

Equality Impact and Outcome Assessment (EIA) Template - 2015

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 action plan to get the best outcomes for staff and service-users¹. They analyse how all our work as a council might impact differently on different groups². They help us make good decisions and evidence how we have reached these decisions³.

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age¹³) or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact the Communities, Equality and Third Sector Team on ext 2301.

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed⁴.

Title of EIA⁵	Fuel Poverty & Affordable Warmth Strategy	ID No.⁶	PH25
Team/Department⁷	Housing & Public Health		
Focus of EIA⁸	Assessment of equalities implications of the new Fuel Poverty & Affordable Warmth Strategy, to ensure it comprehensively addresses the consequences and impacts of fuel poverty and cold homes, and the specific challenges faced by protected characteristic groups.		

2. Update on previous EIA and outcomes of previous actions

What actions did you plan last time? (List them from the previous EIA)	What improved as a result? What outcomes have these actions achieved?	What <u>further</u> actions do you need to take? (add these to the Action plan below)
N/A First iteration of strategy		

Protected characteristics groups from the Equality Act 2010	Data that we have/what do we know	Community engagement exercises or mechanisms	Impacts	What can you do ⁹ ? All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age ¹⁰	<p>13.4% of the city's population are aged 65+ (ONS 2014). There is a clear pattern of increasing depth of fuel poverty in older households (Annual Fuel Poverty Statistics Report 2015). In 2013, people in England aged 75 or over had the largest average fuel poverty gap.</p> <p>Excess winter deaths (EWD) are higher among people aged 65+. In 2013/14 51% of cold-related deaths were among people aged 85 and older; 27% were among those aged between 75 and 84; 22% were among people under 75. ('Statistical bulletin: excess winter mortality in England and Wales, 2013/14'). In Brighton & Hove (for the three years of 2010/11 to 2012/13) 50% of EWD were in people aged 85 or over.</p> <p>In 2013, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. Local Health Counts data (2012)</p>	<p>Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.</p> <p>Feedback from the 2015 Warmth for Well-being pilot project service users and service providers</p> <p>Feedback and views gathered from key partners at strategy consultation workshop January 2016.</p>	<p>Older people (aged 65 and older) and young children (from new-born to school age) are identified as groups who are vulnerable to the cold in the National Institute for Health and Care Excellence (NICE) 2015 guideline, 'Excess winter deaths and morbidity and the health risks associated with cold homes'</p>	<ul style="list-style-type: none"> • Through working with key partners in the city e.g. Age UK and the Brighton Unemployed Centre Families Project, available support and advice can be targeted at residents aged 65+ and under five. • BHCC commissions provide services for residents aged 65+ and under five; relevant information and training is provided to front-line workers engaging with these age groups. • The potential to include assessment of the risks to older residents and the requirement for agencies to signpost to further support is being considered for inclusion in pertinent service specifications. • The 2016 Warmth For Wellbeing (WFW) project, coordinated by CAB, is providing funding to Age UK to identify 100 vulnerable older residents who would benefit from the support available. Further projects (depending on available funding) can also explore this approach. • Brighton Unemployed Centre

Protected characteristics groups from the Equality Act 2010	Data that we have/what do we know	Community engagement exercises or mechanisms	Impacts	What can you do ⁹ ? All potential actions to: <ul style="list-style-type: none"> • advance equality of opportunity, • eliminate discrimination, and • foster good relations
	<p>suggested that the youngest age groups in Brighton & Hove are most likely to be unable to keep their homes warm enough in the winter most of the time or quite often.</p> <p>Children under five are in a high risk category for ill health due to cold weather (Cold Weather Plan for England, 2015) and are identified as a group who are vulnerable to the cold by the National Institute for Health and Care Excellence (NICE)</p>			<p>Families Project (BUCFP) is a key delivery partner for the 2016 WFW project</p> <ul style="list-style-type: none"> • The annual Public Health 'Warm Homes Healthy People' (WHHP) Programme distributes information and advice resources directly to organisations who work with residents aged 65+ and under five (e.g. day centres and Children's Centres) • Engage with organisations supporting residents aged 16-24 to ensure they are able to identify fuel poverty, provide initial advice and signpost to support.
Disability ¹¹	<p>People in England (2013) who have a long term illness or disability are more likely to be fuel poor (12%) than those who do not (10%). In Brighton & Hove, Health Counts Survey respondents who had a limiting long-term illness or disability were significantly more likely to be unable to keep their home warm in winter.</p> <p>16.3% of people living in Brighton & Hove have their daily</p>	<p>Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.</p> <p>Feedback from the 2015 Warmth for Well-being pilot</p>	<p>Disabled people are identified as a group who are vulnerable to the cold in the associated NICE guideline and people with chronic and severe illness are in a high risk category for ill health due to cold weather (Cold Weather Plan for England, 2015)</p>	<ul style="list-style-type: none"> • Through working with key partners in the city e.g. The Fed, available support, and advice can be targeted at disabled residents • Working through organisations and agencies providing care and supporting carers, awareness of risk and support can be raised. • The WHHP Programme 2015/16 is funding The Fed to identify 25 vulnerable disabled residents who would benefit

