

Equalities Impact Assessment (EqIA)

EqIAs make services better for everyone and support value for money by getting services right first time.

EqIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for service users and staff¹. They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010². They help us make good decisions and evidence how we have reached them.³

An EqIA needs to be started as a project starts to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. A full EqIA must be completed before any decisions are made or policy agreed so that the EqIA informs that decision or policy. It is also a live document; you should review and update it along with your project plan throughout.

You should first consider whether you need to complete this full EqIA⁴.

Other key points to note:

- Full guidance notes to help you are embedded in this form see the End Notes or hover the mouse over the numbered notes.
- Please share your EqIA with your Equalities Champion and the final/updated version at the end of the project.
- Major EqIAs should be reviewed by the relevant Head of Service.
- Examples of completed EqIAs can be found on the Equalities Hub

1. Responsibility for the EqIA	
Title of proposal ⁵	Towards A Fair Barnet Roadmap 2024-30
Name and job title of completing officer	Stephen Benbough, Strategy Manager
Head of service area responsible	Hal Khanom, Head of Strategy and Community Participation
Equalities Champion supporting the EqIA	Rosie Evangelou , Consultation and Research Manager
Performance Management rep	N/A
HR rep (for employment related issues)	N/A
Representative (s) from external stakeholders	N/A

2. Description of proposal				
Is this a: (Please tick all that apply)				
New policy /strategy / function / procedure / service	Review of Policy /strategy / function / procedure / service			
Budget Saving	Other			
If budget saving please specify value below:	If other please specify below:			
Please outline in no more than 3 paragraphs ⁶ :				
The proposal which is being assessed				
Approval of a new external, community focussed equalities, diversity and inclusion roadmap for Barnet, "Towards a Fair Barnet 2024-30". The roadmap sets out how we will comply with the public sector equality duty in the Equality Act 2010 and our priorities for tackling inequalities in the borough. The roadmap proposes a new approach to tackling inequalities based on:				

- 1. People: Understand the whole person
- 2. Place: Understand and tackle local causes of inequality
- 3. Planet: Support a just transition to net zero

The roadmap also sets out the following priority areas:

- Disability rights, voice and outcomes (including removing barriers to inclusion)
- People with care experience
- Accessibility of housing and preventing homelessness
- Action on the social determinants of health in neighbourhoods

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What existing data informs your assessment of the impact of the proposal on protected groups of service users and/or staff? Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis

	What does the data tell you ⁷ ? Provide a summary of any relevant demographic data	What do people tell you ⁸ ? Provide a summary of relevant consultation and
Protected group	about the borough's population from the <u>Joint Strategic</u> <u>Needs Assessment</u> , or data about the council's workforce	engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.
	As part of the development of the strategy, we prepared a State of the Borough Report to start to build an understanding of residents' experiences of inequalities in Barnet and the impact.	The following sections of this assessment use the Residents' Perception Survey to highlight where significant inequalities exist in relation to residents'
General	Bringing together different themes, it provides an overview of what inequalities look like in important aspects of their lives. The key evidence set in the report is set out below for each protected characteristic.	responses. Table 4 sets out the proposed approach in the Fair Barnet Strategy to addressing inequalities.

In 2021, there were 96,600 residents aged 0-19 years, making up a quarter of the population. About 83,400 residents aged five years and over were school children or full-time students. 56,100 residents (14%) were aged over 65. 26,300 were aged over 75 years old, an increase of 10.9% since 2011. One-in-ten older residents was living alone. Working age adults (20-64 years) represented 61% of the population.

7,766 (13.4%) of pensioners are living in poverty. The highest rates are found in Colindale North (38.0%), Burnt Oak (25.8%), Cricklewood (23.5%), East Finchley (22.7%) and West Hendon (21.2%).

There were over 4,000 children classified as in need during 2022/23 across the borough. There were around 11,450 pupils eligible for free school meals across both primary and secondary schools (21.3%).

There were 499 looked-after children in Barnet in total during 2022-23.

