

Equality Impact Assessment Template (EqIA)

An Equalities Impact Assessment (EqIA) is a tool to understand the effects a decision will or is likely to have on people, specifically those people who have one or more protected characteristics under the Equality Act 2010.

It is an evidence-based approach and aims to ensure that decision-making processes are fair and do not present barriers to participation or create disadvantage for protected groups.

The EqIA should be started early on in a project before any decision is made. It can also be used:

- As a service improvement tool, and
- To assess the implications of strategic and operational decisions.

In this way, we can help ensure we do not discriminate, and promote equality.

What is the Public Sector Equality Duty (PSED)?

The PSED under the [Equality Act 2010](#) requires that in the exercise of its functions, Waltham Forest Council must have due regard whilst seeking and evidencing ways that we:

- eliminate unlawful discrimination – including victimisation or harassment
- advance equality of opportunity between people who share a protected characteristic and those who don't
- foster or encourage good relations between people who share a protected characteristic and those who don't

The PSED helps the council meet its legal duties and to become more accountable, inclusive, credible and community orientated.

Protected characteristics under the Equality Act 2010

It is against the law to discriminate against someone because of a protected characteristic. These are:

- Age
- Sex
- Ethnicity and race
- Religion or belief
- Disability
- Sexual orientation
- Pregnancy and maternity
- Gender reassignment
- Marriage and civil partnership

An EqIA enables officers to assess the impact of proposed decisions on people with these characteristics.

Protected characteristics as determined by Waltham Forest Council

In addition to our statutory obligations under the Equality Act 2010, Waltham Forest Council include Care Leavers as having a protected characteristic and to this extent passed a motion in April 2023 to recognise this action. Therefore, Waltham Forest Council's EqIA process also includes a requirement to explore the impact of a proposal on that group.

Additional groups that face structural inequalities

As a Council, we are committed to tackling structural disadvantages faced by our residents. We encourage staff to think about how a decision, proposal or policy might affect wider groups who are not covered by the Equality Act, but still experience relative material or social disadvantage in accessing opportunity.

The [State of the Borough report](#) identifies a number of additional groups that should be taken into account:

- Those who face socio-economic inequality (e.g. unemployment, low income, low academic qualifications) or live in areas of high deprivation
- Care Leavers
- People with caring responsibilities
- Survivors of domestic violence
- Migrants, including refugees and asylum seekers
- Homeless people and people at risk of homelessness
- People who are experiencing long-term unemployment

There might be other disadvantaged groups that you know from your service data who might be adversely affected by your proposal or policy. You need to consider these groups as well as the protected characteristics above as part of your EqlA.

Carrying out an EqlA

When doing an assessment, you must answer these questions:

- Is the proposal, policy, or project likely to exclude or have a detrimental (harmful) effect on a specific group or community?
- Does it affect some groups or communities differently and can this be justified?
- How might it affect wider determinants (factors) such as income, housing, education, employment, neighborhoods, and communities that impact on health and well-being?
- Is the proposal, policy, or project likely to be equally accessed by all groups and communities? If not, can this be justified?
- Are there any barriers that might make it hard or stop different groups or communities accessing the proposal or policy to be delivered?
- Could the proposal or policy promote equality and good relations between different groups?

Service areas are responsible for ensuring EqlAs are started early on and should consult widely within their service to ensure they have considered all potential impacts. This should also include considering the impact on people who have identities that overlap e.g., intersectionality of gender, race, and disability for instance.

When completing a EqlA use data to help collate demographic evidence including:

- Census 2021 in Waltham Forest
- Statistics about the borough
- Other service specific data insights and sources, including data requests via Hornbill.

Guidance on compliance with the Public Sector Equality Duty for officers and decision makers

1. The duty is mandatory and must be met by the decision-maker and not delegated. It is for the decision-maker to consider with help from the report and officer analysis.
2. EqlAs 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 compliance with the duty when decisions, proposal or policies are being formulated by officers and then by members or officers when taking the decision. The Council cannot rely on an EqlAs produced after the

decision is made but sometimes a “provisional” EqIA is appropriate eg. before consultation on a decision, proposal, or policy.

