



WALTHAM FOREST COUNCIL FULL EQUALITY ANALYSIS (EA) TEMPLATE

Decision

Date

What is an Equality Analysis (EA) for? [Double click here for more information / Hide](#)

The Council must have due regard to its Public Sector Equality Duty (PSED) when making decisions at member and officer level. An EA is the best method by which the Council can provide the evidential analysis to comply with the equality duty, particularly for major decisions. However, the level of analysis required should only be proportionate to the relevance of the duty to the service or decision. Some decisions will require detailed equalities consideration, e.g. a decision on adult

social care provision or reduction of grants to voluntary organisations, whereas the performance of other functions will have less of an equalities impact, e.g. the appointment of committees where only a limited assessment is required. In rare cases, the Courts have said there may be no impact. If you think this may be the case, then you should undertake the EA screening process first to determine if you need to complete this full EA and have a rational basis for this conclusion.

What is the Public Sector Equality Duty (PSED)? [Double click here for more information / Hide](#)

The public sector equality duty (s.149, Equality Act 2010) requires the Council, when exercising its functions, to have “due regard” to the need to:

5. eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited under the Act,
6. advance equality of opportunity between those who share a “protected characteristic” and those who do not share that protected characteristic and
7. foster good relations between persons who share a relevant protected characteristic and persons who do not share it (this involves having due regard, in particular, to the need to (a) tackle prejudice, and (b) promote understanding).

These are collectively referred to in this EA as the equality aims. Advancing equality (the second equality aim) involves having due regard, in particular, to the

need to:

- Removing or minimising disadvantages suffered by people due to their protected characteristic
 - Taking steps to meet the needs of people from protected groups where these are different from the needs of other people including steps to take account of disabled people’s disabilities *and*
 - Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low
- NB Please note that, for disabled persons, the Council must have regard to the possible need for steps that amount to positive discrimination, to “level the playing field” with non-disabled persons, e.g. in accessing services through dedicated car parking spaces.

IMPORTANT NOTES:

1. **THIS FRONT SHEET IS AN ESSENTIAL PART OF THE EA – COMPLETE THE TEMPLATE AND SUBMIT IT AS A SINGLE DOCUMENT.**
2. **IN RARE CASES, WHEN COMPLETING THE ASSESSMENT IT MAY BECOME APPARENT THAT THE RECOMMENDATIONS WOULD LEAD TO UNLAWFUL DISCRIMINATION E.G. A PROPOSAL TO PAY MEN MORE THAN WOMEN. IF SO, STOP, RECONSIDER YOUR PROPOSAL AND SEEK ADVICE.**

THE HEAD OF SERVICE OR DIRECTOR WHO IS RESPONSIBLE FOR MEMBER LEVEL REPORTS MUST BE SATISFIED WITH THE FINALISED EQUALITY ANALYSIS AND FOR MAJOR PROPOSALS, IT IS SENSIBLE TO ENSURE YOUR LEAD MEMBER HAS BEEN CONSULTED.



Fostering good relations [Double click here for more information / Hide](#)

Fostering good relations involves having due regard, in particular, to the need to tackle prejudice and promote understanding.

Protected Characteristics [Double click here for more information / Hide](#)

Protected Characteristics defined in the Act are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation. Marriage and civil partnership are also a protected characteristic for the first equality aim to eliminate discrimination.

Guidance on compliance with the PSED for officers and decision makers [Double click here for more information / Hide](#)

To comply with the duty, the Council must have “due regard” to the three equality aims. This means the PSED must be considered as a relevant factor in a decision alongside other relevant matters such as budgetary, legal, economic and practical implications. What regard is “due” will depend on the circumstances of each proposal and importance of equalities to the decision being taken. Some key principles for compliance during the decision-making process are set out below:

1. The duty is mandatory and important and must be met by the decision-maker and not delegated.
2. EAs must be evidence based and accurate – negative impacts must be fully and frankly identified so the decision-maker can fully consider their impact.
3. There must be an assessment of the practical impact of decisions on equalities, measures to avoid or mitigate negative impact and their effectiveness.
4. There must be compliance with the duty when proposals are being formulated by officers and then by members or officers when taking the decision: the Council cannot rely on an EA produced after the decision is made but sometimes a “provisional” EA is appropriate e.g. before consultation on a proposal.
5. Officers and members making a decision where there is an equality impact must give conscious and open minded consideration to the impact of the duty on the decision, e.g. be prepared to change or amend a decision although negative equalities impacts does not stop a decision being made (see 7).
6. The duty is **not**, however, to achieve the three equality aims but to take them into account when making the final decision – therefore, **the duty does not stop difficult but justifiable decisions being made.**
7. The decision maker may take into account countervailing (i.e. opposing) factors that may objectively justify taking a decision which has negative impact on equalities, e.g. financial targets, value for money or service needs.
8. The duty is ongoing: EAs should be reviewed over time and there should be evidence of how impact will be monitored after the decision.
9. The above is a general guide to this changing area of law. You should also refer to the Council’s EA Page <http://forestnet.lbwf.gov.uk/index/residents-first/equalities/equality-analysis.htm> for more detailed guidance, and specific advice from the Council’s Equalities Lead should be sought on complex issues.