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	<p>activities limited a little or a lot by a long term health problem or disability (Census 2011). Nationally, disabled people are more likely to live on low incomes and experience poverty than non-disabled people.</p> <p>Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions (e.g. people with learning disabilities).</p>	<p>project service users and service providers.</p> <p>Feedback and views gathered from key partners at strategy consultation workshop January 2016.</p>	<p>Disabled people are more likely to need a warmer home environment to maintain their health; some disabled people may need to use benefits intended to support their independence to ensure their home is warm enough.</p>	<p>from the support available through the Warmth For Wellbeing project. Further projects (depending on available funding) can also explore this approach.</p> <ul style="list-style-type: none"> • Ensure programmes of support such as Warmth for Wellbeing include wider financial, benefit and debt advice to maximise income, ensure links are established to generic financial inclusion work and commissions. • The annual WHHP Programme distributes information and advice resources directly to organisations who work with disabled residents (e.g. SCOPE) • Provide information and awareness training to practitioners who work with disabled people
Gender reassignment¹²	<p>The Brighton & Hove Trans Needs Assessment found that the trans community;</p> <ul style="list-style-type: none"> • Have more people with a disability or long term health need than the general population. 44% of respondents reported that 	<p>Feedback and views gathered from key partners at strategy consultation workshop January 2016.</p> <p>Information gathered</p>	<p>Trans community may be at higher risk of fuel poverty as they are more likely to live in the private rented sector.</p> <p>Increased likelihood</p>	<ul style="list-style-type: none"> • Ensure engagement of local groups to engage clients in programmes of support, particularly where other factors such as age or disability increase risk • Ensure the annual WHHP Programme distributes

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	<p>they have a limiting long-term illness or disability, compared with 26% of all respondents to the Health Counts Survey.</p> <ul style="list-style-type: none"> • Are more likely to live in the private rented sector (47% of community survey respondents reported they rent from a private landlord, compared to 28% of general population (2011 Census). In England (2013), almost 19% of all private rented households are in fuel poverty, compared to 8% of owner occupiers and 10% of social renters 	through Trans Needs Assessment	of disability or long-term health condition may make the Trans community more vulnerable to the health risks of cold homes.	<p>information and advice resources to organisations who work with trans people</p> <ul style="list-style-type: none"> • Provide information and awareness training to practitioners who work with trans people
Pregnancy and maternity ¹³	Pregnant women are identified as a group who are vulnerable to the cold within the associated NICE guidelines	Feedback and views gathered from key partners at strategy consultation workshop January 2016.	Pregnant women are identified as a group who are vulnerable to the cold within the associated NICE guidelines	<ul style="list-style-type: none"> • Engage with key staff and raise awareness among primary health care professionals (midwives and health visitors) of the risks and support available. • Explore sharing Fuel Poverty E-Learning module with local NHS Trusts to train their staff. • Provide information and awareness training to practitioners who work with pregnant women

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Race ¹⁴	<p>Black and minority ethnic (BME) families are likely to experience housing inequalities (de Norohna, 2015; Finney, 2013; Chouhan et al., 2011) and live in poorer housing with many residing in pre 1919 cold homes (Garrett et al., 2014). People in England (2013) who are of minority ethnic origin are more likely to be fuel poor (18%) than people who are of white ethnic origin (9%) (Dept. of Energy and Climate Change 2013).</p> <p>In Brighton & Hove nearly twice as many BME residents (45 per cent) were renting their homes from private landlords than White UK/British residents (24 per cent) were in 2011 (Census 2011). National Fuel Poverty Statistics Report 2015 estimates that 19% of those households living in the private sector are in fuel poverty.</p> <p>Travellers may be at increased risk due to poor insulation and high cost of gas. Data collected by London Gypsy Traveller Unit showed a high incidence of health problems and that most</p>	<p>Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.</p> <p>Feedback from the 2015 Warmth for Well-being pilot project service users and service providers.</p> <p>Feedback and views gathered from key partners at strategy consultation workshop January 2016.</p>	<p>The link between some minority ethnic groups and deprivation may mean that some of these groups are more likely to live in cold homes. Other groups, such as recent immigrants, including those from warmer climates, could also be particularly vulnerable during their first few years here. For example, they may be more likely to live in poor quality housing and they face an unusually complex energy market.</p>	<ul style="list-style-type: none"> • Through working with key partners in the city e.g. BMECP available support and advice can be targeted at BME residents in the city. • Work with BHCC traveller liaison team to provide advice and guidance • Design material to be accessible regardless of language and consider use of translated material where feasible • Ensure the annual WHHP Programme distributes information and advice resources to organisations who work with BME people

