

Equality Impact Assessment Digital, Data and Technology Strategy

Please see the accompanying guidance document which provides information to help you fill out this Equality Impact Assessment. Please also use the data available on the [Research & Intelligence Centre](#).

The content of this document should be discussed and agreed with the officer responsible for approving equality impact assessments in your department before the EIA is approved. This is to make sure the decisions made are not taken in isolation by one officer and that all the potential impacts are considered via a critical friend challenge.

Officer(s) completing the EIA: Nicola Strapps and Helen Walton

Department: Corporate Services

Service / Team: Digital, ICT & Transformation

Date of assessment: 23/9/26

Section 1: context and background

1. Initial thoughts

Which parts of your proposal, policy, plan or project are particularly relevant to equality, socio-economic disadvantage, or human rights?
At this stage, you do not have to list possible impacts, just identify the main areas.

The Digital, Data and Technology (DDaT) strategy is the Council's first combined corporate strategy informing its use of Digital, Data and Technology across its services. It will guide how we improve digital services, use data and new technology and help make our services accessible for all. It builds on the Council's previous Digital Experience Strategy with its emphasis on Digital Exclusion. Equality is central because the strategy will shape our digital delivery of services so consideration must be given to those who find digital services difficult or impossible to access. There is particular relevance to socio-economic disadvantage as there is a huge correlation between digital exclusion and socio-economic disadvantage, often intersecting with other groups within the protected characteristics and thus exacerbating disadvantage to groups within the protected characteristics.

Particular attention is required for disabled people, older and younger residents, people with language or literacy barriers, low-income residents and digitally excluded households, unpaid carers, care-experienced people, veterans, and residents whose circumstances mean that human or face-to-face support may be necessary.

2. Where you will get your information from (data and evidence)

What sources of information will you use to identify the likely impact on different groups of people?

(For example, statistics, survey results, stakeholder evidence, complaints analysis, consultation documents, customer feedback, existing briefings, comparative data from local or national external sources, or Joint Strategic Needs Assessments (JSNA's).

Evidence used for this assessment includes:

- Rochdale demographic/equality dataset supplied with the EIA template: Census 2021, 2024 Mid-Year Estimates, fertility data, carers data, care-experience data and socio-economic indicators.
- Consultation and engagement undertaken online and face to face with various groups and communities in the borough during a formal period of engagement for this and other strategies, which was undertaken in Autumn 2025.
- Internal accessibility guidance requiring accessible public-sector digital materials and consideration of WCAG 2.2 AA and assistive technology.
- Existing Council policy and evidence on digital exclusion, including the principle that digital services should retain assisted or non-digital alternatives.
- Complaints and customer feedback, particularly recurring themes on communication, delays, standards, ownership and repeated contact
 - Greater Manchester's Digital Exclusion Risk Index (DERI)

The EIA will be updated when formal consultation feedback and any additional service-specific equalities data become available.

3. Possible problems and challenges

Are there gaps in information that make it difficult or impossible to form an opinion on how your proposals might affect different groups of people? If so, what are the gaps, and how and when do you plan to collect additional information to address this?

(This information will help you to identify potential equality stakeholders and specific issues that affect them. This is essential information if you are planning to consult because you can raise specific issues with particular groups as part of the consultation process. EIAs often pause at this stage while additional information is obtained)

The communities in the borough who are experiencing **Digital Exclusion** present a significant gap. It is notoriously difficult to assess who is digitally excluded due to the nature of digital exclusion. The Council has utilised tools such as GM's Digital Exclusion Risk Index which calculates the risk of digital exclusion based on a number of realms. The high levels of socio-economic disadvantage in the borough means that certain parts of the borough are at particularly high risk. This is mitigated in some locations in central Rochdale by the prevalence of free w-ifi in public buildings.

