

MEETING

ADULTS AND SAFEGUARDING COMMITTEE

DATE AND TIME

MONDAY 17TH FEBRUARY, 2020

AT 7.00 PM

VENUE

HENDON TOWN HALL, THE BURROUGHS, LONDON NW4 4BG

Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
8.	FEES AND CHARGES (CHANGES TO FAIRER CONTRIBUTIONS POLICY)	3 - 38

naomi.kwasa@barnet.gov.uk Tel 020 8359 6146

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Adults and Safeguarding Committee

17 February 2020

Title	Fees and Charges - Changes to Fairer Contribution Policy
Report of	Chairman of the Adults and Safeguarding Committee
Wards	All
Status	Public
Urgent	No
Key	Yes
Enclosures	Appendix A – Results of Fairer Contributions Policy Consultation Appendix B – Equalities Impact Assessment
Officer Contact Details	Sam Raffell, Head of Care Quality and Customer Finance, Adults and Health Sam.raffell@barnet.gov.uk

Summary

The council’s Fairer Contributions Policy is used to assess contributions towards the cost of care for people who receive community based care services, such as home care, day care and direct payments. Under the policy, contributions from people in receipt of care services are assessed on their ability to pay, after taking into account income and outgoings. The Policy adheres to national guidance and requirements for charging for social care services arranged by councils.

This report recommends the following changes to the Fairer Contributions Policy for the committee’s approval, to take effect from 6th April 2020. These changes are:

- A. To change the maximum rate of charge for homecare to £17 per hour to more accurately reflect the actual cost of care.
- B. The introduction of an arrangement fee of £300 for individuals with income above the capital/savings threshold.

Recommendations

1. That the Committee approves the following proposed changes to the Fairer Contributions Policy to take effect from 6 April 2020.
 - A. To change the maximum rate of charge for homecare to £17 per hour to more accurately reflect the actual cost of care.
 - B. The introduction of an arrangement fee of £300 for individuals with income above the capital/savings threshold.

1. WHY THIS REPORT IS NEEDED

- 1.1. This report is required as part of the business planning process, to discuss and approve changes to the Fairer Contributions Policy for 2020/21. The Fairer Contributions Policy covers contributions towards the cost of community based adult social care services. Contributions are assessed on ability to pay, considering assessable income, savings and outgoings.
- 1.2. This report seeks Committee approval for the changes to the Fairer Contribution Policy which will then be recommended to Policy and Resources (P&R) Committee as part of the Adults and Safeguarding Committee's savings proposals in the Business Planning Report at the Policy and Resources Committee meeting of 19th February 2020.
- 1.3. Where the increase in fees and charges are by an amount of less than 2% above the rate of inflation, the council's procedure is that all changes to fees and charges for people who receive a chargeable care service will be approved via Chief Officers Decision as per procedure. Increases above the 2% must be approved by The Adults and Safeguarding Committee, as the relevant Theme Committee responsible for agreeing the introduction of new fees and charges. The proposed changes contained in this report are above the threshold allowed via Chief Officers Decision and hence are being presented to this committee for approval.
- 1.4. The report includes the findings of the 4-week consultation process that was undertaken regarding the proposed changes.

Rationale for Change

- 1.5. To address the budget gap the Council has had to make some tough decisions about priorities and how limited funds are spent. The increased income proposed in this paper is included as part of the savings outlined in the Medium Term Financial Savings (MTFS) for 2020/21. It was felt that the proposed increases in client contributions outlined in this paper, which are estimated to raise an additional £150,000 in income in 2020/21, are a sensible and

proportionate approach, reducing the savings which need to be achieved from service delivery.

- 1.6. The rationale for the two specific changes is detailed below;

Proposal 1: An increase to the maximum hourly rate charged for homecare services to £17 per hour