4. When an equality implication is identified, officers and members must give conscious and open-minded consideration to the equality duty when making a decision.
5. The duty is not, however, to achieve the three equality aims but to pay due regard when making the final decision – therefore, the duty can encourage officers to amend or change a decision, proposal, or policy where an equality implication is identified, but it does not stop difficult but justifiable decisions being made e.g to no longer continue a service for instance.
6. The decision maker may take into account things that may objectively justify taking a decision which has negative impact on equalities, e.g. financial targets, value for money or service needs.
7. The duty is ongoing: EqIAs should be reviewed over time and should say how impact will be monitored after the decision.

Positive action

The Equality Act allows ‘positive action’ to tackle disadvantage faced by those sharing a protected characteristic, even if it has the consequence of disadvantaging those sharing a different protected characteristic. Positive action can be justified where it is proportionate. Positive action is different from positive discrimination, which is unlawful.

An example of unlawful positive discrimination would be where an employer recruits a person because they have a relevant protected characteristic rather than because they are the best candidate. For example, it would be unlawful to hire someone simply because their team was under-represented by woman and the candidate is hired because they are a woman.

However, if under-representation is an identified issue, then you could take steps to promote vacancies to this group or provide extra support for them to apply. This is positive action.

The difference between positive action and positive discrimination can be difficult to define and is determined by the particular situation. It is important to reflect upon whether any element of your service necessitates positive action. It is critical that you satisfy your duty under the Equality Act and therefore if you have any concerns, please seek further guidance/or legal advice before continuing.

Equality Impact Assessment (EqIA)

Section 1: About the proposal, policy or project

Name of proposal, policy, or project:

Integrated Sexual Health Service Recommissioning

Name of lead officer and contact details:

Matilda Allen, Matilda.allen@walthamforest.gov.uk

Name of service and directorate for this proposal, policy, or project:

Public Health, Stronger Communities

Strategic Director responsible for this proposal, policy, or project:

Joe McDonnell, Director of Public Health

Date the EqIA was started:

12/09/24

What kind of proposal, policy or project is this assessment for?

Tick all that apply.

- Change in service delivery or new service
- Change in policy or new policy
- Grants and commissioning
- Budget change or service cut
- Other - if ticked, please give more detail: Click or tap here to enter text.

Section 2: Proposal, policy, or project summary

Please give a summary of this proposal, policy, or project

Give brief details of:

- What the proposed decision or change is.
- The reasons for this decision or change.
- The outcomes you are hoping to achieve.

The current contract for integrated sexual health (specialist) support – ‘All East’ - expires at the end of November 2025. We are seeking to directly award the new contract to the current provider using the Provider Selection Regime Direct Award C procurement route, for a new eight-year term (5 +1 +1 +1 years). The main evidence to support this procurement route is good performance, and the fact that the service is not materially changing in the new contract. It is a statutory responsibility on Local Authorities to commission sexual health services, which are essential to improve health and reduce inequities for our local population. The key outcomes of the recommissioned service are to reduce Sexually Transmitted Infections (STIs) and the transmission of serious illnesses such as HIV and mpox through effective STI testing and treatment; provide contraception and sexual health advice to reduce STIs, unwanted pregnancies and terminations of pregnancy; and reduce health inequalities caused by the disproportionate impact of sexual and reproductive health need on BAME, young, and LGBT+ communities.

Who will be affected by this proposal, policy, or project?

For example: staff, service users, or the wider community

All local residents who use integrated sexual health services. This can include anyone in the borough, as these services are open access, but we do know that usage is higher among some groups, for example, younger residents and LGBTQ+ communities.

