Enfield Council – Retrospective Equality Impact Assessment / Analysis

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<th>Department:</th>
<th>FRCS</th>
<th>Service:</th>
<th>Data and MI</th>
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<tbody>
<tr>
<td>Author:</td>
<td>Sam Buckley</td>
<td>Date completed:</td>
<td>11th May 2016</td>
</tr>
<tr>
<td>Contact name:</td>
<td>Sam Buckley</td>
<td>Contact phone number:</td>
<td>020 8379 3362</td>
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About the service

1. Brief description of the service covered by this assessment.

The Data and Management Information Hub compiles, verifies, quality assures and completes data and management information for statutory returns, business critical data reporting, operational and performance reporting. The Hub also works closely with other central hubs and departments to ensure that the Council’s data and management information needs are delivered to a high standard; and is working alongside IT to automate and streamline the Council’s data requirements.

2. Please list the main partners, council departments, organisations and service user or target groups for this service.

All council Departments and HUBS and CCG, Health and NHS Trusts. We provide Back office support.

3. If the service is provided by another organisation or agency please give their names and how you ensure they comply with the Council’s Equal Opportunities and Valuing Diversity policy

N/A

4. Please list any performance objectives / targets relating to equality that your service has / uses.

If as a result of this assessment you are going to introduce new targets, please detail these in your action plan at the end of this form.

We do not have any specific performance objectives. We will provide equalities data for services through our reporting mechanisms if requested.

Equalities data collection and monitoring

5. Does your service collect data from service users/applicants for equalities monitoring purposes? No

If YES please detail below how and when this data is collected and where it is stored e.g. equalities data is collected at application stage and entered into the SAP database.
We do not collect information ourselves direct from service users but are able to report on this information from the source systems. The data remains the responsibility of the service but we can extract and manipulate the information as they need it.

6. **Does your service carry out equalities monitoring to review the take up / accessibility of your service?**  
   **NO**  
   If YES please detail which aspects of your service are monitored and how frequently, then proceed to Q8. If NO please complete Q7.

We do not collect information ourselves direct from service users but are able to report on this information from the source systems. The data remains the responsibility of the service but we can extract and manipulate the information as they need it.

7. **If your service does NOT monitor equalities, please detail how you comply with the Council’s Equal Opportunities and Valuing Diversity policy and how you achieve the council’s aim of ‘Fairness for all’ - serving the whole borough fairly and tackle inequality**

We are a back office function that provides support to all council departments and services through work programmes and agreed service standards.

8. **Monitoring information:**

   Indicate **YES**, **NO** or **NA** (Not Applicable) for each characteristic

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<tr>
<th>Characteristic</th>
<th>Disability</th>
<th>Gender</th>
<th>Age</th>
<th>Race</th>
<th>Religion &amp; Belief</th>
<th>Sexual Orientation</th>
<th>Gender reassignment</th>
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Does monitoring enable you to **profile** service users / applicants by the following characteristics?*

Does monitoring enable you to **profile** the **satisfaction** of service users by the following characteristics?*

Does a comparison against baseline demographic data show that service users are representative of the local population in relation to the following characteristics?

Does monitoring show that there are any under-represented groups within the following characteristics?

**IF YES PLEASE LIST THE ACTIONS YOU ARE TAKING/WILL TAKE TO ADDRESS UNDER-REPRESENTATION OF PROTECTED GROUPS IN THE ACTION PLAN AT THE END OF THIS ASSESSMENT.**

* If you do not include all protected characteristics in your equalities monitoring please explain why below:

We can report on a number of these protected characteristics from the source systems that we have access to and can report on. Each system will record different information so we will be able to report on what information is held within each system.
### Equalities impact

#### 9. Protected characteristics equalities impact:

Please indicate **YES**, **NO** or **NA** (Not Applicable) for each characteristic.

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Do satisfaction levels identify any concerns arising from vulnerable groups within the following characteristics?

Does your evidence show an adverse impact on any group/s within the following characteristics?

