Government accredited scientists and virologists. We have dedicated pages on our intranet pages (Mi Derby) with links to Government and NHS information and regularly updated Frequently Asked Questions (FAQs) on Covid 19 vaccination. The UK's independent regulator, the MHRA, and the JCVI having both said that the benefits of the vaccine far outweigh the risks for the vast majority of adults Communications to care homes have been targeted to address specific concerns of staff. They have highlighted the potential benefits of receiving the vaccine to colleagues, service-users and patients, as well as to one's own family. These communications have included videos from care home workers, blogs sharing best practice for encouraging staff uptake, stories of staff who have overcome their own hesitancy, and first-person video diaries of staff getting vaccinated

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	There are 502 members of staff impacted by the mandatory Vaccination policy. The age profile breakdown is as follows: Age 16 to 30 8.56 % Age 31 to 40 16.73 % Age 41 to 50 25.3 % Age 51 to 60 36.06 % Age 61 to 71 13.35 % Of the 502 colleagues 78.5% are female and 21.5 % are male. JCVI guidance advised that under-40s with no underlying conditions should be offered an alternative to the Oxford/AstraZeneca vaccine where available. The risks associated with the Oxford/AstraZeneca vaccine for under 40s may increase vaccine hesitancy, particularly among young women, though the guidance to offer an alternative may mitigate this risk. The UK's independent regulator, the MHRA, and the JCVI having both said that the benefits of the vaccine far outweigh the risks for the vast majority of adults. Vaccines have now been made available anyone over 12 years of age. There is a significant programme of work underway to tackle vaccine hesitancy in the wider population. DHSC and NHS England and			

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	Improvement have developed communications tailored to social care audiences whom stakeholders have told us are hesitant about getting the vaccine, including people from Black, Asian, and Minority Ethnic communities and women of childbearing age. These groups make up a significant proportion of the care home workforce. To encourage voluntary vaccine uptake in younger people, and therefore reduce negative impacts, communications to care homes have been targeted to address specific concerns of staff. They have highlighted the potential benefits of receiving the vaccine to colleagues, service-users and patients, as well as to one's own family. These communications have included videos from care home workers, blogs sharing best practice for encouraging staff uptake, stories of staff who have overcome their own hesitancy, and first-person video diaries of staff getting vaccinated.			
Disability – the effects on the whole range of disabled people, including Deaf people, hearing impaired people, visually impaired people, people	We have identified that this policy is likely to have a significant positive impact on staff and disabled citizens. 21.7 % of the colleagues impacted by this policy are disabled people Although we lack data on the proportion of staff whose impairment prevents			Issues with access to vaccine information have been mitigated by ensuring all guidance and information is readily available in a variety of formats such as easy read, large print, as well as being accessible via screen readers. As a local Authority, we have played a large part in delivering the vaccination programme and there are a number of vaccination sites near to the City Centre.

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
with mental health issues, people with learning difficulties, people living with autism and people with physical impairments	them from receiving the COVID-19 vaccine, this policy would have a positive impact on them if a greater number of their colleagues were vaccinated and therefore provided them with some protection. 21% of care home residents with care commissioned by the LA are working age disabled adults A similar positive impact would accrue to disabled residents of care homes, including working age adults. Disabled colleagues who are clinically advised against vaccination would be exempt from this policy. However, some disabled staff may have clinical concerns regarding the vaccine that could make them less willing to be vaccinated or prevent them from having the vaccine, including allergies to ingredients in the vaccines or to other unidentified substances. This could lead to them being advised against vaccination with a specific vaccine or against vaccination entirely. Immunocompromised staff may be reluctant to accept the vaccine due to concerns they will not have a significant immune response or concerns around live vaccines in general. Some disabled staff may face access issues meaning they are less likely to have had the vaccine prior to this policy being implemented. This could include lack of information in an accessible format or			The policy could force staff to disclose their impairments to management, with the risk of less favourable treatment by their employer or colleagues. A potential mitigation would be to allow staff to provide their employer with proof of medical exemption, without revealing the reason for it. On a temporary basis, from 15 September 2021, people working or volunteering in care homes who have a medical reason why they are unable to have a COVID-19 vaccine will be able to self-certify that they meet the medical exemption criteria, using the forms which do not require them to divulge their medical condition. Care home workers who are exempt will need to sign the form attached to this letter and give this to their employer as proof of their temporary exemption status. This temporary self-certification process has been introduced for a short period prior to the launch of the new NHS COVID Pass system which went live on 1 October 2021. On 15 September, the Department of Health and Social care provided a list of medical exemptions. While this list is not exhaustive, examples of medical exemptions from COVID-19 vaccination could include individuals: • Receiving end of life care where vaccination is not in the individual's interests. • With people with learning difficulties or those living with autism, or with a combination of impairments which result in the same distress, who find vaccination and testing distressing because of their condition and cannot be achieved through reasonable adjustments such as provision of an accessible environment.