Section 3: Equality analysis

This section asks you to consider the potential impact (both positive and negative) of the proposed proposal, policy or project on the protected characteristics and the mitigations that will be taken to avoid or counteract any negative impact identified. If no negative impact(s) has been identified for that group, briefly explain why this is not applicable.

Please consider how the proposed change will affect staff, service users or members of the wider community who share one or more of the following protected characteristics. Think about what action(s) you can take to address their specific needs. In addition, you may wish to consider the short-, medium- and longer-term implications, intersectionality between the different characteristics, as well as mitigations that may be required.

Age

This can refer to people who have, for example, a specific age, or who are in a specific age range.

Will the proposed change have a differential impact [negative] on people of a specific age or age group (e.g. older or younger people)? If so, explain why this group may be affected and what mitigating actions will be taken.

The service specification will allow access to provision irrespective of age, as the current service offers 'All ages' provision. We would not therefore expect any negative impact on people of a specific age or age group.

Highlight any positive benefits the proposed decision will have on people of a specific age or age group.

The current provider recognises the disproportionate burden of sexual health need on younger populations, and has designed and delivered the service to address any barriers to access related to age. Clinic locations are accessible by public transport. The service website has been redesigned to ensure information is accessible and engaging. While most clinic appointments must be booked, anyone aged 17 or younger can access emergency on the day appointments, or walk into a clinic and be seen.

Based on the most recent service equity review, the majority of Waltham Forest residents who used the specialist service in 2022-2023 were adults in the 25-34 age range. The literature indicates that the cohort mentioned above is the most sexually active and is at risk for SRH related health inequalities. Having an effective local specialist sexual health service will therefore positively impact on sexual health for young adults and adults of reproductive age.

However, people at older age are also in need of sexual health support. Evidence suggests that the sexual health needs of older people are not adequately met. Therefore, the service will continue identifying, through local and national data, current trends and presenting needs to inform the development of appropriate support and pathways for older people.

Sex (gender)

Sex refers to whether you are a man or a woman.

Will the proposed change to service/policy have a differential impact [negative] on people of a specific sex (e.g. women, men)? If so, explain why this group may be affected and what mitigating actions will be taken.

The service is open access to men and women (and other gender identities), and is therefore unlikely to have a negative impact on people of a specific sex.

Highlight any positive benefits the proposal decision will have on people of a same or different sex (gender).

The provider collects data on gender identity, rather than gender at birth. Just over half of patients are female (including trans women), broadly reflecting population demographics.

All East sexual health services are accessible for all genders both those assigned at birth as well as transgender and non-binary residents. See the section below for more information on trans-inclusive training and practice through the current service.

Ethnicity and race

This refers to a group of people defined by their race, colour, and nationality (including citizenship), ethnic or national origins.

Will the proposed change to service/policy have a differential impact [negative] on people of a certain race? If so, explain why this group may be affected and what mitigating actions will be taken.

No negative impact is expected on people of a certain ethnicity or race.

Highlight any positive benefits the proposed change will have on people of a certain race.

A recent Emergency Hormonal Contraception (EHC) audit revealed that emergency hormonal contraception (EHC) usage is significantly higher among women of Black African and Black Caribbean ethnicities. Furthermore, national data suggest that people of Black and Caribbean ethnicity have the highest diagnosis rates of Chlamydia, Gonorrhoea and Syphilis.

Based on the service performance review that was carried out, the utilisation of Specialist SH services amongst different ethnic backgrounds is equitable for most of the ethnic backgrounds, with the exception of the local Asian population. In 2022-23, 23% of patients did not report their ethnicity. The most commonly reported ethnicities were as follows - 23% were white British, 15% were white other, 9% were Caribbean, 8% were African, and 5% were Pakistani.