What to do if your proposal is scheduled for Cabinet/Committee? [Double click here for more information / Hide](#)

The EA should be appended to the Cabinet or Committee report and the key findings from it should be set out in the “Equalities Implications” section of the report. This will ensure that the decision-makers are made fully aware of any equality impacts and/or any mitigation action proposed prior to making a decision.

NOTE: Failure to complete an EA and implications section adequately or at all is likely to result in the deferral of consideration of the report as it places in doubt the legality and effectiveness of the overall decision.

The Proposals [Click and hover over the questions to find more details on what is required](#)

1. What is the Proposal?

The proposal is to re-commission sexual health services in collaboration with neighbouring boroughs as part of the London Sexual Health Transformation Programme.

2. What are the recommendations?

To merge the GUM clinic at Whipps Cross with Newham and Tower Hamlets, and relocate them in larger specialist sexual health clinics in Stratford and Whitechapel. These new clinics will have greater capacity, be open for longer and serve residents of all four boroughs (including Redbridge). It should be noted that the current proposed Stratford site, while not technically within Waltham Forest, is within 5 minutes walk of the borough boundary.

To provide one local Waltham Forest sexual health clinic that will mainly focus on contraception, STI testing and treatment for uncomplicated STI such as Chlamydia. This will subsequently be expanded so that we have one in Chingford, Walthamstow and Leyton/ Leytonstone.

To introduce the ability to order Sexually Transmitted Infection (STI) home testing kits online.

3. Who is affected by the Proposal? *Identify the main groups most likely to be affected by the recommendations, directly and indirectly.*

Sexual health services are open access and universal. However, the groups with most sexual ill-health are young people and men who have sex with men

Age [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics: Waltham Forest has an estimated total population of 271,200 as at 2015. It has a higher proportion of young and working-age people compared to the national average but similar to the London as a whole. The median age of residents is 34.1 years compared to the London average of 34.6 years and the UK average of 40 years.

	Waltham Forest	Waltham Forest (%)	London (%)	England and Wales (%)
Aged 0-4	22,100	8%	7%	6%
Aged 5-15	37,000	14%	13%	13%
Aged 16-24	28,800	11%	11%	11%
Aged 25-49	115,400	43%	42%	34%
Aged 50 – 64	40,000	15%	15%	18%
Aged 65+	27,900	10%	12%	18%
Total	271,200	100%	100%	100%

Source: 2014 Mid-year population estimates, Office for National Statistics

[Double click here to show borough wide statistics / hide statistics](#)

Age *Click and hover over the questions to find more details on what is required*

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

40% of diagnoses of new STIs in Waltham Forest were in young people aged 15-24 years.

What is the proposal’s impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Sexual health services are open access to people of all ages. The proposals will have a positive impact on young people, who have a higher burden of sexual ill-health.

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

We have introduced online testing for STIs, which many young people have told us they prefer. This e-service will offer an increased opportunity to provide home sampling for STIs, which will be of benefit for people of older ages as well, who may not be able to visit a clinic for any reason. Anyone who tests positive will be referred to a clinic.

Self-sampling kits will be made available in sexual health clinics, GP practices and community pharmacies. This would meet the needs of those who commented in the consultation that even though they would use self-sampling kits, they would rather pick up the kits from somewhere, instead of being sent to their home address.

In addition, young people are supportive of the relocation of the specialist GUM clinic to Stratford and a local service in Walthamstow.

Longer opening hours in the new specialist clinic will support people to access outside of

Age *Click and hover over the questions to find more details on what is required*

school, college, university or work hours. This is very welcome for young people, who say the current clinic times are not convenient to fit around school.

Residents who work out of the borough also commented in the consultation that current clinic opening times do not benefit them, as the clinics are closed by the time they get back from work. Longer opening times will benefit those residents.

Vulnerable young people are at higher risk of sexual exploitation. We have worked with sexual health services to develop and implement an action plan to address child sexual exploitation.

