

Equalities Impact Assessment

Camden Council

What is an Equality Impact Assessment?

An Equality Impact Assessment (“EIA”) is a way of analysing a proposed organisational policy or decision to assess its effect on people with protected characteristics covered by the Equality Act 2010*. To meet the Council’s statutory duty the EIA should also address issues of advancing opportunities and fostering good relations between different groups in the community.

It is essential that you start to think about the EIA process before you develop any new activity or make changes to an existing activity (such as a change of policy or formal decision). This is because the EIA needs to be integral to service improvement rather than an ‘add-on’. If equality analysis is done at the end of a process it will often be too late for changes to be made.

The courts place significant weight on the existence of some form of documentary evidence of compliance with the Public Sector Equality Duty* when determining judicial review cases. Having an EIA as part of the report which goes to the decision makers and making reference to the EIA within that report helps to demonstrate that we have considered our public sector equality duty and given “due regard” to the effects the decision will have on different groups.

The EIA must be considered at an early stage of the formation of a policy/decision and inform its development, rather than being added on at the end of the process. The EIA form should be completed and updated as the policy / decision progresses and reviewed after the policy or change has been implemented.

If a staff restructure or organisational change is identified as necessary following the review of an activity then an EIA needs to be completed for both stages of the process, i.e. one when the activity is reviewed and one when the restructure or organisational change is undertaken.

Please note all sections must be completed. However the obligation is to have due regard and it may be that while an issue requires the completion of an EIA, the matters at hand may not lend themselves to some of the obligations, for example fostering good relations. As long as this has been properly considered it is legitimate to conclude that this cannot be applied in a particular case.

Name of proposed decision/policy being reviewed:

The provision of sexual health services for young people in Camden and Islington

Explanatory Notes

What is our Public Sector Equality Duty (PSED)

Under section 149 of the Equality Act 2010 (the Act/ EqA 2010) all public authorities must, in the exercise of their functions, have 'due regard' to the need to:

1. Eliminate discrimination, harassment and victimisation and other conduct prohibited under the Act (s149(1)(a));
2. Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it (s149(1)(b)); This involves having due regard to the need to:
 - o remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
 - o take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it (section 149(4)); and
 - o encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.
(Section 149(3), EqA 2010.)
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it (section 149(1)(c)). This involves having due regard, in particular, to the need to tackle prejudice and promote understanding (section 149(5), EqA 2010).

Section 149(6) makes it clear that compliance with the duties in section 149(1) may involve treating some people more favourably than others, but that is not to be taken as permitting conduct that would otherwise be prohibited by or under the Act (this includes breach of an equality clause or rule or breach of a non-discrimination rule (section 149(8)).

Section 146(4) states that the steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take into account of disabled persons' disabilities.

Under the Duty the relevant protected characteristics are: Age, Disability, Gender reassignment, Pregnancy and maternity, Race, Religion or belief, Sex, Sexual orientation.

- In respect of the first aim only i.e. reducing discrimination, etc. the protected characteristic of marriage and civil partnership is also relevant.
- In meeting the needs of disabled people we have a duty to take account of their disability and make reasonable adjustments to our services and policies where appropriate. Under s29 of

the Act a person (a “service-provider”) concerned with the provision of a service to the public or a section of the public (for payment or not) must not discriminate against a person requiring the service by not providing the person with the service. In addition, a person must not, in the exercise of a public function that is not the provision of a service to the public or section of the public, do anything that constitutes discrimination, harassment or victimisation.

- We must be able to demonstrate that we have considered and had due regard to all three parts of this duty. We must also look for anything that directly or indirectly discriminates.

What do we mean by “due regard”?