Designing digital services and involving a range of users is a challenge so the 7 principles of Universal design are used as a guide alongside the GDS service standard (UK Government Digital Service) alignment which is a comprehensive set of guidelines that teams must adhere to when building and running effective, user-centered digital services. It ensures that services are accessible, secure, and meet user needs. As part of the strategy development we will explore how we involve users in the design of online services either by using established consultation groups or developing new ones including reaching out to disadvantaged groups.

Rochdale needs to be mindful of the current **Public Perception** of AI and automation and how that might change over time – Currently only 40% of the UK public trusts the public sector to use AI responsibly, with roughly 41% viewing AI as dangerous. While people generally recognise potential gains in service improvement and efficiency, trust drops significantly when it comes to procedural values like fairness, transparency and privacy and public awareness varies with residents strongly preferring AI is used to serve in an advisory or supportive role rather than making autonomous decisions. Ensuring we regularly review our AI policy and being open and transparent where it used will be increasingly important to build trust and improve awareness.

Balancing cyber security with fair and easy access – stronger security controls are important in society today therefore we need to consider whether this creates unintentional barriers. Complex passwords, repeated verification or limited authentication options can make things harder for some users. As part of implementation we need to be mindful to keep data security proportionate, what alternative or assisted routes are available, and whether security controls are contributing to failed journeys or exclusion without weakening the safeguards we need.

Data sharing, analytics and privacy – need to consider carefully what personal information may be brought together, shared between systems or partners, or used to identify need and target support. There are clear benefits to better joined-up data, but there are also risks around unnecessary collection, inappropriate disclosure, inaccurate matching and loss of trust. IG Policies and the use of DPIA's should cover data minimisation, lawful and

proportionate use, transparency with residents, sensitive or protected-characteristic information, and whether particular groups could be affected differently. Material projects/systems that process data should also complete the relevant privacy assessment (DPIA's) alongside the EIA.

Monitoring digital completion, drop-off and channel switching – access to comprehensive information to measure this will be a challenge such as ;

- who is successfully completing key online journeys and who drops out and why
- who repeatedly fails authentication
- who switches to phone or face-to-face support and
- who needs assisted digital help.

Where it's lawful and proportionate, we should look at this alongside equality and neighbourhood information to understand whether some groups are getting poorer outcomes. Customer feedback, complaints and accessibility testing should sit alongside the numbers as well.

Project-level EIAs and privacy assessments – more attention to this will be required as we implement the strategy and new ways of working using technology. Significant projects that come out of the strategy – for example a new digital system, reducing or removing a channel, introducing AI or automation, major identity changes or significant new data sharing – should have their own proportionate EIA and, where needed, a privacy assessment before approval or implementation. These should be clear about who could be affected, the evidence, likely positive and negative impacts, mitigations, ownership, timescales and how the impact will be monitored and reviewed.

4. What consultation are you doing?

How will consultation and/or engagement inform your assessment?

Explain how your approach will include protected groups likely to be impacted by the decision, as well people using the service, residents and / or staff.

An extensive programme of engagement to inform the strategy was undertaken over Autumn/Winter 2025. This comprised of an online consultation and significant face to face engagement with the public in all townships, various community groups, the Council's co-production network groups and groups, which were representative of the protected characteristics under the Equality Act. In total we engaged with around 750 borough residents to inform the drafting of the strategy.

A further online round of consultation is shortly due to commence along with a further round of face-to-face consultations with community groups, the Council's co-production groups and other groups who are representative of the protected characteristics.

In a very small minority of cases, the evidence may demonstrate there are no equality impacts at all. If you believe this to be the case, please contact the Policy Team to discuss it.