- 1.7. It is proposed that Barnet will change the maximum rate of charge for homecare to more accurately reflect the actual costs of providing care. These rates were last reviewed in 2017 and since then there has been an increase in the cost of homecare across all providers. It is reasonable that where someone can afford to pay, they contribute the amount it costs for the Council to provide care.
- 1.8. The average hourly cost to the council for the delivery of homecare for 2019/20 (up to Quarter 3 2019/20) is £18.05 per hour. The hourly rate of delivering homecare is likely to further increase when the Council's new Home and Community Care contract commences on 1 August 2020. The reason for the likely increase in costs is due to increased inflation pressures on care providers, mainly due to an increase in National Living Wage of 4.9% in April 2019 and 6.2% from April 2020.
- 1.9. It is therefore proposed that the hourly charge will increase from the current rate of £15.28 to £17.00 to more closely reflect the actual cost of care.
- 1.10. Under the Care Act 2014 local authorities can charge up to the actual cost they pay for care and no higher. The providers on the council's homecare framework charge a range of rates, with several above the average rate of £18.05 and some below. £17 has been identified as the maximum rate for the purposes of charging to better reflect the actual costs incurred by the council. However, if an individual were to receive a homecare service which cost the Council less than £17, they will only be charged the actual cost the Council pays for care.
- 1.11. The proposal will mainly affect those people whose financial assessment shows they meet the criteria to pay for the full cost of care (i.e. an individual's savings are above £23,250 or they have a high disposable income) or who have chosen not to disclose their finances.
- 1.12. It is estimated that there are up to 190 people who fall into this category and may be affected by the decision to increase the maximum hourly charges. This is less than seven per cent of the 2800 residents who are financially assessed for receiving care and support in the community each year.

Proposal 2: The introduction of an arrangement fee of £300 for individuals above the capital / savings threshold

- 1.13. It is proposed that Barnet Council will introduce an arrangement fee for individuals who are above the capital / savings threshold (£23,250) and who

could otherwise afford to self-fund their own care. The arrangement fee is designed to cover the arrangement costs of setting up the care as well as contact monitoring, processing of invoices and other administration costs. It is proposed that from 6 April 2020 individuals who meet these criteria will be charged a one-off fee of £300 for the arrangement of their care.

- 1.14. In accordance with The Care and Support Statutory Guidance and The Care and Support (Charging and Assessment of Resources) Regulations 2014, councils can charge an arrangement fee for the administration / planning of services for those who can self-fund their own care. The guidance stipulates that the arrangement fee should be calculated on a full cost recovery level.
- 1.15. Under the Care Act 2014, Section 14, local authorities can charge an arrangement fee for care to cover administrative costs such as contract management and brokerage costs. The statutory guidance requires that the local authority must make clear to the person that they may be liable to pay an arrangement fee, in addition to the costs of meeting their needs, to cover the costs of putting in place the care and support required.
- 1.16. The Care and support statutory guidance sets out that arrangement fees charged by local authorities must cover only the costs that the local authorities incur in arranging care. Arrangement fees should take account of the cost of negotiating and/or managing the contract with a provider and cover any administration costs incurred.
- 1.17. Barnet Council has contacted other Local Authorities to benchmark client contribution policies and has established that Camden council have an arrangement fee charge of £300, with a weekly charge of £15 thereafter, whilst Enfield have an arrangement fee charge of £260.

Consultation Feedback

- 1.18. The Council has undertaken a consultation on the proposed changes to the Fairer Contributions Policy over a 4-week period from Monday 13 January 2020 until Monday 10 February 2020. Details on the Consultation Process and responses from residents can be found in section 4.7.

2. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 2.1 The alternative option is not to increase the charges in the Fairer Contributions Policy. This would have required the Adults and Safeguarding Committee to

identify a further £150,000 of savings to be achieved from service delivery as part of the 2020/21 MTFS.

- 2.2 Other changes to fees and charges were explored, such as an increase in weekly respite rate. This is not recommended as it could reduce the number of people taking respite breaks and increase the risk of carer breakdown.

3. POST DECISION IMPLEMENTATION

- 3.1 Adults and Health will implement the changes to the Fairer Contributions Policy from 6 April 2020. Prior to this date the Fairer Contributions Policy will be updated and a communication will be sent to all service users impacted.
- 3.2 The council will write to all residents affected by 6 April 2020 as part of the annual financial assessment review, outlining their updated contributions to their care. The letter will include the changes outlined in this paper as well as any changes to core fees and charges for Adult Social Care Services due to benefit changes or updated guidance from the Department of Health and Social Care (DHSC).
- 3.3 Each year the Department of Health and Social Care publishes a Local Authority Circular outlining the care charging arrangements for the following financial year. This guidance, alongside changes to the Department for Work and Pensions benefits and allowances, are reviewed annually and an updated financial assessment sent to all individuals in receipt of care services.
- 3.4 When entering Adult Social Care services for the first time, residents will be informed of the fees and charges that maybe applicable when accessing care services. Detailed information on the exact charges will be communicated following the completion of a full financial assessment.