- This is not a question of ticking boxes, but should be at the heart of the decision-making process.
- decision-makers must be made aware of their duty to have due regard – so understand the legal requirements on them;
- There should be an analysis of the data – who is this going to affect and how will it put against the legal requirements
- We need to have thought about these duties both before and during consideration of a particular policy and we need to be able to demonstrate that we have done so
- The Duty is “non-delegable” so it is for the decision maker themselves to consider with assistance from the report and officer analysis. What matters is what he or she took into account and what he or she knew so it is important to have the relevant papers accompanying the report. The report should make explicit reference to the EIA. the duty is continuing so while this guide is aimed at the point of decision we should at appropriate points review our duties against the decision/policy
- The decision maker must assess the risk and extent of any adverse impact and the ways in which such risk may be mitigated before the adoption of a proposed policy or decision has been taken
- Officers reporting to or advising decision makers must not merely tell the decision maker what he/she wants to hear but need to be “rigorous in both enquiring and reporting to them”
- The duty should be reconsidered if new information comes to light

“

What is due regard? In my view, it is the regard that is appropriate in all the circumstances. These include on the one hand the importance of the areas of life of the members of the disadvantaged ... group that are affected by the inequality of opportunity and the extent of the inequality; and on the other hand, such countervailing factors as are relevant to the function which the decision-maker is performing”

Lord Justice Dyson

”

We need to take a sensible and proportionate approach to this based on the nature of the decision or policy being reviewed

Section 1 - WHAT IS BEING ANALYSED?

Question 1: What is changing and why?

If the issue is going for decision, e.g. at Cabinet meeting, what are the decision makers being asked to decide? If you are reviewing a policy what are its main aims? How will these changes affect people?

We are currently reviewing the service provision for Young People's Sexual Health network ahead of a re-procurement. We need to re-procure these services because they have come to the end of the contract and all extension periods.

The main aims of the service is to offer accessible preventative services to young people to:

- reduce unwanted pregnancies
- reduce the risk and transmission of STIs
- provide education in the forms of targeted group work, one-to-ones and Relationships and Sex Education (RSE)
- Provide workforce development (WFD) to staff teams working with young people.

As part of preparing for the re-procurement we have commissioned 'Lived Experience Matters' to train a small group of young people to develop and deliver focus groups to their peers on all elements of the sexual health service.

Following on from young people's feedback, the following areas have been identified as needing additional input for improvement:

- Making clinic spaces more young people friendly and less hospital-like
- Relationship and sex education which is more inclusive of pleasure and LGBTQ+
- Training and support for GPs to better understand the needs of young people and their sexual health
- Increased contraceptive options - not always the 'pill first'
- Increased options for barrier type contraceptive - 'not just condoms for men' (including internal condoms and dental dams)
- Improvements to C-card is and how to use it
- Being more inclusive of LGBTQ+ needs (misgendering, correct use of pronouns)

All of the above will be incorporated into the new service specifications which will be developed with the views of young people.

We will continue to consult with young people on the proposed changes related to the C-card (free condom distribution) and upper age limit for accessing services. These are as follows:

Improvements to the C-card offer from pharmacies

C-card in pharmacies have had low utilisation for several years and we are currently consulting with young people on the removal from pharmacies but retaining use of the cards in clinics, schools, colleges and youth settings. However, we are also considering keeping C-card in key satellite locations - pharmacies which are well utilised by young people for emergency hormonal contraception, and what could be access via IT.

Reduction in upper age limit

Clinics currently support young people up to the age of 25. Young people age 18+ are able to access adult services, therefore we are considering reducing the upper age limit from up to 25 year olds to 21 and under for specific parts of the services.

Prioritisation may be given to young people up to the age of 21 in young people clinics. 22-25 year olds will still have full access to sexual health services, but they will be signposted to use the adult services. There will be support to transition to alternative adult services for existing or historic service users where needed.

Notes to Question 1

- Summarise briefly and precisely just what the decision is about. In particular what changes will happen if this decision is agreed and put into effect? What happens now and what will happen in the future? What will be different?
- **Do not cut and paste the report or policy** but concisely restate it, considering equalities issues directly against the facts
- **Focus on the impacts on people** e.g. the users of any facility or service.

Section 2: PLANNING YOUR EQUALITY ANALYSIS

Question 2: Do those from protected groups benefit or will they experience specific and disproportionate impacts? Will there be any direct or indirect discrimination?

Gather relevant equality data and information to show who will be affected by this decision and how. Set this out below. Include the results of any consultation or engagement. If you have identified any information gaps set out what these are.