Section 2: Assessment and Evidence

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
Age	Rochdale population: 22% aged 0–15, 62% aged 16–64, 16% aged 65+, including 2% aged 85+ (2024 Mid-Year Estimates). The strategy recognises that some residents prefer fast self-service while others may need more time, reassurance or face-to-face support. AI & Automation - The strategy recognises that some residents will be fearful of AI and automation and it will be important to be transparent about where it is being used.	Mixed, with strong positive potential. Simpler digital access may benefit digitally confident residents, including people balancing work/caring. Risk: digital-first design or reduced human access could disadvantage some older people, children/young people accessing services, or residents less confident online. Mixed - Processes where AI and automation is used could lead to different outcomes for different groups because of disability, language, literacy, age, ethnicity, socio-economic circumstances or other factors Mixed - Data quality and potential bias – need to make sure the data used for analytics, automation or AI is complete, accurate, up to date and representative enough of Rochdale’s communities. Even where the technology appears neutral, poor or incomplete data can still lead to unequal outcomes.	Apply channel-by-need. Retain telephone, face-to-face and assisted routes where needed. Test digital journeys with older and younger users. Provide accessible/simple information and avoid assuming digital confidence based on age. Monitor digital drop-off and assisted-access demand Set out where AI or automated processes could affect residents or staff, such as triage, case routing, knowledge support or decision support and ensure only the relevant information is captured. Be transparent about how decisions can be explained or challenged, and where human review will still be available. For higher-risk decisions, there will be meaningful human oversight rather than relying entirely on an automated outcome. The Councils AI Ethical Use Policy will be reviewed annually to ensure there is a regular review of AI use and its impact on all residents.	Strategy development and consultation: Customer Access. Ongoing implementation: Customer Access, Digital Services and service owners. Ongoing Implementation Digital, ICT, Transformation and IG

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	Digital identity and authentication barriers .	Consider whether logins, identity checks, account creation, passwords, multi-factor authentication or evidence requirements could make access harder for some residents such as residents without suitable devices or reliable mobile access, people with lower digital confidence or literacy, disabled people, people who rely on a carer, or anyone whose personal information doesn't match neatly across systems	Make sure there are alternative verification routes, assisted support and a clear route to a person when someone can't complete the digital process	Ongoing Implementation Digital, ICT and Transformation
Disability	18% of residents report day-to-day activities limited by a physical or mental health problem: 9% "a lot" and 9% "a little" (Census 2021). Council accessibility guidance requires accessible digital content and consideration of assistive technologies. The strategy commits to accessible information, reasonable adjustments, assisted access and human support where needed. The impact of AI and automation on disability is multifaceted, offering both opportunities and challenges.	Positive potential through clearer journeys, reasonable adjustments, assisted access and reduced repetition. Significant negative risk if digital journeys, communications, buildings or telephone processes are inaccessible, or if residents are required to repeat disability/trauma information. Positive – AI and automation can empower individuals with disabilities to access opportunities, enter the workforce, and operate more successfully in the workplace. Tools like voice-activated assistants and writing	Accessibility and user testing; reasonable-adjustment routes; accessible formats; maintain non-digital/assisted access; WCAG-aligned digital design; monitor failed/dropped journeys; privacy-by-design; include disabled and neurodivergent residents in consultation. Service/project EIAs for major channel/ system changes. Research and Inclusion: Ongoing research is essential to understand the implications of AI-enabled technologies on people with disabilities. By addressing these considerations, AI and automation can play a significant role in enhancing the quality of life for	Before consultation and throughout delivery. Leads: Customer Access, Digital Services, service owners; Equality/IG input as required Ongoing Implementation Digital, ICT, Transformation and IG

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	Digital identity and authentication barriers	support can enhance personal mobility and communication. empowerment Negative - Accessibility Challenges: While AI can create new opportunities, it can also introduce accessibility challenges if the needs of people with disabilities are not properly considered. Negative - Inclusivity and Inequality: The deployment of AI must be inclusive and equitable. It is crucial to ensure that AI technologies do not inadvertently create new barriers or exacerbate existing inequalities. Low impact - Consider whether logins, identity checks, account creation, passwords, multi-factor authentication or evidence requirements could make access harder for some residents such as residents without suitable devices or reliable mobile access, people with lower digital confidence or literacy, disabled people, people who rely on a carer, or anyone whose personal information doesn't match neatly across systems	people with disabilities and promoting greater inclusion in society. Make sure there are alternative verification routes, assisted support and a clear route to a person when someone can't complete the digital process	Ongoing Implementation Digital, ICT, Transformation

