

## Equality Impact Assessment (EqIA) for Policies, Procedures and Services

<b>Proposal name</b>	<b>Digital Strategy 2022-2025</b>		
<b>Directorate</b>	Transformation and Digital		
<b>Service</b>	ICT		
<b>Responsible Officer</b>	Carol Williams		
<b>Proposal planning start</b>	July 2021	<b>Proposal start date (due or actual date)</b>	August 2021

1	What is the purpose of the proposal?	Yes / No	New / revision
	Show which category the proposal is and whether it is new or a revision.		
	Policy		
	Procedure		
	Guidance		
	Is this a service to customers/staff/public?		
	If yes, is it contracted or commissioned?		
	Other - give details –  To support the creation and implementation of The Digital Strategy 2022-2025	Yes	
2	<b>What is the business case for this proposal? Please provide the main purpose of the service, intended outcomes and reasons for change?</b> <p>The aim of the Digital Strategy is to set the vision of how we will empower the Borough of Walsall to maximise its digital potential over the next 3 years. The strategy will provide a blueprint on how this can be achieved by splitting Digital into 5 key themes:</p> <ul style="list-style-type: none"> <li>• Error! Reference source not found.</li> <li>• Error! Reference source not found.</li> <li>• Error! Reference source not found.</li> <li>• Error! Reference source not found.</li> <li>• Error! Reference source not found.</li> </ul> <p>The overarching aim of this strategy is to boost social and economic benefits through the facilitation of digital enablement across the borough and wider West Midlands region. Walsall will become a vehicle for positive change by further leveraging its Digital capabilities.</p>		



	This strategy will influence and be influenced by other strategies that are being developed across the council. The outcomes of the Council Plan, helping residents and communities to fulfil their potential and to be resilient is embodied throughout the Digital Strategy		
<b>3</b>	<b>Who is the proposal likely to affect?</b>		
	<b>People in Walsall</b>	<b>Yes / No</b>	<b>Detail</b>
	<b>All</b>	<b>Y</b>	External Customers: Residents, Community Groups, Business, Partner Agencies.
	<b>Specific group/s</b>	<b>Y</b>	
	<b>Council employees</b>	<b>Y</b>	
	<b>Other (identify)</b>		Internal: council employees
<b>4</b>	<b>Please provide service data relating to this proposal on your customer's protected characteristics.</b>		
	<p><b><u>External Customers</u></b></p> <p>ICT does not hold data regarding the population of Walsall however this can be found within the latest published 2011 Census – an extract of which is below:</p> <p><b>Population and gender:</b> The local area has 269,323 inhabitants, of which 51% are female and 49% are male.</p> <p><b>Age:</b> The age profile for the local area is 20% aged 0-15 years old; 62% aged 16-64 years old, and 17% aged 65 or over. Within the local population aged 16-64, the largest age group are 16–24-year-olds at 11.7%, followed by 40–44-year-olds at 7.24%, and 45–49-year-olds at 7.09%.</p> <p><b>Ethnicity:</b> The majority (77%) of the local population have declared White British, with 23% declaring minority ethnic (ME).</p> <p><b>Religion:</b> The majority of the local population (59%) have declared as Christian, followed by 20% with no religion and 8% Muslim. Six per cent of the local population did not declare their religion.</p> <p><b>Health:</b> 10% of the local population have declared long-term health problems, which are defined by the ONS as health problems, which limit day-to-day activity a lot.</p> <p>A more recent Office for National Statistics survey (ONS) conducted mid-2018 reports that:</p> <p>Walsall has an overall estimated population of 283,400. It is predicted to increase by 5.9% over 10 years, from 274,200 in 2014 to 290,200 in 2024. Like many areas, the predicted growth of Walsall's older population (&gt; 65) is higher than this at 12.4%. There has already been an 8.8% increase in births in Walsall between 2004 and 2014, and the number of Walsall of reception pupils in Walsall schools has increased 11.34% between 2012 and 2017.</p> <p>Therefore, planning to meet the needs of a growing number of a younger population as well as a growing number of older people is incorporated within our key strategic priorities, while recognizing that the proportion of residents likely to</p>		