All East Services provide culturally informed and culturally sensitive services, with additional support to address language, heritage or faith needs. Information about the service is available in different languages, audio and visual options to widen the reach of the service. The service provides adequate diversity and inclusion training to all staff members as a part of mandatory induction to promote the service and messaging that is culturally appropriate, respectful and non-discriminatory

Religion or belief

Religion refers to a person's faith (e.g. Buddhism, Islam, Christianity, Judaism, Sikhism, Hinduism) and includes lack of belief (e.g. Atheism). Belief includes any religious and philosophical belief including lack of belief (e.g. Atheism).

Will the proposed change to service/policy have a differential impact [negative] on people who follow a religion or belief, including lack of belief? If so, explain why this group may be affected and what mitigating action will be taken.

Religion and religious beliefs is not routinely recorded by local Specialist SH services, however, the service specification will ensure access to provision irrespective of a patient's religious beliefs, as is the case in the current provision.

Highlight any positive benefits the proposed change will have on people with different religions or beliefs (including a lack of belief).

Staff in the existing service are aware that some treatment and support options do not align with individuals' faith or religious beliefs. Commitment to religious practice, such as fasting, may prohibit individuals from being able to access treatment or comply with treatment plans. All East staff will therefore have specialist knowledge and demonstrate sensitivity in supporting issues around faith and belief. Equality and diversity training must include reference to religion/belief and challenging beliefs about the links between faith and sexual health.

Disability

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on the person's ability to carry out normal day-day activities.

This could include physical impairment, hearing impairment, visual impairment, learning difficulties, long-term illness or health condition, mental illness, or other impairments.

Will the proposed change to service/policy have a differential impact [negative] on people with disabilities? If so, explain why this group may be affected and what mitigating action will be taken.

The service is aware and trains staff on the fact that the needs, feelings, and desires related to sexual health are universal for all people. Disability does not prevent sexual curiosity, desire, or feelings of sexual maturation; and that it can be considered inappropriate to discuss sex or sexuality with people who have disabilities. Discussions about sexuality with people with physical disabilities frequently focus only on functional aspects, such as fertility and the ability to engage in physical sexual activity. It frequently neglects all the broader aspects of sexuality, such as emotions, affection, needs and desires on an emotional and physical level, and same-sex relationships. Sexuality brings with it a multitude of complex issues with its highs and lows, pitfalls and pleasures. These affect everyone, with or without a disability. These issues are reflected in the current service and negative effects on people with disabilities are therefore not expected.

Highlight any positive benefits the proposed change will have on people with a disability.

There is limited data from the service on disability, although in 2022-23, All East supported 14 Waltham Forest residents with disabilities (including deafness, blindness, wheel chair users and people with learning disabilities).

All East Sexual Health Services provide essential, inclusive care tailored to meet the diverse needs of all individuals, including those with disabilities. The services recognise that people with disabilities have the same rights to sexual health as anyone else, and strive to create an environment that is accessible, respectful, and non-discriminatory. They offer specialised support that addresses both the physical and psychological aspects of sexual health, ensuring that individuals with disabilities receive comprehensive education, counselling, and medical care in a way that best suits their needs. This approach empowers them to make informed choices about their sexual and reproductive health, fostering dignity, autonomy, and well-being.

Sexual orientation

This refers to whether a person is attracted to people of the same sex or a different sex to themselves. Please consider the impact on people who identify as heterosexual, bisexual, gay, lesbian, or asexual.

Will the proposed change to service/policy have a differential impact [negative] on people with a particular sexual orientation? If so, explain why this group may be affected and what mitigating action will be taken.

Indicators suggest that young (aged 18-25) gay, bisexual and other men who have sex with men (GBMSM) are a sub-population with particular needs and experiences of sexual health. For instance, the UK Health Security Agency (2022) reports that young GBMSM have the highest diagnosis of the most common STIs-chlamydia, gonorrhoea and syphilis. GBMSM population is also more likely to engage in unprotected sex, change sexual partners more frequently and engage in chemsex.

The current service is available to all, and considers and responds to the differential needs of people with different sexual orientations. No negative impact on people with a particular sexual orientation is expected.