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	Accessibility of systems, procurement and assistive technology	Positive impact re tech enabled care	Accessibility should be built into new systems and procurements from the outset, including compatibility with assistive technology and testing with disabled and neurodivergent users. This will be reflected in procurement and architecture standards, how systems and forms will be tested, and how accessibility issues will be picked up and fixed once systems are live.	Ongoing Implementation Digital, ICT, Transformation and Adults social care
Gender reassignment	Census 2021 data records 0.3% of Rochdale residents with a gender identity different from sex registered at birth; 0.1% identify as a trans man and 0.1% as a trans woman. The strategy requires respectful, non-judgemental, trauma-informed service and privacy. AI and Automation	Predominantly positive/neutral. Consistent respectful standards and privacy can improve experience. Risk may arise from inappropriate forms, titles, identity verification, data fields, misgendering or unnecessary disclosure of sensitive information Low impact - The use of voice-automation software and conversational AI for customer interactions can struggle with speech patterns, pitch shifts, or voice changes.	Use inclusive language and proportionate data collection; review forms/CRM fields when journeys are redesigned; protect privacy; provide staff guidance/training on respectful customer interaction; include relevant lived-experience feedback in consultation where available. Offer pathways or alternatives (such as bypassing voice bots to speak with a human agent) to prevent marginalising users whose voices or identities are unrecognised by automated speech analytics.	During standards/journey design and implementation. Leads: Customer Access, Digital/CRM, service owners, IG/EDI advisers. Ongoing Implementation Digital, ICT, Transformation and IG
Marriage and civil partnership	Census 2021 data supplied with the EIA includes varied marital/civil partnership statuses. The strategy does not propose different access	No specific differential impact identified at strategy level. Potential indirect risk if forms or processes make assumptions	Use inclusive, neutral wording in forms and communications; collect relationship status only where operationally necessary; test	Ongoing through journey redesign. Leads: Service owners

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	or service standards based on marital status.	about relationships, partners or household structures.	redesigned journeys for unintended assumptions.	with Customer Access/Digital support.
Pregnancy and maternity	Rochdale total fertility rate was 1.7 children per woman in 2024, above GM 1.48 and England 1.42. Pregnancy/post-birth circumstances can affect mobility, time, caring responsibilities and preferred channel.	Positive potential from convenient digital access, clear updates and flexible supported routes. Risk if a service relies on in-person attendance, inflexible appointments or inaccessible processes without appropriate alternatives/adjustments.	Offer appropriate channel choice and reasonable flexibility; consider pregnancy/maternity needs in priority journey testing; ensure face-to-face facilities and appointment arrangements are accessible and suitable.	During consultation and service redesign. Leads: Customer Access and relevant service owners.
Race	Census 2021: 74% White, 18.5% Asian, 3.5% Black, 2.4% mixed and 1.6% other ethnicity. 90.5% speak English as their main language; after English, main languages include Urdu 2.4%, Polish 1.2%, Bengali 0.7% and Pakistani Pahari 0.6%. The strategy recognises language/access needs and a diverse borough. AI and Automation	Positive potential from clearer, consistent access and community/neighbourhood routes. Risk of unequal access where information is only available in complex English, digital routes assume high literacy, data/forms do not reflect diverse communities, or engagement under-represents minority ethnic and migrant residents. Potential negative; Artificial intelligence and automation worsen racial inequality by scaling historical biases, reducing job mobility for minority workers,	Use plain English; provide translation/interpretation or alternative formats where needed; consider language needs in digital and written journeys; engage community/VCFSE groups; analyse feedback by ethnicity/language where appropriate; test forms for cultural/linguistic barriers Ensure AI is use ethically and is avoided where potential for bias exists such as recruitment.	Before/during public consultation and throughout redesign. Leads: Customer Access, Communications/Digital, service owners and community partners. Ongoing Implementation Digital, ICT, Transformation and IG

