

## 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 staff<sup>1</sup>. They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010<sup>2</sup>. They help us make good decisions and evidence how we have reached them.<sup>3</sup>

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 EqIA<sup>4</sup>.

### **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 <sup>5</sup>	Children and Young People's Mental Health and Wellbeing Strategy
Name and job title of completing officer	Soriyah Carnegie, Strategy and Insight Advisor
Head of service area responsible	Chris Munday, Director of Children of Family Services
Performance Management rep	-
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 <input checked="" type="checkbox"/>	Review of Policy /strategy / function / procedure / service <input type="checkbox"/>
Budget Saving <input type="checkbox"/>	Other <input type="checkbox"/>
If budget saving please specify value below: £139,000	If other please specify below:
<p><i>The strategy that is being assessed is the new strategy for the development and improvement of children and young people's mental health and wellbeing support services in Barnet. It focuses on a number of principles and priorities through which work to enhance the current mental health and wellbeing offer for children and young people will be implemented.</i></p> <p><i>The development of these priorities and principles has been driven through engagement with children and young people. In the initial engagement, young people expressed concerns around their use of and access to mental health and wellbeing services in Barnet. These largely fell into the categories of Awareness,</i></p>	

*Perceptions, Trust and Cultural Barriers. The strategy's priorities of raising awareness, engagement with children, young people and those with service-experience, nearby and relevant support, suicide prevention and a system for success all seek to remedy these concerns, along with ensuring alignment with existing related initiatives and strategies within Barnet, including My Say Matters and the Suicide Prevention Framework.*