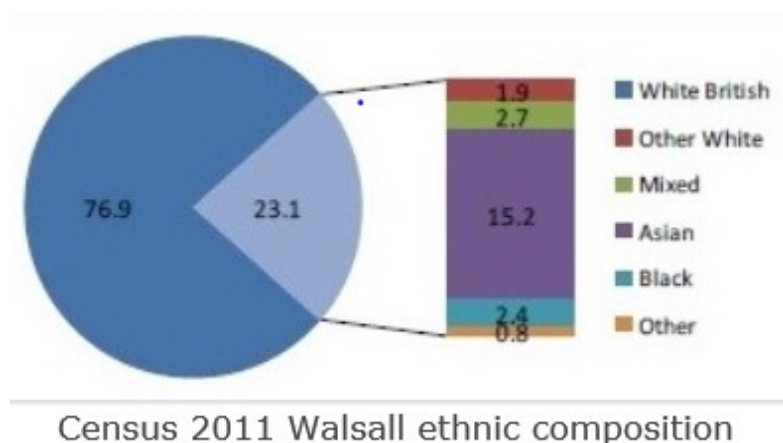
be economically active is projected to fall.

Walsall is a culturally diverse town where people of Indian, Pakistani, and Bangladeshi background form the largest minority ethnic groups. The number of non-UK born residents in Walsall increased by 3.7% (or 9,900 people) between the 2001 and 2011 censuses (see figure 2) and Walsall now has a small Eastern European population who make up about 1% of the area residents (2,700 people in total).

In terms of children and young people aged 0-17, the proportion of pupils from minority ethnic groups has increased to 37.4% of all pupils living in the area from 36.7% in 2016 and 24% Primary pupils have English as an additional language. (School Census, January 2017). As of 31st March 2017, there are eight Unaccompanied Asylum-Seeking Children for whom we are Corporate Parents, which is lower than other West Midlands authorities.

Minority ethnic groups are highly concentrated in certain parts of the borough. Access and the appropriate provision of services depend upon a well-informed understanding of the specific needs of these different communities.

Figure 2:



All protected characteristics will be taken into consideration when introducing new software and/or applications however there are some protected characteristics that should be given a stronger focus:

**Age** - Walsall has an above average number of both children and older people

**Disability** – Whilst there is no data available it should be a given that people with disabilities are able to access council services.

Whilst not a protected characteristic it should be noted that more than 8% of Walsall's population do not consider English to be their first language.

**Housing:** The Walsall Private Sector Stock Condition Survey 2019 has shown there has been a significant increase in the size of the private rented sector since Census 2011 from 11.7% to 16%, and subsequent decrease in owner occupation from 63% to 59%, and social housing has remained at around 25%.

**Labour Supply: ONS Data**

Approx. 75% of population in work (national 78%)

- 41,900 Inactive (20% of those are long term sick)
- 14% in professional occupation – 23% nationally
- 12% in caring/leisure industries (9% nationally)
- The average salary is ranging between £31.1k in Walsall and £39.4k in Birmingham. The UK average salary was £38.6k in 2020.

**5 Please provide details of all engagement and consultation undertaken for this proposal. (Please use a separate box for each engagement/consultation).**

As part of this proposal, we have access to generic customer data collected as part of the Customary Experience Strategy.

Bloor (1978) stipulated a key factor when addressing research as to ensure transparency wherever possible and where there would be minimal challenge. The primary data collection was based on an interpretivist research methodology unlike positivist methods which focus on hypothesis building in comparison to more testing hypothesis. The Customer Experience Strategy will be delivered and investigated through a philosophy adopted on the fundamentals of Exploratory Research.

Sandhursen (2000) states the difference between conclusive and exploratory research as conclusive research providing a set solution whereas exploratory research has the flexibility to propose a series of responses. A mixed approach of both qualitative and quantitative analysis and data collection was utilised.

The positivist research methods favour quantitative methods of data collection, which result in reliability and representativeness. Michell (1997) states measurement is by nature a quantitative type of analysis. Gall, Gall, & Borg, (2007) state surveys are a common form of data collation. The qualitative research method was adopted using structured questions for the surveys (but also allowed for unstructured questions which generated qualitative data). The survey was able to quantify respondents support for a particular variable and highlight the most prominent one in a data series. The qualitative feedback mechanism allowed the respondent to talk in some depth, choosing their own words through focus groups and through open questions in eth survey. The overarching benefits of this method allows for participants to explain the issues they wanted to expand on.