4. IMPLICATIONS OF DECISION

4.1 Corporate Priorities and Performance

- 4.1.1 The changes to client contributions support the Council to deliver a balanced budget and deliver against its three priority outcomes;
- A pleasant, well maintained borough that we protect and invest in
 - Our residents live happy, healthy, independent lives with the most vulnerable protected
 - Safe and strong communities where people get along well

4.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 4.2.1 The changes to client contributions will enable the Council to meet its savings target as set out in the 2020/21 MTFS.

4.3 Social Value

- 4.3.1 The Public Services (Social Value) Act 2012 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

4.4 Legal and Constitutional References

Council constitution

- 4.4.1 The Council's Constitution (Article 7 – Committees, Forums, Working Groups and Partnerships) sets out the responsibilities of all council Committees. The responsibilities of the Adults and Safeguarding Committee include:

- A. Responsibility for all matters relating to vulnerable adults, adult social care and leisure services.
- B. Work with partners on the Health and Well Being Board to ensure that social care, interventions are effectively and seamlessly joined up with public health and healthcare and promote the Health and Wellbeing Strategy and its associated sub strategies.
- C. To submit to the Policy and Resources Committee proposals relating to the Committee's budget for the following year in accordance with the budget timetable.
- D. To make recommendations to Policy and Resources Committee on issues relating to the budget for the Committee, including virements or underspends and overspends on the budget. No decisions which result in amendments to the agreed budget may be made by the Committee unless and until the amendment has been agreed by Policy and Resources Committee.
- E. To receive reports on relevant performance information and risk on the services under the remit of the Committee.

- 4.4.2 For the fees and charges within their remit, theme committees approve changes to fees and charges that are above CPI inflation by 2% or more, the introduction of new fees and charges, and changes to fees and charges outside the normal annual cycle.

- 4.4.3 According to the Council's Constitution, Article 7, changes to fees and charges are approved by Theme Committees, and then reported to Policy and Resources Committee for noting.

Care Act 2014

- 4.4.4 Local authorities can only charge the amount of the cost of the provision of the service provided, and the statutory guidance limits costs as set out in paragraphs 1.10, 1.16, 1.17 and 4.4.5 - 4.4.7 below. Charging must follow completion of a financial assessment.

- 4.4.5 Under Section 14 and Section 17 of the Care Act 2014, local authorities can charge for non-exempt services, and must follow the Care and Support (Charging and Assessment of Resources) regulations and have regard to

the relevant the Care and Support statutory guidance when determining charges.

4.4.6 The Care Act Statutory guidance at paragraph 8.38 to 8.40 states that because a person who receives care and support outside a care home will need to pay their daily living costs such as rent, food and utilities, the charging rules must ensure they have enough money to meet these costs. After charging, a person must be left with at least the basic level of income and support plus a buffer of 25%. In addition, where a person receives benefits to meet their disability needs that do not meet the eligibility criteria for local authority care and support, the charging arrangements should ensure that they keep enough money to cover the cost of meeting these disability-related costs.

4.4.7 Additionally, the financial assessment of their capital must exclude the value of the property which they occupy as their main or only home. Beyond this, the rules on what capital must be disregarded are the same for all types of care and support. However local authorities have flexibility within this framework for example, they may choose to disregard additional sources of income, set maximum charges or charge a person a percentage of their disposable income. This will help support local authorities to take account of local circumstances and promote integration and innovation.

4.4.8 Although local authorities have this discretion, this should not lead to two people with similar needs, and receiving similar types of care and support, being charged differently.

4.5 Risk Management

4.5.1 The council has an established approach to risk management, which is set out in the Risk Management Framework. Risks associated with the saving proposals will be outlined within the theme committee reports as each proposal is brought forward for the Committee to consider.

4.6 Equalities and Diversity

4.6.1 Equality and diversity issues are a mandatory consideration in the decision-making of the council. The Equality Act 2010 and the Public-Sector Equality Duty require elected Members to satisfy themselves that equality considerations are integrated into day-to-day business and that all proposals emerging from the business planning process have taken into consideration the impact, if any, on any protected group and what mitigating factors can be put in place.

4.6.2 The relevant protected characteristics are:

- Age
- Disability
- Gender reassignment

- Pregnancy and maternity
- Race
- Religion or Belief
- Sex
- Sexual orientation

4.6.3 The council has conducted an equalities impact assessment (EQIA) to ensure that where some current and future clients are impacted, proper measures are considered to minimise the effect as far as possible. Those affected by any changes resulting from any of the proposals have been engaged.