### 3. Supporting evidence

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*

<b>Protected group</b>	<b>What does the data tell you<sup>6</sup>?</b> <i>Provide a summary of any relevant demographic data about the borough's population from the <u>Joint Strategic Needs Assessment</u>, or data about the council's workforce</i>	<b>What do people tell you<sup>7</sup>?</b> <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.</i>
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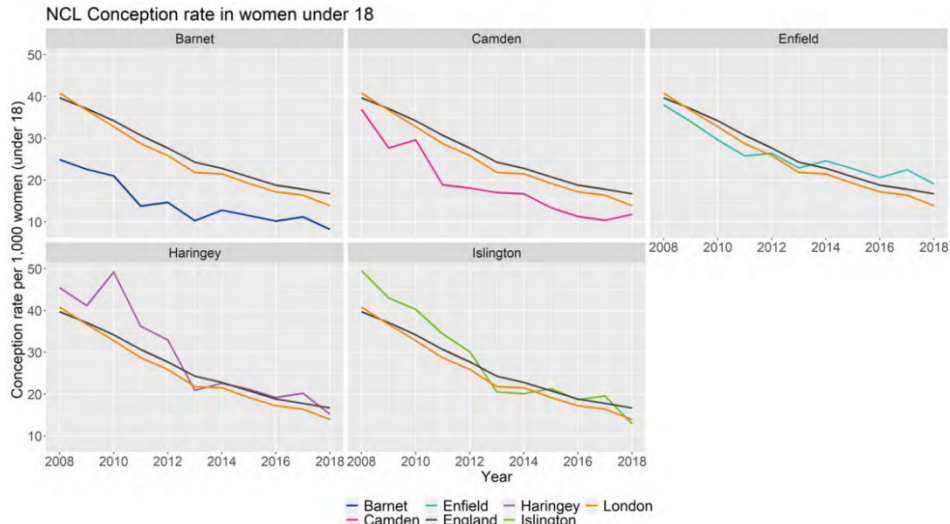
<p>Age<sup>8</sup></p>	<p>Barnet’s population of 0–19-year-olds is 96,600- 24.81% of Barnet’s total population. The proposed strategy focuses on this demographic and in improving their service experience and outcomes into adulthood.</p> <p>Children in Barnet form most eligible residents regarding the support services referenced within the strategy, with some services supporting residents up to the age of 25 due to disabilities.</p> <p>A well-established risk factor for poor mental health outcomes for children is deprivation. 9.38% of this cohort in Barnet are in absolute low-income families and based on the Income Deprivation Affecting Children Index (IDACI), 12.6% of children in Barnet are in income-deprived families (JSNA).</p> <p>In Barnet, the number of hospital admissions for mental health for those under 18 per 100,000 is 91, compared with 76 and 101 in London and England respectively. Additionally, the number of hospital admissions for self-harm amongst 10–24-year-olds in Barnet per 100,000 is 259, which is higher than the London region but considerably lower than England’s rate of admission.</p>	<p>Engagement with children and young people formed the basis of this strategy’s development. In the initial engagement, children and young people expressed concerns that largely fell into the below categories:</p> <p><b>1. Awareness</b></p> <p>Young people were not fully aware of Barnet’s offer of support</p> <p><b>2. Perceptions</b></p> <p>Of the services that they were aware of, many young people expressed scepticism around the efficacy of these services, as well as feeling that the settings for accessing the support offer were too formal, leading to discomfort and reluctance in accessing the support that they were aware of.</p> <p><b>3. Trust</b></p> <p>Young people expressed that they did not feel comfortable speaking with practitioners, with concerns around confidentiality and a lack of rapport with mental health practitioners.</p>
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		<p><b>4. Cultural Barriers</b></p> <p>There was a prevailing sense that Mental Health and Wellbeing Practitioners were culturally far-removed from the young people who at the time, were not accessing these services at a proportional level.</p> <p>Of the 24 respondents to the consultation questionnaire that were under the age of 18, 23 agreed with all of the strategy's principles and priorities, with one respondent stating that they were not sure.</p> <p>The prevalence of 'probable mental health disorder' in children aged 8-16 years rose from 12.5% in 2017 to 20.3% in 2023. In young people aged 17-19 years, rates increased from 10.1% in 2017 to 23.3% in 2023 (NHS Digital, 2023).</p>
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<p><b>Disability<sup>9</sup></b></p>	<p>Barnet has 7,640 pupils in receipt of Special Educational Needs (SEN) support, accounting for 10.8% of the total number of pupils in Barnet. Of Barnet’s total number of pupils, 4% have Educational Health Care plans. These are both proportionally below the London and national percentages.</p>	<p>Data has shown that people with learning disabilities had higher rates of symptoms of common mental health problems (25%) compared to those with average (17.2%) or above average (13.4%) intellectual functioning.</p> <p>Children with learning disabilities are four and a half times more likely to have a mental health problem than children without a learning disability. Research suggests that children with Neurodevelopmental disorders are 3-6 times more likely to have other mental difficulties such as antisocial behavior, depression and anxiety.</p> <p>Engagement with Parent Champions with children with disabilities showed an urgency for the publication of this strategy due to the potential for positive impacts to be had upon the experiences of this cohort of children within the mental health system through the strategy’s areas of priority and its principles.</p>
<p><b>Gender reassignment<sup>10</sup></b></p>	<p>No data held</p>	<p>The newly published Independent Review of gender identity services for children and young people by Dr. Hilary Cass highlights that the increase in incidences of gender</p>

		<p>incongruence/dysphoria needs to be considered within the context of poor mental health and emotional distress amongst the broader adolescent population, particularly given the high rates of co-existing mental health problems and neurodiversity amongst this cohort.</p> <p>As the cohort of young people with gender dysphoria are the most likely to undergo gender reassignment, and are also subject to high levels of co-existing neurodiversity, improvement within Barnet’s mental health system should better support this cohort.</p>
<p><b>Marriage and Civil Partnership<sup>11</sup></b></p>	<p>No data is currently held suggesting that the strategy will have an impact on this characteristic, on the basis of the data held by CYP mental health services in Barnet.</p>	<p>The legal age of marriage in England and Wales rose to 18 years of age in 2023, and so the impact of this strategy being one focused on children and young people is very limited for this characteristic.</p> <p>Child marriage is often associated with domestic abuse towards girls as well as serious physical and mental health difficulties.</p> <p>No data was found specifically relating to the impacts of civil partnership and</p>