The qualitative data analysis utilised Thematic Analysis to identify patterns of meaning across a dataset. Patterns are also identified through a rigorous process of data familiarisation, data coding, and theme development and revision. The dataset has also been analysed using word analysis and will formulate key words which are identified in the dataset.

Macdonald et al (2008) stated rather than providing predictions and/or causal explanations, the qualitative method offers contextualisation and interpretation of the data gathered. This research method is subjective by nature and requires a smaller number of carefully chosen respondents.

In order to inform the strategy a series of consultation activity took place:

1. The results of the Public Survey
2. Results of the Focus Groups
3. Results of the Young Persons Survey Booster sample
4. Results of the Accessible Survey and Telephone Feedback
5. Results of the member survey
6. Results of the Staff Survey

## Consultation Activity

<p>1. Public Survey</p> <p><b>Type of engagement / consultation</b></p>	<p>Online Surveys with booster samples with those in Walsall South, and Hard-copy options for more isolated groups such as rough sleepers and new migrants.</p>	<p><b>Date</b></p>	<p>April 2021</p>
<p><b>Who attended / participated?</b></p>	<p>Members of the public key organisations (third sector), statutory services and housing providers, businesses, and small proportion of staff. A return of 451 entries.</p>		
<p><b>Protected characteristics of participants</b></p>	<p>Age  33 (7%) 16-24  76 (17%) 25-34  98 (22%) 35-44  104 (23%) 45-54  69 (15%) 55-64  43 (10%) 65-74  11 (2%) 75+  13 (3%) Prefer not to say</p> <p><b>Gender</b>  199 (45%) Male  215 (48%) Female  30 (7%) Prefer not to say</p> <p><b>Gender identity the same as the gender you were assigned at birth?</b>  383 (88%) Yes  25 (6%) No  29 (7%) Prefer not to say</p> <p><b>Physical or mental health conditions or illnesses lasting or expected to last 12 months or more?</b>  120 (27%) Yes  287 (64%) No  44 (10%) Prefer not to say</p> <p><b>condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?</b>  28 (23%) Yes, a lot  54 (45%) Yes, a little  22 (18%) Not at all  16 (13%) Prefer not to say</p> <p><b>sexual orientation?</b>  16 (4%) Bi-sexual  14 (3%) Gay man  12 (3%) Gay woman / lesbian  336 (75%) Heterosexual / straight  13 (3%) Don't know  6 (1%) Other, please state below  49 (11%) Prefer not to say  11 (100%)</p> <p><b>Ethnic group?</b>  251 (56%) White  30 (7%) Mixed / multiple ethnic groups  76 (17%) Asian or Asian British  28 (6%) Black / African / Caribbean / Black British  14 (3%) Other ethnic group  52 (12%) Prefer not to say</p> <p><b>Subgroups:</b>  224 (92%) Welsh / English / Scottish / Northern Irish / British  11 (5%) Irish</p>		

	4 (2%) Gypsy or Irish Traveller 1 (0%) Prefer not to say 4 (2%) Any other White background, please describe below White other 3 (100%) 3 (10%) White and Black Caribbean 7 (24%) White and Black African 18 (62%) White and Asian 1 (3%) Prefer not to say 0 (0%) Any other Mixed / Multiple ethnic background, please describe below Other Mixed / Multiple ethnic groups 0 (0%) 31 (42%) Indian 23 (32%) Pakistani 12 (16%) Bangladeshi 4 (5%) Chinese 3 (4%) Prefer not to say 0 (0%) Any other Asian background, please describe below Other Asian / Asian British other 2 (100%) 14 (50%) African 10 (36%) Caribbean 0 (0%) Prefer not to say 4 (14%) Any other Black / African / Caribbean / Black British background, please describe below Other Black / African / Caribbean / Black British 0 (0%) 6 (43%) Arab 5 (36%) Prefer not to say 3 (21%) Any other ethnic group,		
<b>Feedback:</b> Majority of the feedback was positive towards the key actions such as wanting digital services however, those with disabilities and vulnerabilities did state in the future councils should provide a level of meaningful face to face contact. It was also stated that the council should explore different mediums of digital communication not just email.			