Highlight any positive benefits the proposed change will have on people who identify as heterosexual, bisexual, lesbian or asexual.

According to the recent equity audit, 77% of Waltham Forest residents accessing the All East service reported their sexual orientation as heterosexual, 13% as homosexual, and 2% as bisexual.

Pregnancy and maternity

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

Will the proposed change to service/policy have a differential impact [negative] on pregnancy and maternity? If so, explain why this group may be affected and what mitigating action will be taken.

Pregnant women are at the same risk of accruing STI's, and undiagnosed and untreated STI's can complicate pregnancy and/or have serious health effects on mothers and the developing baby.

All East provides a comprehensive sexual health offer to pregnant women, therefore no negative impact is expected.

Highlight any positive benefits the proposed change will have on people who are pregnant/expecting a baby.

Although Specialist SHS are not commissioned to provide support with the pregnancy, they provide extensive support for women who do not wish to fall pregnant - by offering a wide ranging contraception offer. In 2022-23, based on 41,006 patients recording gender identity as being 'female', 3,854 (8.7 %) had a pregnancy test undertaken at All East Clinics. For those whose pregnancy test was positive, a clear referral pathway to antenatal clinics was offered.

Gender reassignment

This refers to people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex.

According to a [2020 landmark Employment Tribunal ruling](#), people who identify as gender fluid and non-binary or transitioning are protected under this section of the Equality Act and should therefore be considered as part of your assessment.

Will the proposed change to service/policy have a differential impact [negative] on transgender people? If so, explain why this group may be affected and what mitigating action will be taken.

No negative impact is expected.

Highlight any positive benefits the proposed change will have on people who are proposing to undergo, are undergoing, or have undergone a process (or part of a process) to reassign their sex.

All East Services provide gender informed and gender sensitive services. Policies, practices and training in place to ensure staff demonstrate understanding, tolerance and sensitivity to any specific needs this cohort may present with, and address discriminatory or stereotypical beliefs within the service. The service will be proactive in promoting that it is fully inclusive and accessible to all individuals requiring sexual health support, regardless of their gender identity.

The service has recently set up a new clinic for transgender patients.

The service referral and assessment forms reflect appropriate categories and that patient sexual orientation is recorded correctly. Pronoun training is offered to all staff members as a part of mandatory induction.

Marriage and civil partnership

Marriage and civil partnerships are different ways of legally recognising relationships. The formation of a civil partnership must remain secular, where-as a marriage can be conducted through either religious or civil ceremonies. In the UK both marriages and civil partnerships can be same sex or mixed sex. Civil partners must be treated the same as married couples on a wide range of legal matters.

Will the proposed change to service/policy have a differential impact [negative] on people in a marriage or civil partnership? If so, explain why this group may be affected and what mitigating action will be taken.

There are no negative impacts expected.

Highlight any positive benefits the proposed change will have on people in a marriage or civil partnership.

There are no positive impacts expected.

Care Leavers

Will the proposed change to service/policy have a differential impact [negative] on people who are Care Leavers? If so, explain why this group may be affected and what mitigating action will be taken.

There are no negative implications for Looked After Children or Care Leavers. However, there is some evidence that children in care and care leavers are less likely to be able to access SRH services and may be more likely to require some SRH services.

Highlight any positive benefits the proposal will have on people who are Care Leavers.

Due to the evidence that LAC and care leavers are less likely to be able to access sexual health services, despite greater need in some areas, the new service specification will therefore specifically mention this group as individuals with increased vulnerabilities and therefore may require additional support when engaging in sexual health services. The provider will work with commissioners to ensure this group is accessing the service equitably and effectively.

