

Equalities Impact Assessment (EIA)

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

EIAs 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 EIA 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 EIA must be completed before any decisions are made or policy agreed so that the EIA 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 EIA⁴.

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 EIA with your Equalities Champion and the final/updated version at the end of the project.
- Major EIAs should be reviewed by the relevant Head of Service.
- Examples of completed EIAs can be found on the Equalities Hub

1. Responsibility for the EIA

Title of proposal ⁵	Barnet Autism Plan
Name and job title of completing officer	Claire O'Callaghan, Strategy and Insight Lead, Family Services
Head of service area responsible	Chris Munday, Executive Director – Family Services, and Dawn Wakeling, Executive Director – Adult Social Care
Equalities Champion supporting the EIA	
Performance Management rep	Public Health Analyst Team
HR rep (for employment related issues)	Not applicable
Representative (s) from external stakeholders	Barnet Parent Carer Forum, North Central London Clinical Commissioning Group (Barnet Directorate), Barnet with Cambridge Education,

2. Description of proposal

Is this a: (Please tick all that apply)	
New policy /strategy / function / procedure / service <input type="checkbox"/>	Review of Policy /strategy / function / procedure / service <input checked="" type="checkbox"/>
Budget Saving <input type="checkbox"/>	Other <input type="checkbox"/>
If budget saving please specify value below:	If other please specify below:
<p><i>Please outline in no more than 3 paragraphs⁶:</i></p> <ul style="list-style-type: none"> <i>The proposal which is being assessed The existing Barnet Autism Plan has been reviewed to meet current needs, and has been made into an all ages Autism Plan, with recommendations and actions to support young people aged up to 18 with autism.</i> 	

- *The key stakeholders who may be affected by the policy or proposal* Young people and adults with autism, and their families/carers.
- *The decision-making route being taken (eg. business planning, committee) and date of decision* Final Plan will be signed off by the Children's Partnership Board, Health and Wellbeing Board, Children, Education and Safeguarding Committee and Adults and Safeguarding Committee.

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

Protected group	What does the data tell you⁷? <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>	What do people tell you⁸? <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>Age⁹</p>	<p>Analysis of people who have been diagnosed with Autism indicates:</p> <ul style="list-style-type: none"> - 1,213 children and young people in Barnet aged 2-25 known to have Autism in Barnet (1.06% of the population) - Proportion of children diagnosed with Autism in Barnet was higher than average for 5-14 year olds (1.8% of the population), compared to an overall prevalence rate of 1.1% for 2-25 year olds - 2,488 younger adults (aged 18-64) known to be living with Autism in Barnet, which is the 2nd highest number of all the London boroughs. Forecasts indicate that the number of young adults with autism will increase by 3.6%, by 2023 - 524 older people (aged 65+) with Autism in Barnet, which is the 2nd highest number of all the London boroughs. This is predicted to increase by 11.5% by 2023 	<p>Consultation with stakeholders, parent-carers, young people and adults with autism has told us that:</p> <ul style="list-style-type: none"> - There can be delays at all ages in both diagnosis and accessing support - That young people with Autism are anxious about their future career path and making friends in future as they come to the end of their school careers - That young people with Autism value the support that they get from their school/college, and from health professionals, and people who may work with them at home - That adults with Autism are positive about the development of an Autism and ADHD diagnosis service for North Central London
<p>Disability¹⁰</p>	<p>The plan is targeted at improving support for all children, young people and adults with Autism.</p> <p>In 2019, the known population with Autism was 4,012, broken down to:</p> <ul style="list-style-type: none"> - 1,100 young people aged 2-17, - 2,488 adults aged 18-24 	<p>NHS Information Centre for Health and Social Care suggests that around 700,000 people are on the autism spectrum in the UK, more than 1 in a 100 people. (NICE National Prevalence Data)</p> <p>Numbers have been increasing nationally, research has indicated that this is driven by:</p>

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Protected group	What does the data tell you ⁷ ? <i>Provide a summary of any relevant demographic data about the borough's population from the Joint Strategic Needs Assessment, or data about the council's workforce</i>	What do people tell you ⁸ ? <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.</i>
	<p>- 524 adults aged 65+</p> <p>This equates to around 1.01% of the total population of Barnet. However, this is likely to be an under estimate as some residents may have Autism, but may either have not have a formal diagnosis, and/or are not known to services.</p> <p>Not every person with Autism will have a Learning Difficulty. However, 44% of people with a known learning difficulty will have Autism. (NICE prevalence data estimate)</p>	<p>- Better understanding of autism in the community and among professionals</p> <p>- Changes in the diagnostic criteria, and its application</p> <p>(L Smeeth et al (2004), Rate of first recorded diagnosis of autism and other pervasive developmental disorders in United Kingdom general practice, 1988 to 2001, United States: BMC Medicine (ISSN: 1741-7015))</p> <p>People with Autism are more likely than the non Autistic population:</p> <ul style="list-style-type: none"> • to have difficulty at school, • be at risk of poor mental health, and • not to be in employment as they get older <p>(Bancroft et al (2012), The Way We Are: Autism in 2012. London: The National Autistic Society;</p> <p>Rosenblatt, M (2008), I Exist: the message from adults with autism in England. London: The National Autistic Society,</p> <p>The National Autistic Society (2016), The autism employment gap: Too Much Information in the workplace)</p> <p>These research findings are supported by consultation with parent-carers, young people and adults.</p>