4.6.4 The EQIA found that the proposal could have a minor negative impact on older people, people with disabilities and women. This is because these groups are overrepresented in this cohort and they will be asked to pay more. However, the level of fees is deemed proportionate and below actual market rates. The council will monitor issues raised as well as those falling into debt with the council due to non-payment.

4.7 Consultation and Engagement

Consultation Approach

4.7.1 A Consultation on the proposed changes to the Fairer Contributions Policy was undertaken from Monday 13 January 2020 to Monday 10 February 2020. The Consultation involved the following;

- A consultation document and survey was available on Engage Barnet and could be accessed by any Barnet resident.
- Letters were sent to all active service users (or their next of kin) who may be impacted by the proposed increases in the maximum rate of homecare.
- 269 paper questionnaires were sent out to a randomised selection of residents who are part of the People Bank to ensure a greater number and diversity of respondents. The People Bank is a representative group of residents who volunteer to engage with the council on a range of issues.

Consultation Methodology

4.7.2 The questionnaires asked respondents how much they supported or opposed the two proposals and how much these policies would affect them.

4.7.3 There were also open-ended, free text boxes which allowed respondents to add in what they thought about the priorities and our fees and charges policy in general.

Respondents

4.8 A total of 55 responses were received during the period of consultation; 12 responses were filled in on Engage Barnet and 43 paper copies of the questionnaire were filled in and sent back.

4.8.1 The majority of responses were almost evenly split between respondents who use council funded social care (34.8%) or respondents who fund their own social care (30.4%). There were also responses from carers of someone who funds their own social care (15.2%), health or social care professionals (6.5%) or a carer of someone who uses council funded social care (4.4%).

4.8.2 The largest age group was 75+ year olds (34.6%) and the second largest group 65-74-year olds (19.2%) with 83.7% of respondents identified as having a disability.

Results

4.8.3 The Feedback from the consultation is summarised below with the full response in Appendix A.

4.8.4 Overall, respondents tended to slightly support the first proposal and oppose the second proposal. Most respondents seem to think that the proposals will have no change or a quite negative impact on them or their families' circumstances.

Proposal 1: An increase to the maximum hourly rate charged for homecare services to £17 per hour

4.8.5 A total of 55 respondents answered the first question: 'To what extent do you support or oppose the proposal?'. Slightly more people supported the proposal (40%) than opposed (34.6%) but those who opposed felt more strongly.

To what extent do you support or oppose the proposal?	Percentage of respondents	Number of respondents
Strongly support	12.7%	7
Tend to support	27.3%	15
Neither support nor oppose	18.2%	10
Tend to oppose	7.3%	4
Strongly oppose	27.3%	15
Don't know/Not sure	7.3%	4

4.8.6 Overall, 55.1% of respondents thought the proposals would have a negative impact on them or their families, with 34.7% feeling it would have no impact. Those who supported the proposal tended to think the impact would have no change or a positive impact on them or their families' circumstances (76.5%) whereas all who opposed the first proposal thought it would have a negative impact on their circumstances.

4.8.7 Some of the additional responses to the free-text option of why people responded the way they did included:

- Social care costs are already too expensive
- The time care workers charge for are not always accurate.
- It will mean better wages for care workers
- Money is already collected towards this from the raising of council tax.
- Once the concept of a small increase has been consulted and agreed, future increases will inevitably be higher
- I realise that costs are going up, so it is fair to increase hourly rate.

Proposal 2: The Introduction of an arrangement fee for Individuals above the capital / savings threshold

4.8.8 A total of 52 people answered the question: 'To what extent do you support or oppose the proposal?'. A total of 28.9% supported the proposal, with 48% opposing the proposal.

To what extent do you support or oppose the proposal?	Percentage of respondents	Number of respondents
Strongly support	5.8%	3
Tend to support	23.1%	12
Neither support nor oppose	15.4%	8
Tend to oppose	11.5%	6
Strongly oppose	36.5%	19
Don't know/Not sure	7.7%	4

4.8.9 Overall 39.6% thought the proposal would have a negative impact on themselves or their family, with 39.6% feeling it would have no impact. 10.3% felt the impact would be positive.