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	Digital identity and authentication barriers	potentially embedding discrimination Low impact - Consider whether logins, identity checks, account creation, passwords, multi-factor authentication or evidence requirements could make access harder for some residents such as residents without suitable devices or reliable mobile access, people with lower digital confidence or literacy, disabled people, people who rely on a carer, or anyone whose personal information doesn't match neatly across systems	Make sure there are alternative verification routes, assisted support and a clear route to a person when someone can't complete the digital process	Ongoing Implementation Digital, ICT, Transformation
Religion or belief	Census 2021: 46.9% Christian, 18.8% Muslim and 28.8% no religion. The strategy applies common corporate standards regardless of faith or belief and promotes respectful, non-judgemental access.	Mainly neutral/positive. Possible indirect impacts from appointment timing, communication, facilities or processes that do not take reasonable account of faith practices or dietary/cultural needs where relevant.	Use inclusive communications; avoid assumptions; provide reasonable flexibility where service delivery allows; include faith/community organisations in engagement where relevant; consider faith needs in local/face-to-face service design.	Consultation and implementation. Leads: Service owners/Customer Access with community partners.
Sex	Census 2021: 51% women and 49% men. The strategy applies the same access principles and standards to all residents.	No direct adverse impact intended. There may be different patterns of service use and caring responsibilities, and some face-to-face/safety needs may differ by	Monitor customer feedback and access data by sex where lawful/useful; consult diverse users; ensure sensitive services consider privacy, safety and appropriate	Ongoing. Leads: Customer Access and service owners.

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		service context. Flexible channels may create positive benefits.	channel choice; avoid assumptions in service design.	
Sexual orientation	Census 2021: 91% heterosexual/straight; 0.9% bisexual; 1.2% gay or lesbian; 0.1% use another term. The strategy requires respectful, non-judgemental service and privacy.	Positive potential from consistent respectful standards. Risk if forms, scripts or staff assumptions exclude same-sex relationships or require unnecessary disclosure, particularly in sensitive services.	Use inclusive language and relationship options; collect sexual-orientation information only where necessary/lawful; maintain confidentiality; reinforce respectful/trauma-informed standards; invite representative feedback where practical.	During standards and journey redesign. Leads: Customer Access, service owners, Digital/CRM and IG/EDI advice.
Serving or ex-serving members of the Armed Forces	3.3% of the population have previously served in the Armed Forces; 88% of veterans are male and 12% female (Census 2021). National Veterans Survey data in the supplied evidence reports higher levels of disability and loneliness among veterans.	Potential positive impact from no-wrong-door style access, neighbourhood support, relational conversations and better signposting. Risk that needs linked to service history are not recognised or referrals are fragmented.	Include veteran/Armed Forces community insight in consultation where possible; ensure signposting/referral information is available; use relational conversations to identify wider needs; do not require unnecessary disclosure of service history.	Consultation and implementation. Leads: Customer Access, Live Well/neighbourhood leads and relevant services.
Care experience	Supplied evidence: 206 care leavers aged 18–20 and 101 aged 21–24; 49% of Rochdale care leavers aged 18–21 are NEET. Care-experienced people can have complex interactions with public services. The strategy commits to trauma-informed working and reducing repeated retelling of difficult information.	Strong positive potential from trauma-informed, relational and joined-up access. Risk of retraumatisation through repeated retelling, fragmented hand-offs, rigid processes or loss of continuity.	Prioritise warm handovers, clear ownership and continuity; minimise repeated information where lawful; include care-experienced young people/care leaver services in consultation; ensure human support remains available for complex needs; monitor complaints/feedback.	Consultation and priority journey design. Leads: Customer Access with Children's/Care Leaver services and Digital/CRM.
Carers	9.2% of Rochdale residents (19,412 people) provide unpaid care (Census 2021); 3.1% provide 50+ hours weekly. Supplied	Positive potential from convenient self-service, proactive updates, fewer repeated contacts and clearer ownership. Risks include	Test journeys with carers; provide flexible channels and clear proxy/consent information; minimise repeat contact; recognise carers in	Consultation and implementation. Leads: Customer Access, service owners, Live