Other structurally disadvantaged groups

The [State of the Borough report](#) identifies a number of groups that might suffer from structural disadvantage in Waltham Forest. These groups should also be taken in account when assessing proposal or policies and include:

- People experiencing socio-economic inequality or geographic deprivation
- People with caring responsibilities
- Survivors of domestic violence
- Migrants, including refugees and asylum seekers
- Homeless people and people at risk of homelessness
- People who are experiencing long-term unemployment

There might be other structurally disadvantaged groups that you know from your service data might experience a differential impact based on your proposal or policy. This may include how your work impacts on the social, economic, and environmental conditions in which people live, work and age that influence health outcomes. Please consider these groups in this section as part of your equalities impact assessment.

Will the proposed change to service/policy have a differential impact [negative] on other structurally disadvantaged groups?

No negative impacts expected.

Highlight any positive benefits the proposal will have on groups experiencing structural disadvantage.

The current service includes significant outreach and partnership activity, which helps to identify and address issues in communities that may find it harder to access clinic-based services, including migrants, homeless people, and other vulnerable groups. This outreach and partnership function is a key area that is being highlighted and strengthened in the service spec.

There also will be clear social value requirements on the contract, as the provider is a significant local employer, which may help to address the wider needs of those experiencing unemployment.

A wide variety of methods of engagement and ways to access the service are included in the current and future service provision, which can help to ensure access for a range of people, including those with caring responsibilities or other needs.

The service is aware of and used to responding to the needs of people currently or previously experiencing domestic violence.

Section 4: Monitoring and reviewing

Use this section to say:

- How you intend to monitor and review the effects of this proposal or policy
- Who will be responsible for assessing its effects

The service is formally monitored on performance each quarter and as part of this monitoring process, demographic data is analysed to identify unmet need or any trends relating to under/over representation in the cohort of people accessing the service, with steps outlined and taken to address any under representation and/or unmet need by the provider. For example, the service is currently paid partly on performance against increasing the equity of provision of long-acting reversible contraception, to (successfully) drive improvement in this area, particularly around access for women from black and minority ethnic backgrounds. The service also produces an annual equity review to provide more detail on their impact on equity. The service is a universal offer but as laid out in the service specification, consideration will be given to ensure that appropriate engagement is carried out with individuals who are identified as having increased vulnerabilities. This focus on reducing inequalities shall include but is not limited to the protected characteristics of age, disability, pregnancy and maternity, race, religion or belief, sex (including gender re-assignment), sexual orientation and marriage and civil partnership. Opportunities to work with other community groups and services will continue to be sought, and the service spec ensures equity of access, experience and outcomes.

Section 5: Conclusion

Set out your conclusions from the analysis of the proposal or policy.

If there are negative equalities impacts, but you think that the proposal or policies should still proceed in the current or amended form, please provide evidence and an objective explanation as appropriate.

If it is helpful, refer to other documents e.g. a Cabinet report. You may find it helpful to identify one of the four outcomes below as being closest to your current proposal or policies. (Use your conclusions as a basis for the “Equalities Implications” in the Cabinet report.)

This analysis has concluded that the proposed action (directly awarding the new integrated sexual health service to the current provider) is likely to have a positive impact on equity. The service is an all-age/universal offer, therefore no residents or groups of residents are excluded. Given that the procurement route we are seeking is to directly award a new contract, we can be reassured by the current provider’s strong track record on identifying and tackling inequities. The service specification clearly outlines the expectation that the provider will offer bespoke and targeted engagement and interventions where any potential unmet need exists related to a protected characteristic, with a particular focus currently on Black and Asian women, those from the LGBTQIA+ community, and young people. Throughout the current contract, the provider has shown responsiveness and proactivity in not only mitigating negative equality impacts, but also in bringing about positive impacts.

Outcome of Equality Impact Assessment *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 2:** Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments would remove the barriers identified?
- **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 4:** Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Section 6: Signatures

Signed off by Corporate Director for the proposal or policy/project:

Name:

[Click here to enter text.](#)

Date:

[Click here to enter text.](#)

Section 7: Version control

Status	Version	Author	Date	Changes made
e.g. Draft	e.g. 1.1	e.g. John Stubbs		