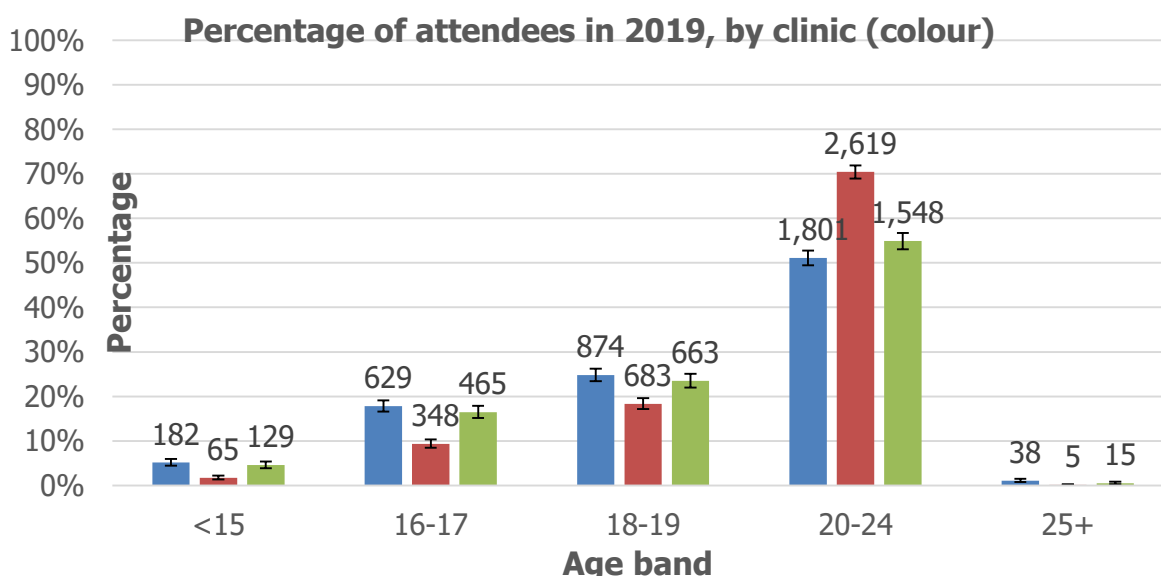
We are currently waiting for the final report of our initial consultation with young people who have delivered these focus groups. Young people delivering the focus groups have been inclusive of all genders and ages within the scope of the work. There have been under 18 and over 18 focus groups as well as workshops which focused on those who identify as male, female and LGBTQ+.

The data shown below is a representation of the current commissioned areas of services which will include both Camden and Islington young people unless otherwise specified.

Age

Although we do not aim to discriminate against people with a protected characteristic, the potential lowering of the age limit for young people from under 25, to 21 and under (for example) will have an impact on 22-24 year olds accessing the service. We are considering lowering the age due to the high demand for the service and signposting to adult services instead. A Joint Targeted Area Inspection (JTAI) took place in 2018 and highlighted issues related to access for under 18's. Under 18's were often not able to receive and appointment. Since the JTAI task and finish group was implemented, providers have worked hard to ensure that no under 18's were turned away due to being over capacity. Whilst the reduction of clinic appointments due to covid has impacted on the number of patients providers can see, the introduction of teleconsultation and better promotion of Sexual Health London (SHL) means that 18+ young people not identified as vulnerable, can be referred to SHL for their at home sexual health screening kits. This frees up the available capacity to see under 18's vulnerable adults and those needing urgent appointments.

The data below represents the age groups accessing the services in 2019. The data shows that the majority of service users attending, fall within the 20-24 age bracket. There is currently no further breakdown of the ages within the service users group available.