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	practical barriers such as difficulty in travelling to appointments at vaccination centres. This policy would not advance equality between staff who are disabled people and those who are not. It could work against workforce cohesion and good relations between staff, with negative impacts on the wellbeing of disabled staff if tensions arise between vaccine exempt staff and those who are not exempt.			• With medical contraindications to the vaccines such as severe allergy to all COVID-19 vaccines or their constituents. Time-limited exemptions will be available for those with short-term medical conditions (e.g. people receiving hospital care or receiving medication which may interact with the vaccination). https://www.gov.uk/government/publications/temporary-medical-exemptions-for-covid-19-vaccination-of-people-working- We have dedicated pages on our intranet pages (Mi Derby) with links to Government and NHS information and regularly updated Frequently Asked Questions (FAQs) on Covid 19 vaccination. Within this information we have provided links to each vaccine ingredients. For Care Home Staff, although there is a lack of data on the proportion of disabled colleagues who are prevented from receiving the COVID-19 vaccine, this policy would have a positive impact on them if a greater number of their colleagues were vaccinated and therefore provided them with some protection.
Gender identity- trans and those people who don't identify with a particular gender, for example, non-binary, genderfluid, genderqueer,	There is also no evidence that this group experiences higher levels of vaccine hesitancy. However, there is some evidence that people with this protected characteristic are more likely to have negative interactions with healthcare staff and are less likely to seek testing or treatment for COVID-			Access barriers to the vaccine are being mitigated by ensuring vaccination is repeatedly encouraged through the workplace. In addition, communications should accurately address the gender identity of the recipient, using the correct titles and names, and gender-neutral language where appropriate (i.e., "dear recipient" as opposed to "dear Sir/Madam"). Communications to the workforce tend to address recipients as 'Colleague' which

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
polygender and those who are questioning their gender or non-gendered identity.	19 for this reason. As a result, they may not be registered with a GP, or may be less likely to respond to a GP letter inviting them to have the vaccine. As a result, they are at greater risk of employer action to implement the policy and at increased risk of losing their jobs due to not being vaccinated. Although, due to the lack of data available, it remains a challenge to determine the full impact of the policy.			is a gender-neutral term of address. If these mitigations are being carried out, there is unlikely to be a higher impact on people with this characteristic than those without
Marriage and Civil Partnership	There is no current evidence that making COVID-19 vaccination a condition of work will have a greater or lesser impact depending on marital and partnership status.			
Pregnancy and maternity - women who are pregnant or who have recently had a baby, including breast feeding mothers	We have identified that this policy is likely to have a significant impact on pregnancy and maternity as already mentioned, the social care workforce is predominantly female. Hence the incidence of pregnancy and maternity among the workforce is higher than among the population at large. Women are also more likely to be responsible for childcare than men, which could impact an individual's ability to travel and receive a vaccine, particularly during the pandemic, and given the disruption to schools, nurseries, and childcare services. Women with children are also more likely to work part-time, with 3 in 10 mothers stating they have reduced			A time-limited exemption is available for pregnant women should they choose to take it. https://www.gov.uk/government/publications/temporary-medical-exemptions-for-covid-19-vaccination-of-people-working-

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	working hours due to childcare. The high proportion of women of child-bearing age among the social care workforce, and the related pregnancy, maternity and childcare responsibilities could mean that this group is significantly impacted by a move to make vaccination a condition of work. Hence, they are more likely to face enforcement action by their employer if they do not consent to vaccination. There is a serious risk of discrimination against those who do not wish to take the vaccine due to pregnancy or maternity issues, such as breastfeeding. Advice on vaccination during pregnancy was updated on 16 April 2021, to say that pregnant people should be offered the vaccine at the same time as people of the same age or risk group. Previously, routine vaccination during pregnancy was not advised. The advice recommends that those who are breastfeeding are informed about the lack of data on the safety of the vaccine while breastfeeding. Given this, pregnant and breastfeeding employees working in social care may be less likely to have already been vaccinated against COVID-19. A requirement to have the vaccine would be likely to cause significant anxiety in pregnant and breastfeeding staff. The Joint			

