

**DRAFT EQIA ON THE PROVISIONAL CRITERIA FOR INITIATING STATUTORY ASSESSMENTS OF SPECIAL EDUCATIONAL NEED AND FOR MAKING STATEMENTS OF SPECIAL EDUCATIONAL NEED**

**Belfast Education and Library Board  
North Eastern Education and Library Board  
South Eastern Education and Library Board  
Southern Education and Library Board  
Western Education and Library Board**

**Consultation Response Pro forma for an**

**Equality Impact Assessment on the**

**Provisional<sup>1</sup> Criteria for Making Statutory Assessments  
of Special Educational Needs**

This consultation pro forma is aimed at helping individuals and groups submit a written response on the equality implications of the above provisional criteria which is currently being impact assessed. The provisional criteria are available at [www.neelb.org.uk/eqia/](http://www.neelb.org.uk/eqia/) or from Alf Armstrong whose contact details are below.

We very much welcome and appreciate your contributions to this process.

Please return the completed response no later than **30 September 2010** to:

Alf Armstrong  
Equality Manager  
NEELB  
40 Lough Road  
Antrim  
BT414DH

Telephone: 028 9448 2216  
Textphone: 028 2566 2404  
Email: [alf.armstrong@neelb.org.uk](mailto:alf.armstrong@neelb.org.uk)

**June 2010**

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<sup>1</sup> *The criteria detailed in this policy have been termed 'provisional' in recognition that they may require amendment should legislative changes be proposed as an outcome of the Department of Education's Review of Special Educational Needs and Inclusion, published August 2009*

**ABOUT YOUR ORGANISATION**

Name of organisation: \_\_\_\_\_

Name of person responding: \_\_\_\_\_

Who your organisation represents: \_\_\_\_\_

Whom (if anyone) you have consulted before drawing up your response?

\_\_\_\_\_

**CONTACT DETAILS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Typetalk: \_\_\_\_\_

Email: \_\_\_\_\_

**FACE TO FACE MEETINGS**

If you or your organisation would like to meet to further discuss the equality implications of these provisional criteria, please complete the form below. We will contact you to arrange a suitable venue, date and time.

Contact name for a face-to-face meeting: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

Contact textphone number: \_\_\_\_\_

Contact fax number: \_\_\_\_\_

Contact email address: \_\_\_\_\_

Please specify any requests for assistance to ensure your full participation at such a meeting, including any communication, transport or access requirements.

\_\_\_\_\_

\_\_\_\_\_

**Note:**

*If your organisation has already met with the Boards to discuss this new policy, the information already provided by you will be considered as part of the impact assessment.*

1. Do you consider that these provisional criteria for making statutory assessments will affect equality of opportunity positively or negatively?

Positively                       Negatively                       Don't Know

2. Are you aware of, or can you identify any adverse impact on equality of opportunity and/or good relations arising from this provisional criteria for making statutory assessments?

Please tick 'Yes' or 'No' beside the relevant equality dimension.

Category	Yes	No	Examples of Group
Age	<input type="checkbox"/>	<input type="checkbox"/>	Those under 18; People aged between 18 and 65; People over 65
Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	Married people; unmarried people; divorced or separated people; widowed people
Gender	<input type="checkbox"/>	<input type="checkbox"/>	Men and women generally; Transgendered people; Transsexual people
Disability	<input type="checkbox"/>	<input type="checkbox"/>	Persons with a disability as defined in the Disability Discrimination Act 1995
Dependants	<input type="checkbox"/>	<input type="checkbox"/>	Persons with primary responsibility for care of a child, person with a disability or dependent elderly person
Political Opinion	<input type="checkbox"/>	<input type="checkbox"/>	Unionists generally; Nationalists generally; Members/supporters of any other Political Party
Racial Group	<input type="checkbox"/>	<input type="checkbox"/>	Chinese; Irish Traveller; Indian; Pakistani; Bangladeshi; Black African; Black Caribbean; mixed ethnic group/nationality
Religious Belief	<input type="checkbox"/>	<input type="checkbox"/>	Catholic; Protestant; Hindu; Jewish; Muslim; Sikh; Buddhist; other religion; No religious belief
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	Gay; Lesbian; Bisexual; Heterosexual

3. If you have answered 'Yes' in relation to adverse impact to any of the above dimensions, please state the adverse impacts that you consider the provisional criteria is likely to have:

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4. Please state how you consider such adverse impacts could be reduced or alleviated:

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5. If you believe the adverse impacts cannot be alleviated, please suggest alternative proposals that could be considered to reduce the differential impact:

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6. Do any of the following groups have different needs, experiences, issues and priorities in relation to this policy issue? Please tick.

	<b>Yes</b>	<b>No</b>		<b>Yes</b>	<b>No</b>
Age	<input type="checkbox"/>	<input type="checkbox"/>	Political Opinion	<input type="checkbox"/>	<input type="checkbox"/>
Marital Status	<input type="checkbox"/>	<input type="checkbox"/>	Racial Group	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	Religious Belief	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>
Dependants	<input type="checkbox"/>	<input type="checkbox"/>			

Please elaborate:

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**Any other views or comments you would wish to make in relation to this policy area would be greatly appreciated.**

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Please attach any additional sheets if necessary.