		marriage on under 25 year olds with disabilities.
<p>Pregnancy and Maternity<sup>12</sup></p>	<p>The most recent NCL data around conception rates in women under 18 suggests consistently and considerably low levels of teenage pregnancy in Barnet, compared with both London and national averages, as well as neighbouring NCL boroughs.</p>  <p>NCL Conception rate in women under 18</p> <p>Conception rate per 1,000 women (under 18)</p> <p>Year</p> <p>Legend: Barnet (blue), Camden (pink), Enfield (teal), England (grey), Haringey (purple), Islington (green), London (orange)</p>	<p>A study into young parents' experiences of pregnancy published in 2022 suggests that parents aged 16-24 years are at increased risk of poor mental health, which was worsened during the COVID-19 pandemic. This conclusion specifically identified an increased risk of antenatal and postpartum depression.</p>
<p>Race/ Ethnicity<sup>13</sup></p>	<p>The strategy's focus is within an area of known inequality, with young people from black and other minoritised ethnic backgrounds having been disproportionately disengaged with self-referred mental health and wellbeing services when compared with the comparatively high rate of social, emotional and mental health needs experienced by this cohort.</p>	<p>Engagement with young black residents suggested that some of the reasons for the disproportionate engagement with mental health services was a lack of trust within the existing mental health system, along with a lack of awareness of the support available.</p>

	<p>Source: [5] Gov UK SEN dataset (2020), Strand S, Lindorff A. Ethnic disproportionality in the identification of Special Educational Needs in England</p>	<p>The suggestions provided by these cohorts of young people have been incorporated into the strategy, including the principle around ensuring that mental health support is equitable, and that awareness is raised across Barnet’s communities and through the VCSFE.</p>
<p>Religion or belief<sup>14</sup></p>	<p>At the initiation of the strategy’s development, Jewish young people were identified as a cohort that had a low level of engagement with mental health services in Barnet relative to their population.</p> <p>Barnet’s Jewish population forms 14.54% of the total population at 56,616 – no data held via the JSNA or Local Insight Tool around the number of Jewish children specifically reside in Barnet.</p>	<p>Engagement with young Jewish residents and Jewish community groups suggested that the impact of cultural stigma was a barrier to young Jewish residents accessing mental health and wellbeing support.</p> <p>The suggestions provided by this cohort of young people have been incorporated into the strategy, including the principle around ensuring that mental health support is equitable, and that awareness is raised across Barnet’s communities and through the VCSFE.</p>
<p>Sex<sup>15</sup></p>	<p>The rate of access to Barnet NHS CYP mental health services is relatively even between male and female young people, at 35 per 1,000 females and 34 per 1,000 males.</p>	<p>Nationally, some conditions (for example, eating disorders) have increased more than others, particularly in girls and young women. Studies of rates of self-harm have shown</p>

		<p>similar increases. For example, between 2011 and 2014 there was an almost 70% increase in young girls between 13 and 16 years old presenting with self-harm, which was not paralleled in boys or in other age groups. Rates of self-harm in 13 and 19 year old girls were elevated throughout compared to boys (Morgan et al., 2017).</p>
<p><b>Sexual Orientation<sup>16</sup></b></p>	<p>Sexual orientation is not recorded as part of CYPMH services (NCL, 2021).</p>	<p>Reports from the LGBT rights charity Stonewall highlights the immense difficulties faced by the LGBTQ+ community:</p> <p>In LGBT people aged 18-24:</p> <ul style="list-style-type: none"> <li>- 13% had tried to take their own life in the previous year and 52% had thought about it.</li> <li>- 48% said they had deliberately self-harmed in the previous year.</li> </ul> <p>In schools (pupils aged 11-19)</p> <ul style="list-style-type: none"> <li>- 64% of young trans people and 45% of young LGB people were bullied for being LGBT at school.</li> <li>- 84% of young trans people and 61% of young LGB people had self-harmed.</li> </ul>
<p><b>Other relevant groups<sup>17</sup></b></p>	<p>Not applicable</p>	<p>Not applicable</p>