The clinical site in Stratford and the satellites will offer age appropriate sexual health services to address the sexual health and contraception needs of residents.

In addition to the c card scheme where young people can access free condoms, there is also testing opportunity for young people where our outreach worker regularly engages with schools and colleges to offer self-testing kits, and raise awareness of services provided in the boroughs.

Disability [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics: The 2011 Census asked people to rate their health as very good, good, fair, bad or very bad. The data shows that a total of 13,500 residents of Waltham Forest considered their health to be bad or very bad (5% of the population). In addition, the 2011 census asked people if they had a health problem or disability that has lasted or was expected to last for at least 12 months and which limited the person's day-to-day activities, either a little or a lot. As many as 37,600 residents said in the census that their day-to-day activities are limited because of their health. This is made up of seven per cent of population who said their day-to-day activities were limited a lot (17,900 people) and eight per cent whose activities were limited a little (19,700). In total, this is 15 per cent of residents compared to 18 per cent nationally.

Health tends to deteriorate further with age with more than half of residents aged 65 and over (57 per cent) having a limiting long-term health problem or disability. Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

[Double click here to show borough wide statistics / hide statistics](#)

Disability *Click and hover over the questions to find more details on what is required*

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but*

Waltham Forest Council EQUALITY ANALYSIS (EA) TEMPLATE

What actions can be taken to avoid or mitigate any negative impact or to better

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Disability *Click and hover over the questions to find more details on what is required also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Access for people with disability may be affected by the proposals due to relocation (potentially positive or negative, depending on needs and location of patients with disability).

advance equality and foster good relations?

The service specifications will require providers to deliver services from premises that are accessible. We will ensure that sites are assessed against national accessibility standards. This will include adequate accessibility of the sites by public transportation.

Stratford is easily accessible by public transport and offers accessible facilities. However, the Stratford site will only be for complex sexual health problems so majority of service users would be able to use the local clinic in Waltham Forest.

E-service will offer an increased opportunity to provide home sampling for STIs. The service specification will require providers to have pathways in place to support service users with learning disabilities, for example targeted LARC clinics.

Pregnancy and Maternity *Double click here to add impact / Hide*

Check box if NOT applicable

Key borough statistics: In 2014, a total of 4,600 children were born in Waltham Forest. The General Fertility Rate (number of live births per 1,000 women aged 15-44) in the borough is 74.2 (3rd highest in London) compared to the London average of 63.3. The borough also has the 7th highest teenage (under 18) conception rates of London Boroughs (26.2 compared to the London average of 21.5 per 1,000 female population aged 15 to 17). In 2014, there were 114 teenage conceptions with 62% abortion rate among 15-17 year olds in Waltham Forest (*Source: Office for National Statistics*).

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

Double click here to show borough wide statistics / hide statistics

Pregnancy and Maternity *Click and hover over the questions to find more details on what is required*

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals.*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

The proposals will have a positive impact on pregnancy and maternity

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Family Planning is an essential component of sexual health services. There will be clear pathways and links with maternity services for pregnant women. New mothers will have access to the full range of contraception.

The service specification will require the provider to have robust pathways from a range

Pregnancy and Maternity *Click and hover over the questions to find more details on what is required*

of services including termination of pregnancy.

Emergency hormonal contraception will be provided from the Stratford clinic and the local clinics free of charge and for all ages (where competency is established).

Race [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#)

Key borough statistics: About half of Waltham Forest residents are White ethnic background (52%) and within this 38% are White British or Irish background. 15% are categorised as 'White Other', who are predominantly from the Central and Eastern European countries (Source: 2011 Census).

The largest minority ethnic group in the borough is Asian (21% of the total population) including people of Pakistani (10%), Indian (4%), Bangladeshi (2%) and Other Asian (5%) backgrounds. 17% of the resident population is Black including Black Caribbean (7%), Black African (7%) and Other Black (3%). 5% of the population have mixed/multiple ethnicities.

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

[Double click here to show borough wide statistics / hide statistics](#)

Race *Click and hover over the questions to find more details on what is required*

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Evidence suggests that some ethnic groups may be at risk of poorer sexual health outcomes. The proposals will have a positive impact on reducing inequality by ethnic group, by increasing outreach and with improved recording of demographic data to allow further action in response to any identified inequities.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Outreach will be an integral part of the new services to ensure that there is increased working with communities that may be at risk of poorer than expected sexual health outcomes.

The new provider will be required to collect demographic data on the usage of services, including long acting reversible contraception (LARC). This will enable identification and targeting of resources on key communities.