<b>Type of engagement / consultation</b>	2. Results of the Focus Groups	<b>Date</b>	January 2021 to April 2021
<b>Who attended / participated?</b>	Key stakeholders, third sector, housing providers and community association		
<b>Protected characteristics of participants</b>	A cross section of organisations were contacted and given access to the sessions.		
<b>Feedback</b> The outputs of the focus groups showed a general support for the council's formulation of a customer experience strategy. Key areas of discussion included feedback on services internally not delivering a joined-up approach, a lack of consistency at times and a need for services in the community for some more isolated groups. It was also stated that devices and the subsequent need for an internet connection were deemed quite expensive. Services and locations that provide internet access were stated not to be always accessible. The quality of the council's web provision (website) was discussed, with the consensus saying it could be improved.			

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<b>Type of engagement / consultation</b>	3. Results of the Young Persons Survey Booster sample	<b>Date</b>	January 2021
<b>Who attended / participated?</b>	Teams style survey which was conducted over the phone with a sample of 20 young people who are current service users of the Whg young person's temporary accommodation.		
<b>Protected characteristics of participants</b>	Gender (11 Male, 4 Female 2 not stated) Age – 16–25-Year-olds Indian, Asian British, Sudanese and White British.		
<b>Feedback</b> - A sample of young people showed young people were unsure over what a page document may achieve for a customer experience strategy but wanted support, meaningful contact and wanted someone to help them when needed. Young people also showed a preference to support via digital channels. It was also noted that planning for future services to consider the demographics of the borough, with the younger people suggesting technologies such as Apps to access services.			

<b>Type of engagement / consultation</b>	Results of the Accessible Survey and Telephone Feedback	<b>Date</b>	January 2021 to April 2021
<b>Who attended / participated?</b>	Results from the telephone survey and feedback from the easy read survey		
<b>Protected characteristics of participants</b>	All participants had a disability including, learning disabilities, visual impairments, and physical disabilities.		
<b>Feedback</b> – Different communications for different groups of people. Would like to use online if user friendly towards all protected characteristics. There was discussion at the LD/Autism group about the role of advocacy and the way existing networks could be used instead of necessarily having a civic centre-based service. It was stated that the council should look at more consistent and accessible messages across it services. Carers stated that they more readily use technology if they could track progress and see the outcomes, which they currently do not get from email channels.			



Type of engagement / consultation	Member Survey	Date	July 2021
Who attended / participated?	SNAP Survey link sent to all members – 36 responses		
Protected characteristics of participants	<p>To what age group do you belong? Select one only.</p> <p>16-24 (9)</p> <p>25-34 (8)</p> <p>35-44 (8)</p> <p>45-54 (5)</p> <p>55-64 (4)</p> <p>75+ (1)</p> <p>Prefer not to say (1)</p> <p>65-74 (-)</p> <p>What is your sex? Select one only.</p> <p>Male (18)</p> <p>Female (16)</p> <p>Prefer not to say (2)</p> <p>44%</p> <p>Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Select one only. (Do you have any physical or mental health conditions)</p> <p>No (21)</p> <p>Yes (11)</p> <p>Prefer not to say (4)</p> <p>Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? Select one only. (Does your condition or illness / do any of your condition...)</p> <p>Prefer not to say (4)</p> <p>Yes, a lot (3)</p> <p>Yes, a little (3)</p> <p>Not at all (1)</p> <p>What is your ethnic group? Choose one option that best describes your ethnic group or background. (Ethnic background)</p> <p>White (18)</p> <p>Asian or Asian British (7)</p> <p>Mixed / multiple ethnic groups (6)</p> <p>Black / African / Caribbean / Black British (2)</p> <p>Prefer not to say (2)</p> <p>Other ethnic group (1)</p>		
<b>Feedback</b> – All members supported the need for a joined-up council response to service users and wanted staff to be able to offer resilient services that met the diverse populations needs. There was support for a coordinated approach/offering for digital services across the borough.			