4. Assessing impact What does the evidence tell you about the impact your proposal may have on groups with protected characteristics <sup>18</sup> ?					
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 deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	Children are also the cohort impacted by the current waiting lists for child mental health services in Barnet, which the strategy seeks to reduce and offer enhanced support as a result of.  This strategy does not seek to negatively impact the experience of adult mental health service users or to reduce the resources committed to adult mental health services, and therefore the strategy's publication poses no foreseen negative impact on the basis of age discrimination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	In its focus on the reduction of waiting times for assessment and treatment, and on making the support accessible and equitable, this strategy positively impacts those young people with disabilities and their carers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	Whilst the number of transgendered young people under the age of 16 in Barnet has not been collected and held via the JSNA and local insight tool, wider evidence suggests higher levels of self-harm and mental poor health amongst this cohort. In line with the strategy's principles of equitability and accessibility, the publication and implementation of the strategy should support those identifying with this characteristic.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Marriage and Civil Partnership</b>	Not Applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Pregnancy and Maternity</b>	As the data in the above section suggests, the impact on this protected characteristic is minimal, but positive as it seeks to make children and young people's mental health and wellbeing support equitable and accessible.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Race/ Ethnicity</b>	The strategy explicitly seeks to address existing inequalities through supporting community groups in offering mental health support to young people in spaces and with practitioners that they are familiar with, along with its principles of equitability and accessibility also seeking to address the disproportionality here.  The impact of the strategy is positive in that it addresses existing inequality within race and ethnicity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion or belief</b>	The strategy explicitly seeks to address existing inequalities through supporting community groups in offering mental health support to young people in spaces and with practitioners that they are familiar with, along with its principles of equitability and accessibility also seeking to address the disproportionality here.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sex</b>	Whilst the rate of access to Barnet's CYP mental health services between males and females is relatively equal and proportionate, the prevalence of particular conditions amongst girls suggests that an improved mental health system will better support girls in Barnet.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Orientation</b>	None Whilst data is not currently held around the sexual orientation of CYP Mental Health services in Barnet, the wider data suggests a higher likelihood of engaging in self-harm, along with being bullied. Therefore the improvements being proposed through the strategy will better equip the mental health system to support LGBTQ+ youth.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>5. Other key groups</b> Are there any other vulnerable groups that might be affected by the proposal? <i>These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed</i>		Positive impact	Negative impact		No impact
			Minor	Major	
Key groups		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**6. Cumulative impact<sup>19</sup>**  
 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 <sup>20</sup> <i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	Monitoring <sup>21</sup> <i>How will you assess whether these measures are successfully mitigating the impact?</i>	Deadline date	Lead Officer
None	None	None	None	Not applicable	Not applicable

## 8. Outcome of the Equalities Impact Assessment (EqIA)<sup>22</sup>

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 <sup>23</sup>	
Name Chris Munday	Job title Director of Children and Family Services
<input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA	Date of approval: 23.04.2024
<input type="checkbox"/> 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

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<sup>1</sup> 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.

### <sup>2</sup> 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.

### <sup>3</sup> 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.

### <sup>4</sup> When to complete an EqIA:

- When developing a new policy, strategy, or service
- When reviewing an existing service, policy or strategy

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- 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 not to complete an EqIA you should document your reasons why.

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

<sup>6</sup> **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 turn.
- 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?

<sup>7</sup> **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 [Consultation and Engagement toolkit](#) for full advice or contact the Consultation and Research Manager, [rosie.evangelou@barnet.gov.uk](mailto:rosie.evangelou@barnet.gov.uk) for further advice

<sup>8</sup> **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.

<sup>9</sup> **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

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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.

<sup>10</sup> **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.

<sup>11</sup> **Marriage and Civil Partnership:** consider married people and civil partners.

<sup>12</sup> **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.

<sup>13</sup> **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.

<sup>14</sup> **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.

<sup>15</sup> **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.

<sup>16</sup> **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

<sup>17</sup> **Other relevant groups:** You should consider the impact on our service users in other related areas.

<sup>18</sup> **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 [Barnet 2024 Plan](#) and our [Strategic Equality Objective](#)?

<sup>19</sup> **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.

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<sup>20</sup> **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.

<sup>21</sup> **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.

<sup>22</sup> **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.

<sup>23</sup> **Sign off:** You 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.