Key borough statistics: The borough also has a diverse range of faith communities. According to the 2011 Census, Christianity is the main religion in Waltham Forest, with 48 per cent of residents identifying as Christian. The second biggest religion is Islam with 22% of residents saying they are Muslims compared to 5% nationally. Other religions in the borough are Hindu (2.3% of residents), Buddhist (0.8%), Jewish (0.5%) and Sikh (0.5%). 18% of residents said they are secular/have no religion and 7% chose not to state their religion in the Census.

Waltham Forest has around 150 Christian Churches, 16 Muslim Mosques, 4 Hindu Temples, 3 Jewish Synagogues, 1 Sikh Gurdwara and 1 Tao Temple.

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

[Double click here to show borough wide statistics / hide statistics](#)

Religion or Belief [Click and hover over the questions to find more details on what is required](#)

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

No identified positive or negative impact.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Sexual health services are delivered universally, and there is no expected negative impact on current provision on religion expected as a result of re commissioning.

Potential issues around attendance at clinics that could be affected by religious observance will be integrated into scheduling.

The new provider(s) will be required to collect more detailed information on religion and belief, which is currently not the case. This will give us a better understanding of clinic attendance by people of different faiths. This will help determine if any adjustments are required.

Key borough statistics: In total, there is approximately equal number of men and women living in Waltham Forest (2014 Mid-year population estimates, ONS). However, there is a growing gender imbalance as people get older. 47% of those aged 50 and over are male and 53% are female, compared to 51% male and 49% female among the residents aged under 50.

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

Age	Male	Female
Aged 0 to 15	51%	49%
Aged 16 to 24	51%	49%
Aged 25 to 49	51%	49%
Aged 50 to 64	48%	52%
Aged 65+	45%	55%
Total	50%	50%

Source: 2014 Mid-year population estimates, Office for National Statistics

[Double click here to show borough wide statistics / hide statistics](#)

Sex [Click and hover over the questions to find more details on what is required](#)

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Positive impact, as the higher volume of provision of GUM services at the new clinic is expected to better guarantee that patients will be able to see a clinician of the same sex, if that is their wish. (Issue of impact on MSM specifically is considered below)

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Sexual health clinics have both male and female clinicians to cater for the needs of patients where there is a wish to be examined by a clinician of a particular sex. LGBT clients are well catered for, with specific services for men who have sex with men (due to the higher prevalence of sexual ill health).

We will liaise with the responsible commissioners for cervical screening and medical gynaecology to ensure that there are robust pathways in place.

Key borough statistics: In 2014, 1.6% of adults in the UK identified their sexual identity as lesbian, gay or bisexual. This comprised of:

- 1.1% who identified as gay or lesbian
- 0.5% who identified as bisexual.

A further 0.3% of population identified their sexual identity as other, not falling into heterosexual/straight, gay/lesbian, or bisexual categories.

London had the highest percentage of adults identifying themselves as lesbian, gay or bisexual, at 2.6%.

The likelihood of an adult identifying as LGBT decreased with age. In 2014, 2.6% of adults aged 16 to 24 identified as LGBT, which decreased to 0.6% of adults aged 65 and over. (Source: Integrated Household Survey, Office for National Statistics).

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

[Double click here to show borough wide statistics / hide statistics](#)

Sexual Orientation and Gender Reassignment *Click and hover over the questions to find more details on what is required*

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

MSM (men who have sex with men) users are key users of GUM services. It is expected that the overall impact on MSM, and the wider LGBT group, will be positive.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

National data suggest increasing numbers of men who have sex with men (MSM) from Waltham Forest are accessing GUM clinics. However, data from our local clinic does not show this, which would suggest that MSM do not view the Whipps Cross clinic as suitable for their needs, and tend to attend GUM clinics elsewhere. By providing a GUM clinic more fit for purpose than current provision at Whipps Cross, it is hoped that MSM will have increased access to a local service that meets their needs, rather than using central London services.

The new service specification will require providers to ensure that LGBT patients are well catered for, with specific services for men who have sex with men (due to the higher prevalence of sexual ill health).

The online service will make STI sampling kits more widely available to ensure that potentially higher risk groups e.g. men who have sex with men (MSM) have easy access to STI testing.

Outreach will be an integral part of the new services to ensure that there is increased working with communities that may be at risk of poorer than expected sexual health outcomes.

The new provider will be required to collect demographic data on the usage of services so that we have better data than we currently do. This will enable identification and targeting of resources on key communities such as MSM.