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	<p>households had difficulty keeping warm. Ability to claim winter fuel allowance requires a permanent address.</p> <p>Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions (e.g. people with language barriers).</p>			
Religion or belief¹⁵	No specific data identified at a local or national level.	Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.	No specific impacts identified	<ul style="list-style-type: none"> • Ensure engagement of local faith groups to engage clients in programmes of support, particularly where other factors such as age increase risk
Sex/Gender¹⁶	In Brighton & Hove (for the three years of 2010/11 to 2012/13) there were 373 EWD. Of these, 58% were female. Of EWD in Brighton & Hove of people aged 85 years or over, 79% were female.	Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service	Higher proportion of older women at risk due to increased life expectancy compared with men.	<ul style="list-style-type: none"> • Ensure engagement of local groups to engage clients in programmes of support, particularly where other factors such as age identify risk

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	<p>The 2014-15 Warm Homes Healthy People programme evaluation showed that of the 60 recipients of emergency grants who replied to the survey 53% were female and 47% were male.</p> <p>There is a gender divide in average weekly earnings with full-time female earners averaging lower earning than males in the city. However, the differential is much lower in Brighton & Hove than across Great Britain (JSNA 2015)</p>	<p>users, service providers and evaluation.</p> <p>Feedback and views gathered from key partners at strategy consultation workshop January 2016</p>		
Sexual orientation¹⁷	<p>No specific local data available. Local estimates suggest that 11% to 15% of the city's population aged 16+ are lesbian, gay, bisexual or other sexual orientation.</p>	<p>Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.</p>	<p>No specific impacts identified</p>	<ul style="list-style-type: none"> • Ensure engagement of local groups, such as LGBT switchboard, to engage clients in programmes of support, particularly where other factors such as age identify risk
Marriage and civil partnership¹⁸	<p>No specific data identified at a local or national level.</p>	<p>Feedback and views gathered from key partners at strategy consultation</p>	<p>No specific impacts identified, the highest proportion of fuel poverty is among lone</p>	<p>None identified at this stage</p>

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		workshop January 2016	parents with dependent children - on average more than a quarter of households in this group are fuel poor, (Annual Fuel Poverty Statistics Report 2015).	
Community Cohesion¹⁹	No specific data identified at a local or national level.	Feedback and views gathered from key partners at strategy consultation workshop January 2016		Through engagement with relevant community groups opportunities for community cohesion can be increased. Work through local community development organisations and workers to engage with residents.
Other relevant groups²⁰	<p>Lone Parent households are more likely to live in fuel poverty (25% of this group at a national level). However, they have smaller average fuel poverty gaps than other household types.</p> <p>Unemployed households in England have the highest rates of fuel poverty across all economic activity groups, but have smaller average fuel poverty gaps.</p> <p>The depth and likelihood of</p>	Feedback and equalities monitoring data from annual Brighton & Hove Warm Homes Healthy People Programme service users, service providers and evaluation.	Increased risk, particularly where other risk factors such as disability are also present.	Work with local agencies who may be supporting lone parents and unemployed people e.g. BUCFP

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	being fuel poor increases markedly with lower SAP scores (how energy efficient a building is). People living in dwellings built before 1964 are more likely to be fuel poor than those in more modern dwellings. A similar pattern is seen in the fuel poverty gap which decreases from approximately £500 in pre-1919 homes to £250 in homes built after 1945.			
Cumulative impact²¹				

Assessment of overall impacts and any further recommendations²²

In 2013, households in England where the oldest person in the household was aged 16-24 were more likely to be fuel poor. However people aged 75+ experienced the deepest levels of fuel poverty. The vast majority of EWD in England occur among those aged 65 or over. As in previous years in England and Wales, there were more excess winter deaths in females than in males in 2012-13.

Fuel poverty is a contributor to social and health inequalities. In 2013, all fuel poor households in England came from the bottom four income decile groups. Unemployed households in England have the highest rates of fuel poverty across all economic activity groups and lone parent households have consistently been more likely to be in fuel poverty. People who have a long term illness or disability are also more likely to be fuel poor than those who do not.

Poor home energy efficiency affects people with low incomes more severely because it affects life chances and how they spend disposable income on other essential items such as food and clothing. Low income households face the choice to “heat or eat”: either less money can be spent on basics such as a sufficient, healthy diet, or less can be spent on heating their home to an adequate temperature to maintain good health.