4.8.10 Overall, those who supported the proposal tended to think the impact would have no change or a positive impact on them or their families' circumstances (92.9%). Whereas, 65.0% of those who opposed the second proposal thought it would have a quite negative or very negative impact on their circumstances

4.8.11 Some of the additional responses to the free-text option of why people responded the way they did included:

- This will have a lesser impact on individual quality of life than an ongoing charge
- If people have that much in savings, they should use it towards their care
- It seems fair as a one-off fee
- The fee will help people who do not have savings
- £23,000 is a reasonable threshold after which people should pay for their own care
- Council doesn't do enough work to justify £300.
- Not everyone above the threshold can afford their own care
- Where does this figure come from? Why is it not £50 or £500? Once a fee is introduced, it's size is bound to increase by large amounts each year.
- We understand and appreciate that there are admin costs to keep everything in the office running smoothly.

4.9 **Insight**

5.8.1 The proposals in this paper have been informed by national benchmarking and local service data wherever this was accessible. Officers have also conducted best practice reviews into effective savings initiatives in other councils and organisations, including reviews of neighbouring councils' savings plans

5. **BACKGROUND PAPERS**

5.1 N/A

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Appendix A

Fairer Contribution Consultation Report

1. Introduction

- 1.1 Barnet Council opened a consultation to receive feedback from residents about changes to our fairer contribution policy.
- 1.2 The first proposal was to increase the hourly cost of social care from £15.28 to £17.00 to more closely reflect the actual cost of care, which is on average costs the council £18.05 an hour.
- 1.3 The second proposal was that from 1 April 2020 individuals who are above the capital / savings threshold (£23,250) and could otherwise afford to self-fund their own care will be charged a one-off fee of £300 for arrangement of the care.
- 1.4 As part of this process, a consultation period of 4 weeks was held to seek residents' feedback on the changes to our fairer contribution policy in order to include in a committee report to be discussed at the Adults and Safeguarding Committee on 17 February 2020.

2. Methodology

- 2.1 The questionnaires asked respondents how much they supported or opposed the two proposals and how much these policies would affect them.
- 2.2 There were also open-ended, free text boxes which allowed respondents to add in what they thought about the priorities and our fees and charges policy in general.
- 2.3 The Fairer Contribution policy was consulted on over a month period from 13 January until 10 February 2020.
- 2.4 The questionnaire was uploaded onto Engage Barnet and 269 paper questionnaires were sent out to a random selection of residents that are part of the People Bank to ensure a greater number and diversity of respondents.
- 2.5 A total of 55 responses were received during the period of consultation; 12 responses were filled in on Engage Barnet and 43 paper copies of the questionnaire were filled in and sent back.

3. Demographics of respondents

- 3.1 The majority of responses were almost evenly split between respondents who use council funded social care (34.8%) or respondents who fund their own social care (30.4%). There were also responses from carers of someone who funds their own social care (15.2%), health or social care professionals (6.5%) or a carer of someone who uses council funded social care (4.4%).
- 3.2 The council is also required by the Equality Act 2010 to have due regard to ensuring people are treated fairly and particularly in relation to those with

protected characteristics- age, disability, ethnicity, gender, gender reassignment, marriage/civil partnership, pregnancy, maternity, religion/belief and sexual orientation.

- 3.3 The largest group of respondents by age were 75+ year olds (34.6%) and the second largest group 65-74-year olds (19.2%).
- 3.4 There were slightly more male respondents (56.9%) than females (43.1%).
- 3.5 Most respondents were heterosexual (70.5%), 4.6% were bisexual and 25.0% preferred not to say.
- 3.6 83.7% of respondents identified as having a disability.
- 3.7 The main ethnicity that responded was White British (59.6%), with strong representation from Black British (15.4%) and Asian Indian (11.5%) groups as well.
- 3.8 Moreover, the main religious group of respondents was Christian (46.0%), whilst many respondents selected no religion (14.0%), Jewish (16.0%), Hindu (14.0%), Muslim (2.0%) or preferred not to say (6.0%).
- 3.9 There was an even spread of respondents according to marital status as 46.0% of respondents were single, 22.0% were married, 18.0% widowed, 8.0% were divorced, and 6.0% preferred not to say.