Source: clinic data from current providers

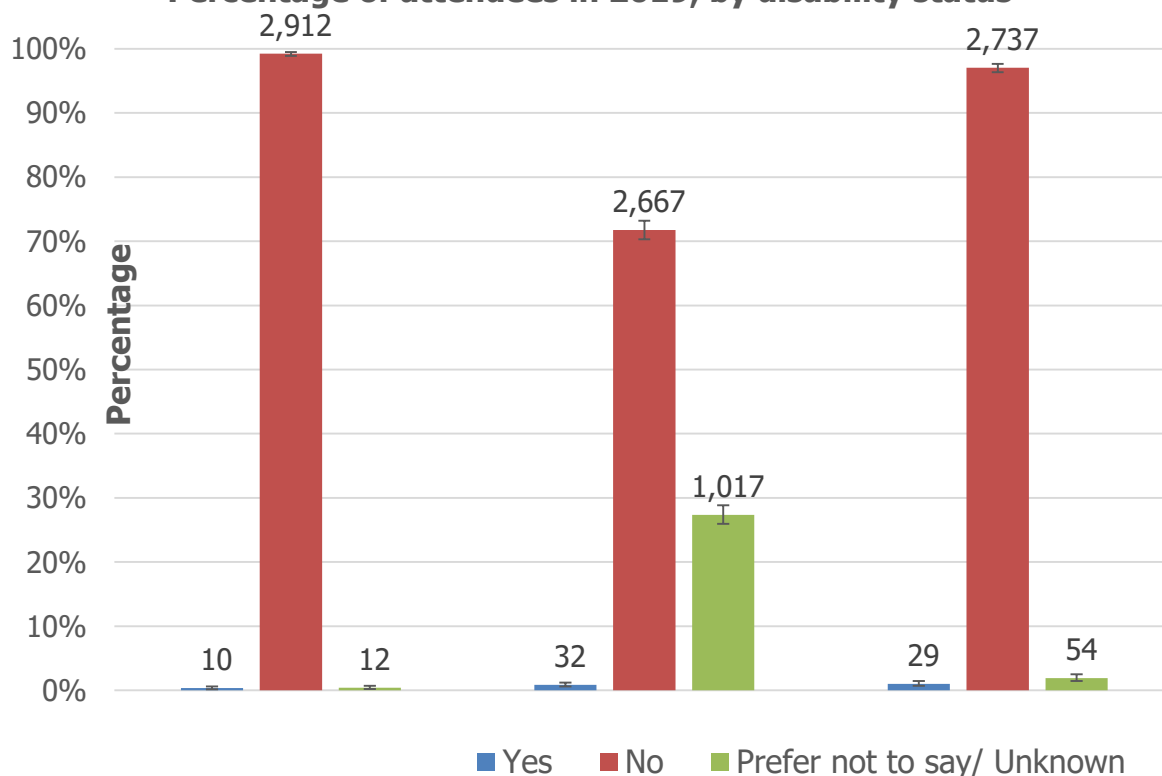
Following the data above, the lowering the age limit will be done in consultation with service users and alternative arrangements are already available for their sexual health needs through our commissioned adult services with Central and North West London NHS Foundation Trust (CNWL). Consultation with service users is due to run from January through to March 2021.

Disability

This may indirectly affect young adults with a disability as the result of the reduction of the upper age limit. However, services will be equipped to provide a service to young people with a range of disabilities e.g young people who have cognitive, physical or sensory impairments. Where we can remove barriers to young people accessing our services, we will. This may include having step-free access and video-Interpreting for deaf patients. . There is currently a specialist learning disability service for people age 16+ provided by CNWL within the Archway Hub, providers will be expected to collaborate with this service to support users appropriately.

There is currently no indication that the new service specifications of the services would have a negative effect on this protected group.

Percentage of attendees in 2019, by disability status



Source: clinic data

Gender reassignment

The census does not gather data on gender reassignment, and no major Government or administrative surveys have included a question where people self-identify as having reassigned their gender. Nationally approximately 2,335 full Gender Recognition Certificates have been issued to February 2009. However, it is recognised that there are huge inconsistencies in population estimates.

Based on GLA estimates of Camden’s population there are in the region of 20-30 gender reassigned people in the borough, however the data does not specify which age group this covers and therefore making it difficult to establish how much of these specifications apply to the service users of Young People Sexual Health Services.

Based on feedback from focus groups delivered by young people, to young people this has been one of the areas which we need to strengthen and are committed to doing so. This includes being more Inclusive of the language that is used and being more aware that appearances don't

determine gender.