Residents aged over 65 (59%) are less likely to feel safe in their local area after dark than the population overall (64%) (RPS 2022).

Residents aged over 65 (57%) are less likely to agree that Barnet supports residents to live a healthier life than the population overall (65%) (RPS 2022).

Residents aged over 55 to 65 (54%) and over 65 (61%) are less satisfied with the way the Council runs things than the population overall (67%) (RPS 2022).

Residents aged over 65 (62%) are less likely to feel that the Council is trustworthy than the population overall (72%) (RPS 2022).

Residents aged over 65 (58%) are less likely to feel that the Council keeps them informed than the population overall (70%) (RPS 2022).

Residents aged over 55 to 65 (56%) and over 65 (56%) are less likely to agree that the Council promotes equal opportunities for all and equal access to services than the population overall (67%) (RPS 2022).

Residents aged over 65 (63%) are less likely to report their health as being good or very good than the population overall (82%).

Residents aged over 65 (69%) are less likely to use the internet daily or almost every day than the population overall (89%) (RPS 2022).

Age⁹

In 2021, 49,679 (12.8%) residents self-identified as having a disability that either limited their day-to-day activities a little (7.1%) or a lot (5.7%). The highest levels of disability are found in Ducks Island and Underhill (16.0%), Hadley Wood (15.6%), Fallow Corner (14.6%), North Finchley (14.5%) and High Barnet and Hadley (14.1%).

28% of disabled residents are in employment, slightly higher than the national average (27.3%). The rate of economic inactivity for residents with disabilities is 37.5%. The disability pay gap is 16.6%.

Residents with a disability (75%) are less likely to be satisfied with their local area as a place to live than the population as a whole (85%) (RPS 2022).

Residents with a disability (82%) are less likely to agree that their local area is a place where people from different backgrounds get on well together (88%) (RPS 2022).

Residents with a disability (51%) are less likely to feel safe in their local area after dark than the population overall (64%) (RPS 2022).

Residents with a disability (48%) are less likely to agree that Barnet supports residents to live a healthier life than the population overall (65%) (RPS 2022).

Residents with a disability (52%) are less satisfied with the way the Council runs things than the population overall (67%) (RPS 2022).

Residents with a disability (58%) are less likely to feel that the Council is trustworthy than the population overall (72%) (RPS 2022).

Residents with a disability (56%) are less likely to feel that the Council keeps them informed than the population overall (70%) (RPS 2022).

Residents with a disability (51%) are less likely to agree that the Council promotes equal opportunities for all and equal access to services than the population overall (67%) (RPS 2022).

Disability¹⁰

Residents with a disability (28%) are less likely to report their health as being good or very good than the population overall (82%) (RPS 2022).

Residents with a disability (75%) are less likely to use the internet daily or almost every day than the population overall (89%) (RPS 2022).

The 2021/22 Residents' Perception Survey showed that disabled residents are significantly less likely to be satisfied across a number of key indicators compared to residents without a disability. To investigate these findings in-depth, the Tackling the Gaps Group commissioned Habitus, a specialised ethnographic research company, to conduct a study to understand the lived experiences of disabled residents.

The project set out to address the following objectives:

- To understand the lived experiences of disabled residents (and to some extent their families and carers) in engaging or accessing Council and community services.
- To explore how different protected characteristics and intersectionality shape disabled participants' lived experiences in engaging in community life.
- To identify barriers to participation in Council and community services.