4. Results

- 4.1 Proposal 1: to increase the hourly cost of social care from £15.28 to £17.00 to more closely reflect the actual cost of care, which is on average costs the council £18.05 an hour.
 - 4.1.1 A total of 55 respondents answered the first question: 'To what extent do you support or oppose the proposal?', the results of which are below:

To what extent do you support or oppose the proposal?	Percentage of respondents	Number of respondents
Strongly support	12.7%	7
Tend to support	27.3%	15
Neither support nor oppose	18.2%	10
Tend to oppose	7.3%	4
Strongly oppose	27.3%	15
Don't know/Not sure	7.3%	4

4.1.2 A total of 49 respondents answered the second question: ‘What impact do you think this proposal would have on you or your family?’, the results of which are below:

What impact do you think this proposal would have on you or your family?	Percentage of respondents	Number of respondents
Very positive	4.1%	2
Quite positive	4.1%	2
No change	34.7%	17
Quite negative	26.5%	13
Very negative	28.6%	14
Don't know/ Not sure	2.0%	1

4.1.3 Additionally, those who supported the proposal tended to think the impact would have no change or a positive impact on them or their families’ circumstances (76.5%).

4.1.4 Whereas, 100.0% of those who opposed the first proposal thought it would have a quite negative or very negative impact on their circumstances which suggests there is a correlation between support for the proposal and impact on circumstances.

4.1.5 The additional responses to the free-text option of why people responded the way they did included:

- Social care costs are already too expensive.
- The time care workers charge for are not always accurate.
- It will mean better wages for care workers.
- Money is already collected towards this from the raising of council tax.
- Once the concept of a small increase has been consulted and agreed, future increases will inevitably be longer.
- Increase is more than national living wage so shouldn't be increased.
- Homecare is important and to ensure that people accept the job they should be given a fair wage.
- I understand what the problem is, but I don't feel that individuals with disabilities should be charged extra. I have a strong sense of justice.
- Money saved in one department can go to help another.
- Realistic prices need to be charged. However, the correct rules on capital/saving penalises self-sufficient families and is unfair and divisive
- I realise that costs are going up, so it is fair to increase hourly rate. However, there is no mention of the amount of money someone can keep going up to compensate for increased costs.
- It is greedy to ask for more money.

- The people pay tax, NI and others. Still disabled people need help from the government. We get NHS, medicine, GP, social security, free equipment and good care company. You need to collect some money from us. It's okay, but you need to contact care.
- Living in London in post-Brexit Britain will mean higher costs for goods and services. So many senior citizens already struggle with their finance. This proposal is a 10 per cent increase - way above the inflation rate and pension early state adjustment.
- It's too much money

4.2 Proposal 2: from 1 April 2020 individuals who are above the capital / savings threshold (£23,250) and could otherwise afford to self-fund their own care will be charged a one-off fee of £300 for arrangement of the care.

4.2.1 A total of 52 people answered the question: 'To what extent do you support or oppose the proposal?', the results of which are in the table below:

To what extent do you support or oppose the proposal?	Percentage of respondents	Number of respondents
Strongly support	5.8%	3
Tend to support	23.1%	12
Neither support nor oppose	15.4%	8
Tend to oppose	11.5%	6
Strongly oppose	36.5%	19
Don't know/Not sure	7.7%	4

4.2.2 A total of 48 respondents answered the second question: 'What impact do you think this proposal would have on you or your family?', the results of which are below:

What impact do you think this proposal would have on you or your family?	Percentage of respondents	Number of respondents
Very positive	2.1%	1
Quite positive	8.3%	4
No change	39.6%	19
Quite negative	27.1%	13
Very negative	12.5%	6
Don't know/ Not sure	10.4%	5

- 4.2.3 Overall, those who supported the proposal tended to think the impact would have no change or a positive impact on them or their families' circumstances (92.9%).
- 4.2.4 Whereas, 65.0% of those who opposed the first proposal thought it would have a quite negative or very negative impact on their circumstances which suggests there is a correlation between support for the proposal and impact on circumstances.
- 4.2.5 The additional responses to the free-text option of why people responded the way they did included:
- This will have a lesser impact on individual quality of life than an ongoing charge.
 - Once a fee is introduced it is bound to increase by large amounts each year.
 - Council doesn't do enough work to justify £300.
 - If people have that much in savings, they should use it towards their care.
 - Not everyone above the threshold can afford their own care.
 - £23,000 is a reasonable threshold after which people should pay for their own care.
 - £300 too much money to have to pay.
 - It seems fair as a one-off fee.
 - The fee will help people who do not have savings.
 - Because they can afford it.
 - I think this is unfair on people who saved for their retirement and always have paid their taxes.
 - Not only do families actively relieve the costs to the council, you are now charging for the pleasure.
 - It is the council that wants to charge people - they should not take extra money.
 - I feel that the service users I support do not get enough benefits to pay the amount of fairer contributions that has been billed.
 - Capital/savings above £23K should allow for contribution towards care although if residential care is required this amount will soon dissipate.
 - Where does this figure come from? Why is it not £50 or £500? Once a fee is introduced, it's size is bound to increase by large amounts each year.
 - I didn't have £23.250 so it won't affect me.
 - My brother has private care and only his pension so private care has been better for him.
 - We understand and appreciate that there are admin costs to keep everything in the office running smoothly.
 - Our time is consumed with 24/7 support for family members who needs full time attention. This will bring additional stress and complications.
 - The 23,250 threshold is a ridiculous figure in 2020 to determine affordability to self-fund. The £300, who paid for this previously?