Protected characteristics	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	evidence links caring with poorer health and stress. Carers may have limited time and may contact services on behalf of another person.	inaccessible authorisation/consent processes, inflexible appointments, or requiring carers to repeatedly explain circumstances.	relational conversations and signposting; include carers' organisations in consultation where possible.	Well/neighbourhood partners.
Socio-economic	Supplied evidence: Rochdale is identified as highly deprived; 34.9% of pupils are eligible for free school meals; 6.4% of residents aged 16+ claim out-of-work benefits; workplace earnings are below North West and Great Britain figures. The strategy explicitly links access to prevention, neighbourhoods and assisted digital support.	Strong equality relevance. Digital self-service may save time/cost for many residents, but device/data affordability, digital skills, literacy and transport costs can create barriers. Poor access can compound financial hardship and increase repeat contact or crisis escalation.	Maintain free/assisted and non-digital routes; use neighbourhood/Live Well and library/community assets; test for device/data/skills barriers; use plain language; avoid digital-only processes where exclusion risk is material; monitor area-level/digital readiness data and assisted-access demand.	Throughout strategy and implementation. Leads: Customer Access, Digital Services, Live Well/neighbourhoods, libraries and service owners.

Does the proposal / policy / plan / project have the potential to negatively impact on Rochdale Council employees?

	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
Workforce	Workforce impacts from automation and changing digital, data and AI skills – the strategy will change roles and ways of working as well as the technology itself.	We should consider whether some groups of staff could be affected more than others by automation, role redesign or new skills requirements, and whether everyone has fair access to learning and support.	That could include role-based training, digital/data/AI skills assessments, accessible learning, extra support where it's needed, early engagement on significant change and a separate workforce equality assessment where roles are materially changing.	Digital, ICT, Transformation and OD

	Evidence and information	Impact	Mitigation activities and actions	Timescale and responsible service / team
	The scale of change affecting the workforce has the potential to put strain and increase pressure on our staff	This could impact both negatively and positively on staff morale with some staff seeing this as motivational whilst others more fearful of change. This could have both a positive and negative impact on recruitment and retention	Ensure the People Strategy references support to staff undergoing change, recognising then changing nature of how we work and that training and development support is prioritised during change.	Digital, ICT, Transformation and OD

Section 3: Human Rights

Are the human rights of individuals in Rochdale Borough potentially affected by this proposal? This includes all residents, as well as those with any protected characteristics. (Considerations about human rights are likely to be more relevant to some services and proposals than others).

Yes, potentially. The strategy affects how residents access public services and how personal information is collected, used and shared. Relevant rights may include respect for private and family life, protection from discrimination, and fair access to Council processes. The strategy is designed to support these rights through privacy by design, data minimisation, accessible and non-discriminatory customer standards, human/assisted routes, and trauma-informed practice.

Specific implementation projects may have greater human-rights implications than the high-level strategy, particularly where they involve identity verification, data sharing, automation, restrictions on contact, or changes to face-to-face access. These should be assessed separately.

If the human rights of any individuals, including those with protected characteristics, are restricted or limited, is your proposal still considered to be proportionate? [Human rights can be legitimately restricted in some circumstances if there is justification for doing so. This could be because the council has legitimate reasons]

The strategy does not propose a general restriction of human rights. Where future service-level changes could limit a route of access, process personal data differently, automate decisions, or restrict contact because of abusive behaviour, the Council will need to demonstrate a lawful and legitimate purpose, necessity and proportionality, consider less restrictive alternatives, provide reasonable adjustments and maintain appropriate safeguards/review routes. Relevant service-specific EIA, DPIA and legal/IG advice should be completed before implementation.