Pregnancy and maternity

This may indirectly affect young adults who are pregnant or need support in their maternity period as the result of the reduction of the upper age limit. Providers will be required to actively identify when a young person may need additional support and seek to refer them on to the most appropriate service, rather than to signpost.

Ethnicity

Data below reflects the 2019 ethnicity data collection of all current services. There is currently no indication that the new service specifications of the services would have a negative effect on any ethnic groups.

Data current services	Total
Any other white background	1297
White British	3221
White Irish	174
Black British	54
Any other black background	358
Black African	848
Black Caribbean	706
Any other mixed background	398
White and Asian	206
White and black African	217
White and black Caribbean	420
Any other Asian background	303
Bangladeshi	214
Indian	135
Pakistani	59
Chinese	238
Unknown	461
Prefer not to say	208
Unknown	543
Total	10,060

Religion or belief

Census data shows that 34% of Camden residents identify as Christians, followed by 26% who have no religion. 12% of the population are Muslim, 4.5% Jewish, 1.4% Hindu, 1.3% Buddhist, and 0.8% follow other religions.

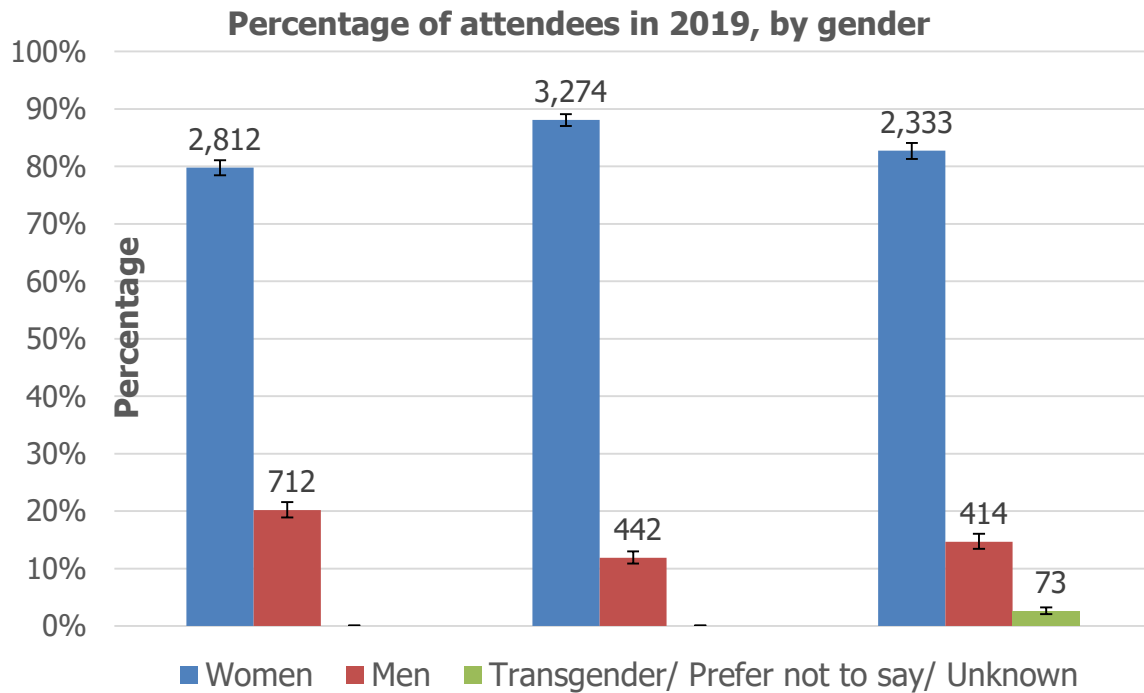
In the national Census, 25% of people of “other” religions and 21% of Christians reported long-term limiting conditions/ disabilities, compared with 11% of people with no religion and 12% of Hindus.

However, the census only represents Camden residents of legal adult age (18+) and could therefore not be used as an overall reflection of the religion or beliefs of young people in the borough. Future data on engagement of service users of particular religions and/or beliefs will be recorded by providers to establish if there are additional needs within certain religious communities.

There is currently no indication that the new service specifications of the services would have a negative effect on this protected characteristic.