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	Committee on Vaccination and Immunisation (JCVI) has advised that pregnant women should be offered the COVID-19 vaccine at the same time as the rest of the population, based on their age and clinical risk group. There have been no specific safety concerns identified with any brand of COVID-19 vaccines in relation to pregnancy. Real-world data from the United States show that around 90,000 pregnant women have been vaccinated, mainly with mRNA vaccines including Pfizer-BioNTech and Moderna, without any safety concerns being raised. Based on this data, the JCVI advises that it is preferable for pregnant women in the UK to be offered the Pfizer-BioNTech or Moderna vaccines where available. The regulations will apply to all staff working in a CQC-regulated care home for people requiring nursing or personal care in England, including those who are pregnant, unless they have a medical reason not to be vaccinated. There is no evidence to suggest the vaccines can cause problems with fertility. The British Fertility Society (BFS) and Association of Reproductive and Clinical Scientists (ARCS) say there is absolutely no evidence, and no			

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	theoretical reason, that any of the vaccines can affect the fertility of women or men.			
Race - the effects on minority ethnic communities, including newer communities, Gypsies and Travellers and the Roma community	We have identified that this policy is likely to have a significant impact on minority ethnic communities. Workforce data from Skills for Care shows a diverse range of ethnic origins across the care sector. The ethnic origin of those 502 colleagues who are deployed in care homes are broken down as follows: Asian or Asian British 9.96 % Black or Black British 12.94 % Mixed or Multiple ethnic groups 2.39 % Not Stated 2.19 % Other Ethnic Groups 0.99 % White 71.51 % Government evidence suggests that vaccine hesitancy is highest among Black people, people of Pakistani and Bangladeshi heritage, and non-UK/Irish White ethnic groups. A variety of reasons have been suggested as part of the consultation that the government undertook, including lack of trust in the safety and efficacy of vaccines and a wider lack of trust in authority. A higher proportion of staff from ethnic minority groups could therefore face action from			Ensuring culturally and linguistically appropriate materials about the COVID-19 vaccine are available to social care settings could provide reassurance to these staff and help mitigate the impact. Some of the impacts of COVID-19 vaccination as a condition of deployment could be mitigated by ensuring culturally and linguistically appropriate materials about the COVID19 vaccine are available in social care settings. There is an NHS anti-disinformation drive and a national equalities board dealing with the disproportionate impact of the virus on ethnic minority communities. There has been significant work done within communities to challenge disinformation and provide positive messages from community leaders to encourage vaccine uptake. Vaccine hesitancy among people in minority ethnic communities is being addressed through targeted communications, partnership working with community leaders and sharing the personal stories of social care workers from minority ethnic communities who have been vaccinated.

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	their employers or lose their jobs for refusing to take the vaccine. Vaccine hesitancy among people in minority ethnic communities is being addressed through targeted communications, partnership working with community leaders and sharing the personal stories of social care workers from minority ethnic communities who have been vaccinated. A relatively high proportion of social care workers who have English English as an additional language. Hence, they may have difficulty interpreting information and guidance about the COVID-19 vaccine. To mitigate this risk, advice and other communications have been issued on a variety of platforms including TV, radio, and social media in 13 languages including Bengali, Chinese, Filipino, Gujarati, Hindi, Mirpuri, Punjabi and Urdu. Print and online material, including interviews and practical advice have appeared in over 600 national, regional, local and specialist titles including media for Black, Asian, Bangladeshi, Bengali, Gujarati, Pakistani and Eastern European communities. The relatively high level of vaccine hesitancy among non-UK/Irish White ethnic groups could arise from negative opinions about vaccines in other European countries.			

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	Targeted communications and working in partnership with community leaders and sharing personal stories of social care workers from minority ethnic communities receiving the vaccination are also helping to build trust and drive vaccine uptake. However, there is a risk that issues such as lack of trust could be exacerbated by this policy. There is likely to be a significant effect on this cohort regardless of mitigations carried out, with regards to Public Sector Equalities Duties 1, 2 and 3: 1. Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010; 2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; 3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it. It is recognised that within the Black African and Black Caribbean communities some concerns are being identified as vaccine hesitancy that would more appropriately be identified as a need for more information to create a better understanding on which to base their decisions.			