<b>Type of engagement / consultation</b>	Staff Survey	<b>Date</b>	July 2021
<b>Who attended / participated?</b>	SNAP Survey for all staff to respond (73 responses)		
<b>Protected characteristics of participants</b>	<p>To what age group do you belong? Select one only.</p> <p>45-54 (33)</p> <p>55-64 (20)</p> <p>35-44 (14)</p> <p>25-34 (5)</p> <p>Prefer not to say (1)</p> <p>16-24 (-)</p> <p>65-74 (-)</p> <p>75+ (-)</p> <p>What is your sex?</p> <p>Female (52)</p> <p>Male (18)</p> <p>Prefer not to say (3)</p> <p>Is the gender you identify with the same as your sex registered at birth? Select one only.</p> <p>Yes (72)</p> <p>No (-)</p> <p>Which of the following best describes your sexual orientation? Select one only.</p> <p>Straight or heterosexual (63)</p> <p>Prefer not to say (9)</p> <p>Bisexual (1)</p> <p>Gay or lesbian (-)</p> <p>Other sexual orientation (-)</p> <p>Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? Select one only. (Do you have any physical or mental health conditions or...)</p> <p>No (49)</p> <p>Yes (15)</p> <p>Prefer not to say (9)</p> <p>Does your condition or illness / do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? Select one only. (Does your condition or illness / do any of your condition...)</p> <p>Yes, a little (8)</p> <p>Not at all (5)</p> <p>Yes, a lot (1)</p> <p>Prefer not to say (1)</p> <p>What is your ethnic group? Choose one option that best describes your ethnic group or background. (Ethnic background)</p> <p>White (51)</p> <p>Prefer not to say (7)</p> <p>Asian or Asian British (6)</p> <p>Mixed / multiple ethnic groups (4)</p>		

	Black / African / Caribbean / Black British (4) Other ethnic group (1)		
	<b>Feedback</b> – Feedback from the staff survey suggested a support for a customer experience strategy which would address key areas such as the phone contact, the need to work closer with other services and staff seeking		
	<b>Consultation Activity</b> Complete a copy of this table for each consultation activity you have undertaken.		
	<b>Type of engagement/consultation</b> <b>Who attended/participated?</b> <b>Protected characteristics of participants</b>	121 interviews Directors, Heads of Service, Key Stakeholders, Key Partner Agencies This information was not recorded as part of the 121 interviews. <u>List of Interviewees</u> Isabel Vanderheeren – Transformation lead (CS) Zoey West – External Programme Manager Elise Hopkins – Director customer Engagement Michele Leith – Director of HR Keith Beech – Director of Communications Phillipa Venables – Director of Regeneration and Economy Laureen Donnan – Policy, Strategy and Business Insights Advisor Frank Botfield & Michelle McManus– Walsall Together Jonathon Coyle - Interim Commercial Implementation Lead	<b>Date</b> Aug 21 – Nov 21
	<b>Feedback</b> The general feedback received was positive in nature, service areas were keen to see the development of a strategy which proposes a coordinated strategic approach for digital across the borough. There was particular interest from departments such as Regeneration, Customer Experience and HR, due to the potential overlap with their current or proposed strategies.		
6	<b>Concise overview of all evidence, engagement, and consultation</b>		