Four recommendations were shaped by the disabled residents, parents, and carers who took part in the study:

		 (1) Understanding how residents identify and want to be identified is key in meaningfully engaging with them. (2) Consider how disabled residents access information and find different modes of making this accessible. (3) Community matters – working with voluntary sector organisations can help disabled residents engage meaningfully in community life. (4) Create opportunities to enable disabled residents to engage in community life and civic participation in different ways.
Gender reassignment ¹¹	In 2021, 2,550 residents (0.8%) did not identify with the same gender as their sex registered at birth.	
Marriage and Civil Partnership ¹² Pregnancy and Maternity ¹³	We do not have data relating to marriage and civil partnership or papproach in the Towards a Fair Barnet Roadmap is to create a fair residents across all protected characteristics. Therefore, we conside these specific protected characteristics.	er Barnet and reduce inequalities experienced by
Race/ Ethnicity ¹⁴	In 2021, 57.7% of our population was from a white background, followed by 19.3% from an Asian background, 7.9% a black background, 5.4% a mixed background and 9.8% from other ethnic groups. Residents identifying as white British made up 36.2% of the population.	White residents (67%) are less satisfied with the way the Council runs things than those from an ethnic minority background (72%) (RPS 2022).

221,293 of Barnet's residents (56.8%) were born in the UK. 168,050 residents were born outside of the UK. Those born in the Middle East and Asia make up 15.3% of Barnet's population.

There are large differences in the population of ethnic groups between neighbourhoods in Barnet:

- 74% of the population in High Barnet and Hadley identify as white compared to 36% in Colindale West and South.
- 37% of the population in Colindale West and South and 23% in Edgeware Park identify as Asian.
- 24% of the population in Grahame Park identify as black, 23% as Asian and 7% as mixed ethnicity.

77.1% of residents aged over three years old state that English is their main language, with 95.9% of the population identifying themselves as being proficient in the English language. Over 90 languages are spoken, including Romanian by 3.0 % of residents, Persian or Farsi (2.3%), Polish (1.5%), Gujarati (1.4%), Portuguese (1.0%) and Arabic (1.0%).

Working age economic inactivity varies significantly between broad ethic groups.

	Barnet	London
Indian	11.6%	16.9%
Other Ethnic Group	20.9%	25.1%
White	21.8%	17.2%

White residents (68%) are less likely to feel that the Council keeps them informed than those from an ethnic minority background (74%) (RPS 2022).

White residents (67%) are less likely to agree that the Council promotes equal opportunities for all and equal access to services than those from an ethnic minority background (71%) (RPS 2022).

Residents from an ethnic minority background (76%) are more likely to feel that the Council is trustworthy than the population overall (72%) (RPS 2022).

Residents from an ethnic minority background (69%) are more likely to agree that Barnet supports residents to live a healthier life than the population overall (65%) (RPS 2022).

Mixed Ethnic	24.3%	28.5%
Black or Black British	35.3%	26.3%
Pakistani/Bangladeshi	Not available	33.8%

Unemployment rates in Barnet are lowest for white residents not born in the UK (4.0%), followed by white UK born residents (4.7%) and residents from ethnic minorities born outside the UK (6.8%). The highest rate is for residents from ethnic minorities born in the UK (8.9%).

Across London, there is a difference in the earnings of white employees compared to those of other ethnicities. In 2019, the median hourly wage of black workers was 19% lower, followed by workers from other ethnic backgrounds (11%) and Asian workers (10%).

Homelessness in Barnet is most keenly felt amongst minority ethnic groups. Those identifying as black are 4.2 times more likely to present as being homeless than those identifying as white. Those from mixed ethnicity or multiple ethnic backgrounds are 2.3 times more likely to approach Barnet Homes for this reason.

There were over 4,000 children classified as in need during 2022/23 across the borough. There were around 11,450 pupils eligible for free school meals across both primary and secondary schools (21.3%). Disproportionality studies for Barnet show that black children and children from "other ethnic groups" are 2.9 times more likely to receive free school meals than white children and those from a mixed or multiple ethnic background are 1.8 times more likely. Those who identify as Asian or Asian

British are slightly less likely to receive free school meals than the majority population.

There were 499 looked-after children in Barnet in total during 2022-23. Black boys are 3.2 times more likely to be represented in this cohort than white boys. Boys from other ethnic groups (2.6) and a mixed or multiple ethnic background (2.2) are also over-represented. Black girls are 2.7 more likely to be in the looked-after group, followed by those from a mixed or multiple ethnic background (2.0) and other ethnic groups (1.4).