Some groups at risk of fuel poverty lack awareness and/or understanding of existing sources of support and programmes to help

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<p>improve home energy efficiency. Lack of understanding can restrict those that are aware to adopt such interventions. This is likely to vary across different groups, for example for people with language barriers (such as minority ethnic communities), and those who have limited social networks and connections with their local community, such as isolated older people and people with learning disabilities.</p> <p>Programmes of support and advice are delivered in conjunction with a wide range of local community and voluntary sector organisations and other statutory services e.g. NHS and East Sussex Fire and Rescue Service to ensure engagement with vulnerable and hard to reach groups.</p>				

3. List detailed data and/or community feedback which informed your EIA

Title (of data, research or engagement)	Date	Gaps in data	Actions to fill these gaps (add these to the Action plan below)
Consultation Workshop	07.01.2016	Local data could be more robust / complete	Further evaluation of schemes such as Warmth for Wellbeing running throughout 2016 and the annual Warm Homes Healthy People programme
Annual Fuel Poverty Statistics Report 2015 (DECC)	2015		
Department of Energy and Climate Change: Detailed Tables, England 2013, LIHC definition.	2015		
Cold Weather Plan for England 2015: Protecting health and reducing harm from cold weather (Public Health England)	2015		
NICE Guidelines – Excess Winter Deaths and morbidity and the health risks associated with cold homes - NICE guideline nice.org.uk/guidance/ng6	Published: 5 March 2015		
Health Counts 1992-2012 (NHS Brighton & Hove and Brighton & Hove City Council)	2013		
Brighton & Hove Warm Homes Healthy People Programme Evaluation Report, 2014-15	May-Sept. 2015		
Brighton & Hove Citizens Advice Bureau – Warmth for Wellbeing Evaluation Report	Oct. 2015		

4. Prioritised Action Plan²³

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
Older and younger residents at risk of health impacts from cold homes	Through working with key partners in the city e.g. Age UK and BUCFP, available support and advice can be targeted at older and younger residents.	Improved targeting of support to those most at risk	Referrals and support provided	As part of Warmth for Wellbeing project by October 2016
Disabled residents at risk of health impacts from cold homes	Through working with key partners in the city e.g. The Fed, available support, and advice can be targeted at disabled residents	Improved targeting of support to those most at risk	Referrals and support provided	As part of Warmth for Wellbeing project by October 2016
Trans residents more likely to have long term health conditions or be disabled	Ensure engagement of local groups supporting members of the Trans community to engage residents in programmes of support, particularly where other factors such as disability identify risk	Improved targeting of support to those most at risk	Increased referrals (self or professional) from trans community	Ongoing, to be reflected in evaluation of Warmth for Wellbeing and future programmes of support
People with long term health conditions, disabled people, pregnant women and all vulnerable groups accessing health services	Engage with key staff and raise awareness among primary health care professionals (midwives and health visitors) of the risks and support available.	Raise awareness of more professionals and volunteers across a range of agencies	Referrals and support provided	Ongoing

As above	Explore sharing Fuel Poverty E-Learning module with local NHS Trusts to train their staff.	Raise awareness of more professionals and volunteers across a range of agencies	Increased awareness amongst all staff and volunteer groups, increased referrals from these staff teams to programmes of support	E-learning module in development due for completion March 2016 use will be ongoing

EIA sign-off: (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

Lead Equality Impact Assessment officer: Miles Davidson **Date:** 5th February 2016

Directorate Management Team rep or Head of Service: Andy Staniford **Date:** 5th February 2016

Communities, Equality Team and Third Sector officer: Sarah Tighe-Ford **Date:** 5th February 2016

Guidance end-notes

¹ The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and 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 any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

² Our duties in the Equality Act 2010

As a council, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership).

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. 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.** This means the need to:
 - Remove or minimise disadvantages suffered by equality groups
 - Take steps to meet the needs of equality groups
 - Encourage equality groups 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 do not.** This means:
 - Tackle prejudice
 - Promote understanding

³ EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

⁴ **When to complete an EIA:**

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? 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 (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

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

⁶ **ID no:** The unique reference for this EIA. If in doubt contact Clair ext: 1343

⁷ **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

⁸ **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals 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 policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, 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? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

⁹ Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

¹⁰ **Age:** People of all ages

¹¹ **Disability:** A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

¹² **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

¹³ **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

¹⁴ **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers

¹⁵ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

¹⁶ **Sex/Gender:** Both men and women are covered under the Act.

¹⁷ **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

¹⁸ **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

¹⁹ **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

²⁰ **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

²¹ **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

²² **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy,
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

²³ **Action Planning:** 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 equality assessment and consultation are needed.