Sex/gender

The data below reflects the gender of young people attending the current service provision in 2019 which shows that the majority of attendances are female. The new service specifications may indirectly discriminate against young females age 22-24. We will use the new specification to be more inclusive of those who identify male and female and non-binary young people.



Source: clinic data from current providers

Sexual orientation

The reduction of the upper age limit may have an indirect impact however, the new specification aims to be more inclusive of LGBTQ+ young people and their needs.

Commissioners will ensure that as part of the future service, information and data on all the protected groups will be routinely discussed as part of contract management. This information will be used in support of the on-going needs assessment and service development.

Notes to Question 2

- Here use data to show who could be affected by the decision. Consider who uses the service now and might use it in the future. Think about the social mix of the borough and of our workforce.
- If available use profile of service users and potential users / staff by protected groups: (age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; and sexual orientation). You could consider the following:
 - Take up of services, by protected group if available;
 - Recommendations from previous inspections or audits;
 - Comparisons with similar activities in other departments, councils or public bodies;
 - Results of any consultation and engagement activities broken down by protected groups (if available) - sources could include, complaints, mystery shopping, survey results, focus groups, meetings with residents;
 - Potential barriers to participation for the different protected groups;
 - National, regional and local sources of research or data – including statutory consultations;
 - Workforce equality data will be provided by your HR change adviser for organisational change / restructure EIAs and
 - For organisational change / restructure EIAs include the results of any consultation or meetings with staff or trade unions.
- **Do not simply repeat borough wide or general service equality data** – be as precise and to the point as possible.
- If there are gaps in equality information for some protected groups identify these in this section of the form and outline any steps you plan to take to fill these gaps. Consider:
 - Any relevant groups who have not yet been consulted or engaged;
 - Whether it is possible to breakdown existing data or consultation results by different protected groups;
 - If you are conducting an organisational change / restructure EIA and there are data gaps consider asking affected staff to update their details on Oracle.
- We are under a legal duty to be properly informed before making a decision. If the relevant data is not available we are under a duty to obtain it and this will often mean some consultation with appropriate groups is required.
- Is there a particular impact on one or more of the protected groups? Who are the groups and what is the impact?
- Consider indirect discrimination (which is a practice, policy or rule which applies to everyone in the same way, but has a worse effect on some groups and causes disadvantage) - for example not allowing part-time work will disadvantage some groups or making people produce a driver's licence for ID purposes.

Section 3: ANALYSING YOUR EQUALITY INFORMATION AND ASSESSING THE IMPACT

Question 3: Analysing the evidence outlined above, does the proposed decision have an impact (positive or adverse) on our duty to eliminate discrimination/harassment and victimisation, advance equality of opportunity or foster good relations between different groups in the community (those that share characteristics and those that do not)?

Please use this grid to summarise the impacts outlined above.

Protected group	Summarise any possible negative impacts that have been identified for each protected group and the impact of this for the development of the activity	Summarise any positive impacts or potential opportunities to advance equality or foster good relations for each protected group
Age	Possibly reduced access to YPSH services for over 21 year olds. This could potentially only affect certain aspects of the service rather than across the services but this needs to be developed.	Improved access for younger SU aged 21 and under and other vulnerable groups.
Disability	There is a possibility of an indirect negative impact on this protected group, however the outcome will be taken into consideration once the consultation has been completed. Those identifying as disabled could be a priority group.	Closer working with disability services in Camden to identify how we can best support young people with a disability.
Gender reassignment	It is not anticipated that there will be any negative impact on this protected group.	Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided.
Marriage and Civil Partnership	It is not anticipated that there will be any negative impact on this protected group.	Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being

		provided.
Pregnancy and maternity	There is a possibility of an indirect negative impact on this protected group, however the outcome will be taken into consideration once the consultation has been completed. Referral to appropriate services would be part of the service offer.	Continuing our close relationship with teenage pregnancy leads and developing our existing RSE, targeted and 1-2-1 work so young people know where to access support and when.
Race	It is not anticipated that there will be any negative impact on this protected group.	Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided.
Religion or belief	It is not anticipated that there will be any negative impact on this protected group.	Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided
Sex	It is not anticipated that there will be any negative impact on this protected group.	Modification of equalities monitoring data by the providers will include this characteristic to ensure sensitive and responsive services are being provided.
Sexual orientation	There is a possibility of an indirect negative impact on this protected group, however the outcome will be taken into consideration once the consultation has been completed.	Young people have identified this is an area for improvement and we are committed to making changes we need to in order to be more inclusive.