Within Barnet in 2022/23, 70.4% of children achieved a good level of development at the end of Reception. This was above the overall average for London (69.1%) and England (67.3%). All ethnic groups achieved higher than their national comparators for school readiness, except for black pupils, who were in line with the national position, and any other ethnic group who were 1.3 percentage points below.

Attainment 8 scores measure students' average GCSE grades across eight subjects. In 2021-22, students in Barnet achieved an attainment score of 58.1 compared to 52.7 in London and 48.9 in England. Girls (59.5) had on average a higher score than boys (56.9), although the gap was less than in London or nationally. Asian students attained the highest Attainment 8 score at 71.5, with pupils from black groups (51.9) and those receiving free school meals (45.1) on average performing less well.

The worst educational outcomes are often among children excluded from school. Exclusion is also linked with a higher risk of becoming a victim or perpetrator of crime. In the school year 2020-21, Barnet (2.33%) had a lower proportion of children being temporarily excluded from school than the average for England (4.25%). However, black children (4.23%) and those from mixed ethnic groups (3.17%) were more likely to be

excluded than other groups. Of the 82 young people involved with the Youth Justice Service between April 2022 and March 2023, 29 were white, 24 were black and 14 were from other ethnic groups.

Across London, trust and confidence in the police have seen sustained declines over recent years. In 2021-22, confidence was 45%, a fall of 14% percentage points over the previous three years. Trust in the police stood at 66%, a decline of 17% over the same period. The lowest levels of trust and confidence were expressed by those who are of mixed ethnicity, black, LGB+ or aged under 25. Overall, 62% of respondents said the police would treat everyone fairly. Londoners aged under 25 (56%), those from black (46%) or mixed ethnic backgrounds (44%) or LGB+ (50%) are far less likely to feel the police would treat everyone fairly.

In the period 1 January 2022 to 31 May 2023, there were 2,420 recorded convictions or cautions in Barnet. 48% of perpetrators were white European, 24% Afro-Caribbean and 9% Asian. Over the same period, where ethnicity was recorded, 51% of the victims of crime were white European, 16% Asian and 16% Afro-Caribbean.

3,446 stop and searches were undertaken by the police in Barnet in 2022. 46% of the subjects were white European, 29% were black and 11% Asian.

There has been an increase in most forms of hate crime in Barnet over recent years, with 1,114 offences recorded in 2021-22.

	Hate Crime Offences in	2017/18	2018/19	2019/20	2020/21	2021/22
	Barnet					
	Race and	654	787	787	786	823
	Religious					
	Antisemetic	122	190	165	128	155
	Islamophobia	55	30	36	11	33
	Disability	19	12	22	14	23
	Homophobia	39	39	75	72	67
	Transgender	4	6	3	5	13
	The most com	mon religio	on is Christ	tianity. In 2	2021, 36.6	% of
	the population 12.2% as Musli	self-ident	ified as Ch	ristian, 14	.5% as Jev	ish and
	having no relig					
	community.					
Religion or belief ¹⁵	Again, there ar	_			-	
	with, for exam and 44% in He	•				
	27.1% of peop	le in Brent	Cross and	Staples Co	orner as M	luslim.