	<p>There is currently no evidence to state what impact this strategy will have on people with protected characteristics. The ethos of the digital strategy is inclusivity, but it is acknowledged that there are barriers when it come to the potential uptake of digital consumption and interaction.</p> <p>If any new technology is deployed internally under the guise of the digital strategy, its associated project will conduct a sperate EqIA and will endeavour to tailor to the needs of the individuals where possible and appropriate.</p> <p>It is acknowledged that unforeseen circumstances may arise which may not have been accounted for in terms of impact on people with protected characteristics.</p> <p>The strategy will be over a three-year period, monitoring impact and updating the EqIA will be continuous.</p>																					
<b>7</b>	<p><b>How may the proposal affect each protected characteristic or group?</b>  <b>The effect may be positive, negative, neutral, or not known. Give reasons and if action is needed.</b></p> <table border="1"> <thead> <tr> <th>Characteristic</th><th>Affect</th><th>Reason</th><th>Action needed Yes / No</th></tr> </thead> <tbody> <tr> <td>Age</td><td rowspan="11"> <p>The effect of the digital strategy on groups with protected characteristics is currently not known. It would be an assumption to say that any group would be positively, negatively, or not affected through the implementation of the strategy.</p> </td><td rowspan="11"></td><td rowspan="11"></td></tr> <tr><td>Disability</td></tr> <tr><td>Gender reassignment</td></tr> <tr><td>Marriage and civil partnership</td></tr> <tr><td>Pregnancy and maternity</td></tr> <tr><td>Race</td></tr> <tr><td>Religion or belief</td></tr> <tr><td>Sex</td></tr> <tr><td>Sexual orientation</td></tr> <tr><td>Other (give detail)</td></tr> <tr><td>Further information</td></tr> </tbody> </table>				Characteristic	Affect	Reason	Action needed Yes / No	Age	<p>The effect of the digital strategy on groups with protected characteristics is currently not known. It would be an assumption to say that any group would be positively, negatively, or not affected through the implementation of the strategy.</p>			Disability	Gender reassignment	Marriage and civil partnership	Pregnancy and maternity	Race	Religion or belief	Sex	Sexual orientation	Other (give detail)	Further information
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<b>8</b>	<p><b>Does your proposal link with other proposals to have a cumulative effect on particular equality groups? If yes, give details.</b></p> <p>This EqIA inter-links with other EqIAs such as the Customer Experience Strategy, which also aims to support the below ambitions</p> <ul style="list-style-type: none"> <li>• Improve outcomes and customer experience</li> <li>• Improve employee satisfaction and engagement</li> </ul>			<p>(Delete one) <b>Yes</b></p>																		

	<ul style="list-style-type: none"> <li>Improve service efficiency and performance</li> </ul>
<b>9</b>	<b>Which justifiable action does the evidence, engagement and consultation feedback suggest you take?</b>
A	<b>No major change required</b> When no potential for discrimination or adverse impact is identified and all opportunities to promote equality have been taken.
B	<b>Adjustments needed to remove barriers or to better promote equality</b> Are you satisfied that the proposed adjustments will remove the barriers identified?
C	<b>Continue despite possible adverse impact</b> For important relevant proposals, 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. Consultation may suggest a change of action, but some actions will be required regardless of consultation e.g., budget savings. Mitigating actions may be required to minimise impact identified through consultation.
D	<b>Stop and rethink your proposal</b> Actual or potential unlawful discrimination is identified; the proposal will need reviewing immediately. You may need to consult with appropriate officers including your executive director, finance or Equality, Safety and Wellbeing.

Action and monitoring plan				
Action Date	Action	Responsibility	Outcome Date	Outcome
April 2022	Monitor and evaluate the strategy's impact as it develops and is implemented	Strategy Lead	March 2025	A developed action plan which shows the touchpoints/temperature checks have taken place, monitoring impact on staff, residents, the community, and business. Assess and address and impact on those with protected characteristics (specifically age, disability, sex, and race)
Dec 2021	Continue to work closely with Community, Equality and Cohesion Unit	Strategy Lead	On-going	

Where the assessment indicates a potential negative impact (B, C or D in question 7), identify how you will reduce or mitigate this impact. The full impact of a proposal will only be known once it is introduced, so always set out arrangements for reviewing the actual impact of the proposals e.g., 6 month or 12 months after implementation.

Identify who the monitoring will be reported to and what it is part of e.g., service monitoring or project monitoring. Then ensure the outcome of each action is added, this is just as important as identifying the potential impact.

### Update to EqIA

Date	Detail
17.01.22	Appendix incorporated into document (Section 5) and Action & Monitoring plan updated.
26.01.22	Section 5, further defined the type of data which was accessed as part of the EQIA (Customer Strategy Data)
03.02.22	Section 4 – Added data regarding Housing and Labour Supply in the borough Section 5 – Specific digital feedback added from consultation exercises.

Use this section for updates following the commencement of your proposal.

### Contact us

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