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Gender reassignment¹¹	The data on the number of people who are transgender and who have Autism has not been routinely recorded. Therefore, it is difficult to identify the number and demographics of people who may be in this category.	Engagement with voluntary sector stakeholders has indicated that there is a rising number of young people who have gender dysphoria and Autism, and who experience particularly acute mental health difficulties because of their condition. They indicated that services are relatively under developed in this area.
Marriage and Civil Partnership¹²	The data on the number of people with Autism who are in a marriage or civil partnership has not been routinely recorded. Therefore, it is difficult to identify the number and demographics of people who may be in this category.	People who have been consulted in the development of the Autism Plan have not indicated positive or negative impacts on those who are married or are in a civil partnership.
Pregnancy and Maternity¹³	The data on the number of people with Autism who are pregnant, or have given birth has not been routinely recorded. Therefore, it is difficult to identify the number and demographics of people who may be in this category.	People who have been consulted in the development of the Autism Plan have not indicated positive or negative impacts on those who are pregnant or who have given birth.
Race/ Ethnicity¹⁴	2019 data on the Barnet school population indicated that over a third (38.5%) had English as an additional	Consultation with stakeholders indicated that: <ul style="list-style-type: none"> - Current services try to reach families of different races or ethnicities in different ways – including using workers who speak the same

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	<p>language. This is in line with the Barnet school population overall.</p> <p>Analysis of the engagement of families with Children's Social Care, shows that two largest ethnic groups to engage are White British (25%), Black/Black British African (22%) and White Other (10%).</p>	<p>language as families, and also cultivating different parent networks to help support parents provide mutual support.</p>
Religion or belief¹⁵	<p>The data on the religious belief of people with Autism has not been routinely recorded. Therefore, it is difficult to identify the number and types of belief or religion of people who may be in this category.</p>	<p>Consultation with stakeholders indicated that:</p> <ul style="list-style-type: none"> - In the belief systems of some communities, there can be a reluctance to recognise Autism and Autistic individuals, which could lead to isolation of families with Autistic children or Autistic individuals
Sex¹⁶	<p>Looking at young people with Autism in Barnet's school population, there were 195 females (16%) and 1,018 males (84%).</p>	<p>Consultation with stakeholders indicated that the under diagnosis of girls with Autism was an important issue to be addressed in the Autism Plan.</p>

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	<p>However, the ratio of males to females diagnosed with Autism ranged from 3.7:1 for the 2-4 years age cohort to 6.3:1 for the 12-14 age cohort.</p>	<p>Feedback from schools and parent carers particularly indicated that:</p> <ul style="list-style-type: none"> - Professionals did not often recognise that girls present “differently” to boys - That diagnosis tools currently in use are slanted more towards recognising the typical “male” presentation of Autism - That girls with Autism may react differently to stress, e.g. they are more likely to suffer school phobia, self harm or eating disorders, compared to their male peers.
Sexual Orientation¹⁷	<p>The data on the religious belief of people with Autism has not been routinely recorded. Therefore, it is difficult to identify the number and types of belief or religion of people who may be in this category.</p>	<p>People who have been consulted in the development of the Autism Plan have not indicated positive or negative impacts in this category.</p>
Other relevant groups¹⁸	<p>Carers – the majority of children and young people living in Barnet (99.4%) are cared for by their parents or immediate family members.</p> <p>Children living in poverty – national data shows that</p>	<p><u>Carers</u> - Parents and carers of people with Autism were a major stakeholder consulted during the development of the plan. Their feedback was that:</p>

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		<ul style="list-style-type: none"> - There were long waits for diagnosis, and difficulty connecting with services that could support them - That transitions to Adults Services could be made smoother, with more opportunities for employment and study - They value short break services, and would like more of them <p><u>Children in Poverty</u> The impact of poverty was not raised explicitly during the consultation. However, there is national evidence that disabled children are significantly more likely to grow up in poverty than those who are non-disabled (<u>MacInnes et al. 2014</u>).</p> <p>Despite being well-reported, the reasons for the association between poverty and childhood disability are not yet fully understood (<u>Read et al. 2012</u>). Emerson et al. (2010) make the three following suggestions:</p>