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	There is also some concern that the impact of poor uptake within communities will lead to further health inequalities. It may also lead to a restriction in employment opportunities available to those groups.			
Religion or belief or none - the effects on religious and cultural communities, customers and colleagues	We have identified that this policy is likely to have a significant impact based on religion or belief. A number of people may be opposed to vaccination in principle due to their beliefs, either religious or nonreligious. These beliefs could encompass concerns about safety, scepticism about vaccine efficacy, germ theory, lack of trust in conventional medicine, a belief that immunity acquired through disease is superior to vaccine-acquired immunity, belief in conspiracy theories or other factors. Some religious groups, such as Muslims, Jews and Hindus, or people whose dietary practice is vegan or vegetarian could also refuse vaccination due to the reported presence of animal products, or by-products, or alcohol in COVID-19 vaccines. Concerns around the use of foetal cell cultures to manufacture the vaccine have also been noted. Colleagues who are deployed in care homes who follow religions or hold beliefs that may make them reluctant to			We have provided links on our FAQs to each vaccine ingredients **https://iderby.derby.gov.uk/coronavirus/faqs/vaccine/**

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
	take the Covid 19 vaccination are presented below. • Buddhist 0.99 % • Christian 29.48 % • Jewish 0.99 % • Muslim 2.19 % • Sikh 1.59 % • No religion 19.92 % • Other religion 1.99 % • Not known / not stated 44.4 % People who hold these beliefs may therefore be likely to feel compelled to have a vaccine they do not want, or to lose their jobs, as a result of this policy. Staff may also face a situation in which they have to reveal their religion or beliefs to employers against their will, potentially exposing themselves to stigma or harassment from employers and colleagues who do not hold the same beliefs. The Muslim Council of Britain has shared information from the British Islamic Medical Association recommending that Muslims can take the Oxford/AstraZeneca vaccine. The Vatican has also announced that Catholics may use vaccines derived from foetal cell lines where alternatives are not available.			

People with protected characteristics	What do you already know?	Positive impact	Negative impact	Mitigation - what actions will you take to lessen impact?
Sex - the effects on both men and women and boys and girls	We have identified that this policy is likely to have a significant impact on women. There are many more women than men in the social care workforce. The adult social care workforce in 2019/20 comprised 82% female and 18% male workers. As a result, more women will be impacted than men by a policy requiring COVID-19 vaccination in care homes. There is also some evidence that women have higher rates of vaccine hesitancy than men, and they may also face more barriers to accessing the vaccine. According to the Office of National Statistics, in 2019, two thirds (62%) of 'sandwich-carers' were women, (those who care for both sick, disabled or older relatives and dependent children). The state of the adult social care sector and workforce in England (skillsforcare.org.uk) impact an individual's ability to travel and receive a vaccine, particularly given recent disruption in schooling, nurseries and childcare services. The impact of a vaccine as a condition of deploying staff to work in a care home could lead to women being disproportionately at risk of facing enforcement action at work and potentially losing their jobs. Access issues are being mitigated by ensuring staff can receive their vaccine during work hours, either on-site or with			

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	transport provision to a vaccination centre, as well as by reopening the National Booking Service to allow staff to select convenient appointments. Staff can also book vaccinations through the National Booking Service at a time and a place which is convenient to them. Vaccine hesitancy is being tackled by investigating the causes of vaccine hesitancy among women working in social care and addressing these through targeted communications. It should be noted that, although women are more likely to admit to vaccine hesitancy, they are also more likely to have been vaccinated. Of the 502 colleagues effected by the policy 78.50% are female and 21.50% are men. Given that vaccination rates are likely to be higher among men than women, vaccination as a condition of deployment might disproportionately boost vaccine uptake amongst men.			
Sexual orientation - the effects on lesbians, gay men, bisexuals, pansexual, asexual and those	2.4 % of the DCC staff deployed to the care homes are from the LGBTQ+ community. There is no data on the prevalence of vaccine hesitancy by sexual orientation. According to the Department of Heath and Social Care, one in seven LGBT people (14%) say that they have avoided treatment for			

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questioning their sexuality	fear of discrimination on the grounds of sexual orientation. Further, one in five (19%) of LGBT people have not disclosed their sexual orientation to any healthcare professional when seeking health care. If these figures are also true for LGBT care staff, this policy may have an impact on them as they may be less likely to already be vaccinated or may face 10 Statistics » COVID-19 Vaccinations (england.nhs.uk additional access barriers to vaccination. Given that individuals are not required to disclose their sexual orientation to healthcare professionals, it remains a challenge to determine the full impact of the policy.			

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		**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	**Yes**	**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: • 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?

We appreciate that there will be the potential for discrimination and have taken all available action to mitigate against this. However, there is some concern that there are some areas of impact that cannot be mitigated for example in relation to the disproportionate impact on some minority ethnic individuals and those with particular religious beliefs.