Notes to Question 3

- Here, think about our other duties and how the proposals may impact (positive and or negative) upon those wider duties and aspirations?

- What might say a reduction in the hours of a facility that mainly serves a particular group have on our wider duties?
- Examples of eliminating discrimination: Taking action to ensure that services are open to all groups – e.g. targeting help at particular deprived sections of the community or funding services who work to prevent discrimination
- Does take up of the activity differ between people from different protected groups?
- Have the outcomes of your consultation and engagement results identified potentially negative or positive impacts?
- Are some groups less satisfied than others with the activity as it currently stands?
- Is there a greater impact on one protected group, is this consistent with the aims of the activity?
- For organisational change / restructures analyse the outcomes of consultation with staff and trade unions and analyse the staff data provided by your change adviser
- If you have identified negative impacts include details of who these findings have been discussed with (e.g. Legal, HR) and their views
- Are there any further changes that could be made to deliver service improvements or make the activity more responsive?

Section 4 – PLANNING FOR IMPROVEMENT

Question 4: If there is an adverse impact, can it be avoided?
If it can't be avoided, what are we doing to mitigate the impact?

Potential negative impacts have been highlighted above which are being considered as part of the developing model. We are also using the procurement as an opportunity to support more under-represented young people in clinics. We are currently doing this through an 'Inclusivity Outreach Project' and dependent on the outcome, we will consider this function or similar within the new specification. Regardless of whether this role continues, there will be a responsibility for all providers to ensure they are working in partnership with agencies who are working with under-represented groups and supporting them into clinics. There is also a role for providers to be more inclusive in terms of their language and terminology on their documentation.

We will also be using provider performance management information to monitor the utilisation of the services provided by the successful providers by young people and adults with protected characteristics where appropriate to do so. Significant changes, shortfalls of services and issues will be addressed via appropriate performance management measures, for example:

- Discussion at provider performance meetings
- Active quality assurance involvement via ongoing service user engagement
- KPIs and incentivised payments
- Use of appropriate measures such as provider performance action plan

Commissioners will also ensure that the service will be developed in close collaboration with service users, providers and other stakeholders. Engagement will take the form of focus groups, works shops as well as peer led consultation and ongoing peer led provision as part of delivery.

No unlawful discrimination was identified during the equality analysis that requires alternative activity to be considered.

Notes to Question 4

- Assuming there is an impact, what are we going to do about it? We need to make sure the **decision makers understand the impacts**
- All our policies and decisions should be designed to eliminate discrimination and contribute to our other obligations such as promoting good relations.
- If it can't be avoided can it be mitigated in some other way?
- There might be decisions elsewhere or perhaps additional spending on other services which could reduce the impact. Beware of simply saying that we will direct service users to other services or resources without considering the feasibility of doing so or the knock-on effect for those services
- We don't have to completely eliminate a negative impact, but we must identify it and try to mitigate it and the **decision makers must be in a position to fully understand the implications of their decision and balance off the competing interests** – e.g. the impact against the need to make savings and balance our budget

**Question 5: Could any part of the proposed activity discriminate unlawfully?
Can we advance equality of opportunity via this decision/policy?
Can we foster good relations via this decision/policy?**

Due to limited data available to demonstrate the level of engagement of the current services with service users from the protected characteristic groups, this will be an ongoing area of focus during the upcoming consultations with service users and existing providers.

As part of the transformation any re-commissioned services will be required, through their service specification, to:

- Pro-actively promote access to all protected groups.
- Ensure workforce is appropriately skilled to work with, and support is available to improve access to, individuals who might find it difficult to engage due to specific circumstances (i.e. buildings being physically accessible, ensure that male or female staff are available to support individuals upon request, provide access to translation and language support, work with other services to bring additional support around specific needs, such as sexual orientation and gender identity.
- Ensure that the future arrangements for contract monitoring will allow for accessibility and engagement by all groups to be considered as a matter of routine.