		Muslim residents (75%) and Christian residents (70%) are more likely to be satisfied with the way Council runs things than the population overall (67%) (RPS 2022). Jewish residents (56%) are less likely to agree that the Council promotes equal opportunities for all and equal access to services than the population overall (67%) (RPS 2022). Muslim residents (74%) and Christian residents (70%) are more likely to agree that Barnet supports residents to live a healthier life than the population overall (65%) (RPS 2022).
Sex ¹⁶	The 2021 Census shows that Barnet is the second largest borough by population in London, home to an estimated 389,300 people. 48.4% or residents were male and 51.6% female. There has been a significant decline in male average life expectancy in Barnet since the beginning of the COVID-19 pandemic. The fall has been influenced largely by excess deaths due to COVID-19 and cardiovascular diseases. There has been a smaller decline in female life expectancy since 2017. There are marked differences in people's life expectancy across Barnet. The difference between people living in the most and least deprived areas of the borough is 5.7 years for females and 6.7 years for males. This gap has narrowed over the last decade for men by 1.3 years, but has increased for women For males, the main conditions that affect inequality of life expectancy between those living in the most and least deprived	Female residents (55%) are less likely to feel safe in their local area after dark than the population overall (64%) (RPS 2022). Female residents (63%) are less likely to agree that the Council promotes equal opportunities for all and equal access to services than male residents (71%). Female residents (67%) are less likely to feel that the Council keeps then informed than male residents (72%) (RPS 2002).

areas are other causes (22.6%), cancer (18%) and circulatory diseases (14.5%). For females, the main conditions contributing to the gap are circulatory diseases (27.2%), COVID-19 (24.1%) and respiratory diseases (19.6%). Overall, people in Barnet tend have a comparatively long lifeexpectancy, but both men and women now spend more years in worse health than ten years ago. However, the increase for men has been greater. Healthy life expectancy at birth is 62.9 years for men and 67.1 for women, compared to 63.8 for men and 65.0 for women in London overall. Poor health in later years of life is mostly attributable to long-term conditions such as cardiovascular diseases, cancer, diabetes, respiratory diseases and mental ill health. 10% more men (65.4%) resident in Barnet were in employment compared to the proportion of women (55.4%). 0.6% more men (4.7%) were unemployed compared to women (4.1%). 24.3% of Barnet's working age population is economically inactive. The rate for women (30.9%) is significantly higher than for men (19.2%). Both are higher than the respective rates for London at 24.6% for women and 15.9% for men. In 2020/21, the estimated median income of taxpayers in Barnet was £32,200, higher than London (£31,500) and England (£26,600). Median weekly earnings for full-time male workers (£654) are higher than those for women (£594). Men (17.3%) are twice as likely as women (8.5%) to be classified as managers, directors and senior officials, although a greater proportion of women are in professional occupations than men. 8,633 residents (2.8%) identified with a LGB+ orientation (gay or lesbian, bisexual or other sexual orientation). Sexual Orientation¹⁷

	As referred to above, the LGB+ community have lower levels of trust and confidence in the police and are less likely to feel that the police would treat everyone fairly.	
Other relevant groups ¹⁸	50% of all households in Barnet have at least one dimension of deprivation (based on employment, education, health and disability and housing status). 25,960 households (13%) recorded two or more dimensions of deprivation. Burnt Oak and Watling Park (66%) Brent Cross and Staples Corner (64%), Grahame Park (62%), Mill Hill Broadway (60%), West Hendon (58%) and Hendon Central (58%) recorded the highest levels of households having at least one dimension of deprivation. More disadvantaged groups experiencing inequalities are also more likely to have a cluster of unhealthy behaviours, such as smoking, drinking, low consumption of fruit and vegetables and low levels of physical activity. Although smoking prevalence in London fell from 16.3% to 12.9% between 2015 and 2019, it remains London's leading cause of premature death killing 8,000 people each year. Levels of smoking in Barnet also continue to fall, but we know rates are higher in more deprived areas, amongst those with routine and manual occupations and for men. This creates a level of disproportionality across wards in Barnet. Hospital admissions for alcohol related conditions and alcohol related mortality in Barnet are lower than the London and England average. The prevalence of 'increasing or higher risk' drinking in England is generally greatest in the highest household income group. However, the rate of hospital admissions for alcohol-related conditions is highest in the most deprived areas. This is believed to be due to interactions with other health behaviours in more deprived areas, such as smoking, poor diet and lack of exercise.	Residents living in the more deprived parts of the borough (78%) are less likely to be satisfied with their area as a place to live than the population as a whole (85%) (RPS 2022). Residents living in the more deprived parts of the borough (57%) are less likely to feel safe in their local area after dark than the population overall (64%) (RPS 2022). Residents living in the more deprived parts of the borough (60%) are less likely to agree that Barnet supports residents to live a healthier life than the population overall (65%) (RPS 2022). Residents living in the more deprived parts of the borough (62%) are less satisfied with the way the Council runs things than the population overall (67%) (RPS 2022). Residents living in the more deprived parts of the borough (68%) are less likely to feel that the Council is trustworthy (72%) (RPS 2022). Residents living in the more deprived parts of the borough (83%) are less likely to use the internet daily or almost every day than the population overall (89%) (RPS 2022).