Are there known or potential barriers to participation for any group/s within the following characteristics?

**IF YES PLEASE LIST THE ACTIONS YOU ARE TAKING/WILL TAKE TO MITIGATE ADVERSE IMPACTS / BARRIERS / CONCERNS IN THE ACTION PLAN AT THE END OF THIS ASSESSMENT.**

We can report on a number of these protected characteristics from the source systems that we have access to and can report on. Each system will record different information so we will be able to report on what information is held within each system.

#### 10. Could the service or policy discriminate, directly or indirectly, according to the accompanying definitions? **YES / NO**

If **YES**, please set out how it is justifiable under legislation in the box below.

N/A – Back office function

#### 11. Could the service or policy have an adverse impact on relations between different groups / community cohesion? **YES / NO**

If **YES**, describe below and add any actions to mitigate this impact in your action plan.

N/A – Back office function

#### 12. Have you received any complaints about your service in respect of equality issues? **YES / NO**

If **YES**, please give a brief description and what action has been taken as a result.

N/A – Back office function
13. **How does the service contribute to eliminating discrimination, advancing equality of opportunity and fostering good relations between different groups in the community?**

We provide the data and in conjunction with the performance hub the analysis that allows strategic decisions to be taken.

14. **Please give specific examples of success / best practice your service can evidence in terms of ‘narrowing’ the gap through improved outcomes / reduced inequality for service users**

N/A – Back office function, we may well provide reports and stats that enable services to demonstrate this such as achievement in Schools where reports will show the performance of different ethnic groups.

15. **Does your service or policy provide financial support for the protected groups?** YES / NO

If YES, please list below and the value of the financial support.

N/A

16. **Socio-economic equalities impact:**

Indicate YES, NO or NA (Not Applicable) for each characteristic

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Communities living in deprived wards/areas</th>
<th>People not in employment, education or training</th>
<th>People with low academic qualifications</th>
<th>People living in social housing</th>
<th>Lone parents</th>
<th>People on low incomes</th>
<th>People in poor health</th>
<th>Any other socio-economic factor</th>
<th>Please state</th>
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**Does the service or policy specifically impact on people / communities disadvantaged through the following socio-economic factors?**

**Does the service / policy contribute to promoting equality of opportunity for the following groups?**

17. **If YES answered above – please describe the impact (including any positive impact on social economic inequality) and any mitigation if applicable**

We can report on a number of these Socio-Economic factors from the source systems that we have access to and can report on. Each system will record different information so we will be able to report on what information is held within each system.
### Consultation and engagement

18. Please list any recent consultation activity on your service, any specific equalities groups that were targeted, how the results have been publicised and what action has been taken in response to the results. (Please state the source of data)
   (If more information is needed to understand the views of disadvantaged groups please add this to your action plan)

N/A – Back Office function

### Staff training and development

19. Please set out below the staff training undertaken on equalities.
   If there is a need for additional staff training please details this in your action plan.

Evidence of staff training:

Staff when joining the hub were encouraged to attend Equalities training and made aware of the training and development offer which includes prescribed courses on Equality and Diversity

Outcomes from such training:

### Review and publicity

20. Please set out in your action plan when you will review this assessment and how it will be publicised
   (Note: all EQIAs sent to the Performance Management Team are published on the Council’s website)

N/A
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Action plan template for existing services

Name of service/policy: ...............................................................................................................................................................................

Team: ................................................................................................................. Department: ........................................................................................

Service manager: ..............................................................................................

<table>
<thead>
<tr>
<th>Identified Issue</th>
<th>Action Required</th>
<th>Lead Officer</th>
<th>Timescale/By When</th>
<th>Costs</th>
<th>Review Date/Comments</th>
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<tr>
<td>Publicity of this assessment and when it will be reviewed</td>
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Please insert additional rows if needed

Date to be reviewed: ..................................

APPROVAL BY THE RELEVANT ASSISTANT DIRECTOR - NAME: Isabel Brittain ........... SIGNATURE: ..........................................................