As noted above, it must be borne in mind that data collection for some of the protected groups (e.g. gender reassignment) may potentially be limited. If this is the case we will maintain our overarching approach to deliver a service that is as effective as it can be for everyone within the boundaries of the commissioned service areas.

Notes to Question 5

- **There may be decisions or policies where this is not going to be applicable. Explain this briefly in the box above. The important point is that it is carefully considered.**
- Suggest positive steps that can be achieved towards our statutory obligations to remove or minimise disadvantages suffered because of protected characteristics, e.g. taking steps to meet the needs of people from the different backgrounds when they are different to the needs of others, encouraging participation from groups when participation is disproportionately low
- Advancing equality of opportunity - (NB this does not apply to marriage and civil partnership). **This is a “positive duty”** which requires public authorities to consider taking proactive steps to root out discrimination and harassment and advance equality of opportunity in relation to their functions—from the design and delivery of policies and services to their capacity as employers. The duties require us to give consideration to taking positive steps to dismantle barriers. Advancing equality of opportunity might require treating some groups differently e.g. targeting training at disabled people to stand as councillors.
- **The legislation requires when we have due regard in terms of advancing equality of opportunity to:**
 - a. **Remove/minimises disadvantage suffered by those who share a characteristic and is connected to it**
 - b. **Take steps to meet the different needs of those who share a characteristic**

c. Encourage those who share a characteristic to participate in public life or any other activity when participation is disproportionately low.

- Advancing opportunity includes the fact that the steps needed to meet the needs of disabled persons take into account the disabled persons' disabilities
- We are required to have "due regard" to the need to foster good relations between people who share a relevant protected characteristic and people who do not share it. This involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Examples

- An employer to provide staff with education and guidance, with the aim of fostering good relations between its trans staff and its non-trans staff.
- A school to review its anti-bullying strategy to ensure that it addresses the issue of homophobic bullying, with the aim of fostering good relations, and in particular tackling prejudice against gay and lesbian people.
- Local authority (Not Camden) to introduce measures to facilitate understanding and conciliation between Sunni and Shi'a Muslims living in a particular area, with the aim of fostering relations between people of different religious beliefs.
- Our work to encourage Bangladeshi tenants involvement in TA's.

Section 5 – OUTCOME OF THE EIA

Use this stage to record the outcome of the EIA. An EIA has four possible outcomes.

Outcome of analysis	Description	Select as applicable
Continue the activity	The EIA shows no potential for discrimination and all appropriate opportunities to advance equality and foster good relations have been taken.	
Change the activity	The EIA identified the need to make changes to the activity to ensure it does not discriminate and/ or that all appropriate opportunities to advance equality and /or foster good relations have been taken. These changes are included in the planning for improvement section of this form.	X
Justify and continue the activity without changes	The EIA has identified discrimination and/ or missed opportunities to advance equality and/ or foster good relations but it is still reasonable to continue the activity. Outline the reasons for this and the information used to reach this decision in the box below.	
Stop the activity	The EIA shows unlawful discrimination.	
<p>Comments (if required):</p> <p>The Commissioners will be taking into consideration the outcomes of the upcoming consultation which will run from January to March 2021. This has a strong focus on co-production and will seek input from protected characteristic groups.. The outcomes will feed into the adaptation of activities to prevent discrimination of the protected characteristics groups.</p> <p>For example</p> <ul style="list-style-type: none"> - Specifications requiring partnership working with specialist organisations who represent particular members of a protected group. - Supporting young people where English is not their first language with service leaflets in their language and key prompts to assist them in their initial telephone call. 		

Section 6 – CHECK AND SIGN OFF

EIA prepared by: Anita de Pan _____

Date: 01/02/2021 _____

EIA checked by: _____

Date: _____

EIA approved by: _____

Date: _____

(Relevant Director Sponsor)

What to do upon approval

For organizational change: If your EIA relates to internal staff, please send to your HR Business Adviser.

For all other EIAs: Please add to the discussion on the Yammer group, you can do this by using the “Share something with this group..” box, attaching your draft to your message.