In 2019-20, over half (57%) of adults in Barnet were estimated to be overweight, higher than the London average (55.7%) but lower than that for England (62.8%). Across London, for both men and women, obesity was lowest in those aged under 25 with a gradual increase by age through to 55-64 years, after which prevalence decreases. Obesity prevalence was lowest in the least deprived and highest in the most deprived areas. Diet and physical activity are key risk factors for being overweight or obese.

15,188 (10.4%) of households in Barnett are estimated to be living in fuel poverty. The highest levels of fuel poverty are found in Burnt Oak (17.6%), Colindale South (17.1%), Cricklewood (15.1%), West Hendon (13.3%) and Colindale North (12.6%).

Children who grow up in poverty are likely to suffer poorer education and health outcomes throughout their lives compared to children who do not. In Barnet, 11.9% of children live in relative poverty, significantly lower than the comparable rates for London (16.4%) and England (20.1%). 9.5% of children live in absolute poverty. Again, this is lower than comparable rates for London (13.1%) and England (15.3%). Whilst this is generally positive, there are pockets of higher deprivation in parts of the borough. Deprivation affecting children is highest in Burnt Oak (22.4%), Colindale (19.2%) and Golders Green (15.1%).

4. Assessing impact What does the evidence tell you about the impact your proposal may have on groups with protected characteristics 19?						
Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service	Positive impact	Nega imp	No impact		
	deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.		Minor		Major	
Age	A Fair Barnet Strategy strategy proposes a new approach to tackling inequalities based on: People: Understand the whole person					
Disability	This means that we will view people as their whole selves and not by isolated individual equalities characteristics. It recognises that people are shaped by a combination of multiple factors, including their age, disability, ethnicity, sex, gender identity, religion, sexual orientation and socio-economic background.	×				
Gender reassignment	The causes of inequality are often inter-connected and combine to create different modes of discrimination and levels of advantage or disadvantage. Recognising this provides an opportunity to better understand the lived	×				
Marriage and Civil Partnership	experience of people and the issues they face. Place: Understand and tackle local causes of inequality Where you live can unfairly impact your life chances in Barnet.					
Pregnancy and Maternity	For a long time, we have focussed on fixing individual problems that residents come to us with, rather than tackling the structural root causes that are driving inequality. The State of the Borough Report 2023 shows us that many avoidable inequalities are determined by where people live in the borough.	⊠				
Race/ Ethnicity	Place-based drivers of inequality are the conditions at a neighbourhood level that influence our opportunities for good health and wellbeing. They influence how we behave and how we think and feel, all of which impacts our life chances. Some residents face discrimination and disadvantage with	⊠				
Religion or belief	poorer access to infrastructure and services, such as libraries, public transport, parks and green spaces. We will improve our understanding of the structural, place-based drivers of inequalities. We will use place-based					