Section 4: Summary, monitoring and approval

Summarise the overall impact your proposal will have (please ensure this includes specific impacts on protected groups)

The Digital, Data and Technology Strategy has strong potential to improve equality through simpler, more accessible and joined-up services, flexible access, reduced repeat contact and better support. However, the assessment identifies mixed impacts: benefits depend on inclusive implementation,

and digital-first services, inaccessible systems, identity checks, poor-quality data or biased AI and automation could create or reinforce inequalities. Digital exclusion and socio-economic disadvantage may compound impacts across protected groups.

For older and younger residents, convenient self-service may improve access, but reduced human support, limited digital confidence and authentication requirements could create barriers. Disabled and neurodivergent residents could benefit from accessible design, assistive technology, technology-enabled care and reasonable adjustments; significant risks remain where digital, telephone or face-to-face services are inaccessible or require repeated disclosure of difficult information. Minority ethnic residents and people with language or literacy barriers could benefit from clearer information and community access, but complex English, unrepresentative engagement or data, and bias in AI or automation may lead to unequal outcomes.

For people undergoing gender reassignment, respectful services and privacy offer benefits, while inappropriate titles, forms, identity verification, unnecessary disclosure and voice-recognition difficulties present risks. Inclusive services may also improve experiences for people of different sexual orientations, but assumptions about relationships and unnecessary disclosure could exclude users. Pregnancy and maternity needs may be better met through flexible digital and supported access, while inflexible appointments or attendance requirements could disadvantage some residents. Impacts relating to religion or belief are mainly neutral or positive, with potential indirect barriers around appointment timing, communication and facilities. No specific differential impact is identified for marriage and civil partnership at strategy level, although relationship and household assumptions in forms could create barriers. For sex, flexible channels may offer benefits, but differing service-use patterns, caring responsibilities, privacy and safety needs require consideration.

The assessment also identifies benefits for carers, care-experienced people and the Armed Forces community through clearer ownership, continuity, supported access and better referrals. Risks include difficult proxy or consent processes, repeated retelling of circumstances and fragmented support. Low-income and digitally excluded households may face device, data, skills, literacy and transport barriers that worsen hardship. Workforce changes may affect staff groups differently through automation, role redesign and access to learning and support.

The identified safeguards include retaining telephone, face-to-face and assisted routes according to need; accessible design and testing with diverse users; reasonable adjustments; plain English and language support; alternative verification and human review; proportionate data collection and privacy protection; and ethical oversight of AI. Consultation and evidence gaps mean that impacts are not yet fully established. The EIA will require review as further feedback becomes available, with project-level equality and privacy assessments for significant changes and monitoring of completion, drop-off, failed authentication, channel switching, complaints and accessibility feedback to identify unequal outcomes.

In some cases, there may be potentially discriminatory effects on a protected group, but your proposal is still deemed necessary for another reason. If this is the situation with your proposal, please explain the rationale (for example, due to budget constraints, the council cannot deliver existing service standards for non-statutory provision, therefore reductions are being made)

Outline the governance and monitoring for this EIA

Name the officer / board / committee:

Nicola Strapps – Assistant Director, Digital, ICT & Transformation

Various governance groups – Governance Board, Digital Strategy Working Group and Transformation Boards

Provide the review date: Dec 2027

Lead officer approving the EIA assessment (this must be an Assistant Director or Director):

Name: Nicola Strapps

Role: Assistant Director, Digital, ICT & Transformation

Date: 20/10/2026

Disclaimer: each directorate is legally responsible for the decisions taken in relation to whether to undertake an EIA and for approving the EIAs produced by the service areas within their department. The role of the Policy Team is to provide advice and guidance.