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.

This vaccination policy is in response to legislation that all individuals who are deployed in care homes be double vaccinated against Covid 19 unless they are exempt and we will be breaking the law if we allow unvaccinated colleagues to enter a care home.

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.

Appendix 1

Equality impact assessment form– please read this section first before you do the assessment

This is our equality impact assessment form to help you equality check what you are doing when you are about to produce a new policy, review an older one, write a strategy or plan or review your services and functions. In fact, you need to do an equality impact assessment whenever a decision is needed about our services and functions that affects people and **before** that decision is made. This also includes quick Covid 19 related decisions.

We use the term 'policy' as shorthand on this form for the full range of policies, practices, plans, reviews, activities and procedures.

Policies will usually fall into three main categories…

- Organisational policies and functions, such as recruitment, complaints procedures, re-structures.
- Key decisions such as allocating funding to voluntary organisations, budget setting.
- Policies that set criteria or guidelines for others to use, such as criteria about school admissions, procurement methods, disabled facilities grants, on street parking bays.

So why do we need to do equality impact assessments? Although the law does not require us to do them now, the courts still place significant weight on the existence of some form of documentary evidence of compliance with the **Public Sector Equality Duty** when determining judicial review cases. This method helps us to make our decisions fairly, taking into account any equality implications, so yes we still need to complete them.

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. The nine protected characteristics are age, disability, gender identity, marriage and civil partnership, pregnancy and maternity, race religion and 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

- encouraging people with certain protected characteristics to participate in public life or in other activities where the participation is disproportionately low.

This completed form should be attached to any Corporate Leadership, Senior Leadership, Cabinet or Personnel Committee report to help decision makers take the equality implications into account when they make the decision. Equality impact assessments **must be done before** decisions are made.

You'll find that completing these assessments will help you to:

- understand your customers' and communities needs
- develop service improvements
- improve service satisfaction
- demonstrate that you have been fair and open and considered equality when working on re-structuring
- make sure you pay due regard to the requirements of the Public Sector Equality Duty.

Unless this is a quick Covid 19 decision, don't do the form by yourself. Get a small team together and make sure you include key people in the team such as representatives from our Equality Hubs and Forums and employee networks and you could invite trade union representatives too – the more knowledge around the table the better. You also need to decide how and who you will consult with to help inform the equality impact assessment. Our Lead on Equality and Diversity can help with useful contacts – we have a team of people who are used to doing these assessments and can help with information on barriers facing particular groups and remedies to overcome these barriers.

You'll need to pull together all the information you can about how what you are assessing affects different groups of people and then examine this information to check whether some people 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 – this is where your assessment team is very useful and you can also use the wider community. Against every negative impact you will need to complete the mitigation section to explain how you will lessen the impact.

Agree an equality action plan with your assessment team, setting targets for dealing with any negative effects or gaps in information you may have found. Set up a way of monitoring these actions to make sure they are done and include them in your service business plans.

Remember, we need to complete these assessments as part of our everyday business, so we get our equality responsibilities right and stay within the law – Equality Act 2010. If in doubt – it's better and safer to do an Equality Impact Assessment than not to bother! You never know when we may get a legal challenge and someone applies for Judicial Review.

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 is a public document so must not contain any jargon and must be easy to understand.

Contact for help

Ann Webster – Lead on Equality and Diversity
ann.webster@derby.gov.uk
Tel 01332 643722 mobile 07812301144
Sign Language Service

We can give you this information in any other way, style or language that will help you access it. Please contact us on **01332 643722, 07812301144** or **derby.gov.uk/signing-service/**

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 ਇੱਥੇ ਸੰਪਰਕ ਕਰੋ: **01332 64XXXX** ਜਾਂ **derby.gov.uk/signing-service/**

Polish
Aby ułatwić Państwu dostęp do tych informacji, możemy je Państwu przekazać w innym formacie, stylu lub języku. Prosimy o kontakt: **01332 64XXXX** lub **derby.gov.uk/signing-service/**

Slovak
Túto informáciu vám môžeme poskytnúť iným spôsobom, štýlom alebo v inom jazyku, ktorý vám pomôže k jej sprístupneniu. Prosím, kontaktujte nás na tel. č.: **01332 64XXXX** alebo na stránke **derby.gov.uk/signing-service/**

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 **01332 640000** یا **derby.gov.uk/signing-service/** پر ہم سے رابطہ کریں