Sex	systems that work with local communities, public and voluntary and community sector partners, to agree shared priorities for local neighbourhoods experiencing the greatest inequalities.		
Sexual Orientation	Planet: Supporting a just transition to net zero As we go further and faster to tackle climate change, we will do all that we can to ensure the urgent transition to net zero does not create new gaps or widen existing ones. We will review impacts to ensure that the costs of climate policies do not fall unequally on different groups of people. The aim of the new approach is to create a fairer Barnet and reduce inequalities experienced by residents across all protected characteristics. In addition to shaping our work across the Council, the roadmap proposes a priority to take an intersectional approach to disability rights. People with disabilities experience significant additional disadvantage when they have multiple protected characteristics that can affect their life chances, and experiences of discrimination. It can be more difficult for many people with disabilities to access services and more difficult to access culturally appropriate services. We have undertaken two ethnographic studies to understand more about the lives of disabled children and adolescents and adults, working with groups of people including those minoritised within minoritised groups. Adopting the four recommendations made in both studies, our principles for working with disabled people will be: - We understand how disabled children, young people and adults identify and want to be identified is key to meaningfully engaging them. - We consider how disabled adults, children, young people and their families access information, and find different modes of making this accessible.		

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 Community matters: working with voluntary sector organisations can help disabled adults, children, young people and their families engage in community life. 		
 We will create opportunities to enable disabled adults, youth and their families to engage in community life and civic participation in different ways. 		
We also have a priority to improve the accessibility of housing for older residents and those with limited mobility and to ensure the availability of culturally appropriate housing. A further priority on preventing homelessness will help with reducing disproportionality and the over-representation of black people and those with disabilities (particularly mental health) approaching Barnet Homes as homeless.		
The priority on address the social determinants of health in neighbourhoods will have a positive impact across all protected characteristics with the intention of reducing health inequalities.		

5. Other key groups Are there any other vulnerable groups that might be affected by the proposal?			و Neg im		pact	
These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed		Positive impact	Minor	Major	No im	
Key groups	People on low incomes People with care experience	\boxtimes				

6. Cumulative impact ²⁰ Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics?
☐ Yes No ☒
If you clicked the Yes box, which groups with protected characteristics could be affected and what is the potential impact? Include details in the space below

7. Actions to mitigate or remove negative impact Only complete this section if your proposals may have a negative impact on groups with protected characteristics. These need to be included in the relevant service plan for mainstreaming and performance management purposes.

Group affected	Potential negative impact	Mitigation measures ²¹ If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	Monitoring ²² How will you assess whether these measures are successfully mitigating the impact?	Deadline date	Lead Officer

8. Outcome of the Equalities Impact Assessment (EqIA) ²³ Please select one of the following four outcomes
Proceed with no changes The EqIA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed
Proceed with adjustments Adjustments are required to remove/mitigate negative impacts identified by the assessment
Negative impact but proceed anyway This EqIA has identified negative impacts that are not possible to mitigate. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below
Do not proceed This EqIA has identified negative impacts that cannot be mitigated and it is not possible to continue. Outline the reasons for this and the information used to reach this decision in the space below
Reasons for decision

Sign-off

9.Sign off and approval by Head of Service / Strategic lead ²⁴					
Name: Hal Khanom	and Community Participation				
Tick this box to indicate that you have approved this EqIA	Date of approval:				
Tick this box to indicate if EqIA has been published Date EqIA was published: Embed link to published EqIA:	Date of next review:				

Footnotes: guidance for completing the EqIA template

- ¹ The following principles explain what we must do to fulfil our duties under the Equality Act when considering any new policy or change to services. They must all be met or the EqIA (and any decision based on it) may be open to challenge:
- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- Timeliness: the duty applies at the time of considering proposals and before a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and must influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf complies with the equality duty.
- **Review:** the equality duty is a continuing duty it continues after proposals are implemented/reviewed.
- Proper Record Keeping: we must keep records of the process and the impacts identified.

² Our duties under the Equality Act 2010

The council has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (see end notes 9-19 for details of the nine protected characteristics). This applies to policies, services (including commissioned services), and our employees.

We use this template to do this and evidence our consideration. You must give 'due regard' (pay conscious attention) to the need to:

- **Avoid, reduce or minimise negative impact**: if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- Promote equality of opportunity: by
 - Removing or minimising disadvantages suffered by people with a protected characteristic
 - Taking steps to meet the needs of these groups
 - Encouraging people with protected characteristics to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- Foster good relations between people who share a protected characteristic and those who don't: e.g. by promoting understanding.