Marriage and Civil Partnership *Double click here to add impact / Hide*

Check box if NOT applicable

Key borough statistics:

Marital and civil partnership status	Waltham Forest	%
All usual residents aged 16+	203,100	100%
Single	88,100	43%
Married	81,300	40%
In a registered same-sex civil partnership	700	0%
Separated	7,600	4%
Divorced or legally dissolved same-sex civil partnership	15,400	8%
Widowed or surviving partner from a same-sex civil partnership	10,000	5%

Source: 2011 Census

The Civil Partnership Act 2004 came into force on 5 December 2005. The Marriages (Same Sex Couples) Act made provision for the marriage of same sex couples in England and Wales with first marriages taking place on 29 March 2014. From 10 December 2014 civil partners were able to convert their civil partnership into a marriage.

Number of marriages/civil partnerships by area of formation

	2011	2012	2013	2014
Marriages	956	773	878	n/a
Civil partnerships (total)	30	18	31	8
..Civil partnerships (male)	16	16	20	5
..Civil partnerships (female)	14	2	11	3

Source: Office for National Statistics

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

Double click here to show borough wide statistics / hide statistics

Marriage and Civil Partnership *Click and hover over the questions to find more details on what is required*

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Type response here

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

No positive or negative impact

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Sexual health services are provided to patients regardless of relationship status.

See pages 1 and 2 for full details of these two aims. This section seeks to identify what additional steps can be taken to promote these aims or to mitigate any adverse impact. Analysis should be based on the data you have collected above for the 8 protected characteristics covered by these aims. Remember, marriage and civil partnership is not covered.

Key borough statistics: According to the **Resident Insight Survey** (wave 13 conducted in Feb-Mar 2016), 77% of Waltham Forest residents feel that their local area is a place where people from different backgrounds get on well together.

Women are more likely than men to feel that people from different backgrounds are getting on well locally (81% compare to 74%). Young people aged 16-29 are most likely to feel people are getting on well (84%), while older residents aged 65+ are least likely to think so (66%). BME residents are more likely to think that people from different background are getting on well in their local area than White residents (83% compared to 74%), which is likely related to the different age profile of the BME and White populations.

The Living Together Survey from Dec 2015-Feb 2016 found that 62% of residents agreed that they have the opportunity to mix with people from different backgrounds to themselves. One fifth (20%) feel they do not really mix with people from different backgrounds. People in the north of the borough (Chingford) are least likely to feel they have opportunity to mix with people from different backgrounds to themselves (55% compared to 68% in Leytonstone, 63% in Walthamstow and 61% in Leyton). Younger and BME residents are more likely to mix with people from different background than older residents and those of White background. The survey also found that not enough mixing between people of different backgrounds and lack of understanding of each other are perceived to be the two main reasons which can stop people from getting on together.

Note: These statistics provide general data for this protected characteristic. You need to ensure you have sufficient information about those affected by the proposals.

For more detailed breakdowns or further information please contact Insight and Performance Team (ed.maguire@walthamsforest.gov.uk, ext. 4855).

[Double click here to show borough wide statistics / hide statistics](#)

Additional Impacts on Advancing Equality & Fostering Good Relations [Click and hover over the questions to find more details on what is required](#)

Additional Equalities Data (Service level or Corporate)

Type response here

Are there any additional benefits or risks of the proposals on advancing equality and fostering good relations not considered above?

No

What actions can be taken to avoid or mitigate any negative impact on advancing equality or fostering good relations not considered above? Provide details of how effective the mitigation will be and how it will be monitored.

Type response here

Conclusion

Consider the Guidance below and set out your conclusions from the equalities analysis of the 8 protected characteristics. If there are negative equalities impacts, but you think that the proposals should still proceed in the current or amended form, explain what the objective justification for this is, providing evidence as

appropriate. If it is helpful, refer to other documents e.g. the Cabinet report. You may find it helpful to identify one of the 4 outcomes below as being closest to your current proposals. (Use your conclusions as a basis for the "Equalities Implications" in the Cabinet report.)

This analysis has concluded that...

In general the proposals will have a positive impact on the protected characteristics. However, access for people with disability may be affected by the proposals due to relocation (potentially positive or negative, depending on needs and location of patients with disability). A number of actions will be implemented to mitigate any potential negative impacts.

Outcome of Analysis *Check one that applies*

Outcome 1

No major change required when the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

Outcome 3

Continue despite having identified some potential for adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should be in line with the duty to have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

Outcome 2

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

Outcome 4

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Head of Service:



Name: Joe McDonnell

Date: 08/11/2016