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		<p>1) The presence of a child with a disability may increase the chances of a family descending into poverty and reduce the chances of them escaping from poverty</p> <p>2) Growing up in poverty is associated with increased exposure to range of factors, such as poorer nutrition and housing, that may increase the risk for health conditions or impairments</p> <p>3) "Third factors", such as poor parental health or parental intellectual disability, leading independently to an increased risk of both family poverty and child disability</p> <p>From Iriss, Poverty, Disability and Transitional Support, January 2019 https://www.iriss.org.uk/resources/esss-outlines/disability-poverty-transitions</p>

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 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	<p>There are positive impacts for people with Autism at different ages:</p> <p>Action 6 – improving diagnosis pathways ensures that people with Autism can access a diagnosis earlier, and therefore hopefully be supported earlier, giving them a better chance of thriving in later life</p> <p>Action 13 – improving peer to peer support at all ages will help people with Autism to feel less isolated</p> <p>Actions 22-25 focus on improving in school and post 16 support to ensure that young people with Autism are able to do well in education</p> <p>Actions 29-31 focus on improving housing and employment options, so Adults with Autism in Barnet are less likely to be unemployed, and more likely to be in accommodation which is suitable for them.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	All of the actions in the Autism Action Plan are focused on improving support for children, young people and adults with Autism.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	Action 5 identifies that further work needs to happen to identify the interplay between Autism and a number of other issues facing young people. It specifically identifies Gender Dysphoria as one issue to be explored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and Civil Partnership	No actions have been identified in the plan which will specifically relate to this category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	No actions have been identified in the plan which will specifically relate to this category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Race/ Ethnicity	<p>Action 11 on improving post diagnostic support outlines steps to improve initial support offered to families once a diagnosis has been made.</p> <p>Action 13 which focusses on improving peer to peer support will build community and cultural support around people with Autism and their parent-carers.</p> <p>Action 16 focusses on actions to build culturally specific support for people and their parent/carers with Autism in the community.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion or belief	Action 16 focusses on actions to build culturally specific support for people and their parent/carers with Autism in the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sex	<p>Action 2 on improving training for professionals will help to improve the recognition of “non typical” presentations of Autism, particularly in girls.</p> <p>Action 5 which focusses on the interplay between other conditions (e.g. eating disorders and self harm) and Autism will also positively impact women as they disproportionately have these conditions.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	No actions have been identified in the plan which will specifically relate to this category.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Other key groups 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	<u>Carers of people with Autism</u> The following actions positively address the issues raised by carers of those with Autism: Action 3 – Post 18 pathways Action 7 – Understanding what works to promote better sleep patterns Action 10 – Improving information on the Local Offer Action 11 – Post Diagnostic support Action 14 – Reviewing provision of Short Breaks Action 21 – Reviewing provision of overnight respite	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>Children living in Poverty</u> All the actions relating to under 18s in the Autism Action Plan will be delivered without a charge to families, thereby not discriminating against those who are not in a position to pay. In addition to this, Action 10 – Local Offer, and Action 11 – Post Diagnostic Support, will ensure that families are aware of the financial entitlements that they can claim.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Cumulative impact²⁰

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 <i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	Monitoring ²² <i>How will you assess whether these measures are successfully mitigating the impact?</i>	Deadline date	Lead Officer
All groups	Provision outlined in the plan does not benefit certain groups with protected characteristics	Annual review of the plan's impact, and whether it is negatively impacting on certain groups. SEND Partnership to then identify how this issue can be rectified	Via annual review of the plan and its impact	Annually	SEND Partnership Chair

8. Outcome of the Equalities Impact Assessment (EIA) ²³

Please select one of the following four outcomes

Proceed with no changes

The EIA 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 EIA 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 EIA 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

The Autism Plan was developed with a consideration of its impact on the protected characteristics, and has been tested with internal and external stakeholders to ensure that it can lead to a positive change for people with Autism living in Barnet.

Sign-off

9. Sign off and approval by Head of Service / Strategic lead²⁴

Name	Job title	
<input type="checkbox"/> Tick this box to indicate that you have approved this EIA	Date of approval:	
<input type="checkbox"/> Tick this box to indicate if EIA is to be published	Date of next review:	

Footnotes: guidance for completing the EIA 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 EIA (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 EIAs 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 – EIAs are public documents. They are published with Cabinet papers, Panel papers and public consultations. They are available on request.

⁴ When to complete an EIA:

- 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 EIA 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 EIA you should document your reasons why.

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

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

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 for the proposed change (financial, service, legal etc)? The Act requires us to make these clear.

⁷ **Data & Information:** Your EIA 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 EIA?, 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?

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 [Consultation and Engagement toolkit](#) for full advice or contact the Consultation and Research Manager, rosie.evangelou@barnet.gov.uk for further advice

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 EIA 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.

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- 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](#)?

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.

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.

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.

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