³ EqIAs should always be proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive data – EqIAs are public documents. They are published with Cabinet papers, Panel papers and public consultations. They are available on request.

⁴ When to complete an EqIA:

When developing a new policy, strategy, or service

- When reviewing an existing service, policy or strategy
- When making changes that will affect front-line services
- When amending budgets which may affect front-line services
- When changing the way services are funded and this may impact the quality of the service and who can access it
- When making a decision that could have a different impact on different groups of people
- When making staff redundant or changing their roles

Wherever possible, build the EqIA into your usual planning and review processes.

Also consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people who will be affected?

If there are potential impacts on people but you decide <u>not</u> to complete an EqIA you should document your reasons why.

⁵ Title of EqIA: This should clearly explain what service / policy / strategy / change you are assessing.

⁶ **Focus of EqIA:** A member of the public should have a good understanding of the proposals being assessed by the EqIA after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EqIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the proposed change?
- Who implements, carries out or delivers the service or function in the proposal? Please state where this is more than one person or group, and where other organisations deliver it under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the service, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? E.g.: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the service tell you?
- What is the reason <u>for</u> the proposed change (financial, service, legal etc)? The Act requires us to make these clear.

⁷ Data & Information: Your EqIA needs to be informed by data. You should consider the following:

- What data is relevant to the impact on protected groups is available? (is there an existing EqIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate.

- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

8 What have people told you about the service, function, area?

- Use service user feedback, complaints, audits
- Conduct specific consultation or engagement and use the results
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must consult appropriately and in an inclusive way with those likely to be affected to fulfil the
 equality duty.
- You can read LBB <u>Consultation and Engagement toolkit</u> for full advice or contact the Consultation and Research Manager, <u>rosie.evangelou@barnet.gov.uk</u> for further advise
- ⁹ **Age**: People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.
- ¹⁰ **Disability**: When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.
- ¹¹ **Gender Reassignment:** In the Act, a transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.
- ¹² Marriage and Civil Partnership: consider married people and civil partners.
- ¹³ **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and 'keeping in touch' days.
- ¹⁴ Race/Ethnicity: Apart from the common ethnic groups, consideration should also be given to Traveller communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.
- ¹⁵ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical beliefs.
- ¹⁶ **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.
- ¹⁷ **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.
- ¹⁸ Other relevant groups: You should consider the impact on our service users in other related areas.
- ¹⁹ **Impact:** Your EqIA must consider fully and properly actual and potential impacts against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
- Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
- Is there evidence of higher/lower uptake of a service among different groups? Which, and to what extent?
- Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
- If there are likely to be different impacts on different groups, is that consistent with the overall objective?
- If there is negative differential impact, how can you minimise that while taking into account your overall aims?
- Do the effects amount to unlawful discrimination? If so the plan must be modified.
- Does it relate to an area where equality objectives have been set by LBB in our <u>Barnet 2024 Plan</u> and our <u>Strategic Equality Objective</u>?

²⁰ Cumulative Impact

You will need to look at whether a single decision or series of decisions might have a greater negative impact on a specific group and at ways in which negative impacts across the council might be minimised or avoided.

²¹ Mitigating actions

- Consider mitigating actions that specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
- Explain clearly what any mitigating measures are, and the extent to which you think they will reduce or remove the adverse effect
- Will you need to communicate or provide services in different ways for different groups in order to create a 'level playing field'?
- State how you can maximise any positive impacts or advance equality of opportunity.
- If you do not have sufficient equality information, state how you can fill the gaps.

²³ Outcome:

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

²² **Monitoring:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further monitoring, equality assessment, and consultation are needed.

²⁴ **Sign off:** Your will need to ensure the EqIA is signed off by your Head of Service, agree whether the EqIA will be published, and agree when the next review date for the EqIA will be.