4.3 The responses to a final free text option in which respondents were asked if they had any other suggestions for how the council charges its residents for care services can be summarised below:

- Treat each case as an individual. Do not pigeon hole individuals especially, as they require care, they are not always capable of managing their care.
- Sometimes there are exceptions.
- Enforce the private health care companies to fulfil their time allocations and charge accordingly. They can and do abuse the system.
- Do you mean we will pay £300 per year regardless of how many hours of care we have? If that is the case, I support your change
- Would be very careful about his care providers.
- Keep better control of care agencies. Improve administration and communication.
- Put up the council tax for working people. This system is going to suffer a lot for people on benefits, struggling to budget.
- In an ideal world they wouldn't be charged, but it's not ideal. The way charges are calculated is a lottery
- Do not have the knowledge to suggest how the council could better charge its residents. However, what is the point of this exercise? Changes clearly need to be increased at some time. The proposed figures will be adopted regardless of the result even if 100% oppose.
- I think people using the services should be properly assessed. Because sometimes the contributions do not correctly reflect the actual person's financial standing
- An increase of up to 20% in charges looks reasonable
- The adult UK population is aging. More thought is needed by central and local government to avoid increased hardship.
- Why do we have to give you more? If I didn't pay the council so much, I could give you tips.
- I feel this system is discriminating as it focuses on people who are more needy
- I suggest that the system be adjusted so people are charged regularly every 4 weeks for example & that the system knows when they have paid. People cannot afford to buy clothes or go to everyday activities as all money go to the council. Costs of food and utilities are increased by a lot, but amount council allows form benefits hasn't. Nothing seems fair about this contribution. It limits how well vulnerable adults live their lives, it restricts choices and does not promote inclusion.
- Low regular payments.
- They take too much money it stops me doing things.

5. Conclusion

- 5.1 Overall, respondents tended to slightly support the first proposal and opposed the second proposal.
- 5.2 Most respondents seem to think that the proposals will have no change or a quite negative impact on them or their families' circumstances.
- 5.3 Those who thought the proposals would have a negative effect on their circumstances were more likely to oppose them. Whereas those who thought the proposals would have a positive or no effect were more likely to support them.
- 5.4 There was almost an even split amongst respondents of those who fund their own social care and those who use council-funded social care.

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

EqIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then create an action plan to get the best outcomes for service users and staff¹. They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010². They help us make good decisions and evidence how we have reached them.³

An EqIA needs to be started as a project starts to identify and consider possible differential impacts on people and their lives, inform project planning and, where appropriate, identify mitigating actions. A full EqIA must be completed before any decisions are made or policy agreed so that the EqIA informs that decision or policy. It is also a live document; you should review and update it along with your project plan throughout.

You should first consider whether you need to complete this full EqIA⁴.

Other key points to note:

- Full guidance notes to help you are embedded in this form – see the End Notes or hover the mouse over the numbered notes.
- Please share your EqIA with your Equalities Champion and the final/updated version at the end of the project.
- Major EqIAs should be reviewed by the relevant Head of Service.
- Examples of completed EqIAs can be found on the Equalities Hub

1. Responsibility for the EqlA	
Title of proposal ⁵	Changes to Fairer Contributions Policy (A&S10)
Name and job title of completing officer	Nadine Allen, Programme Coordinator
Head of service area responsible	Karen Morrell, Head of Mental Health
Equalities Champion supporting the EqlA	Will Hammond, Head of Transformation
Performance Management rep	Appy Reddy
HR rep (for employment related issues)	N/A
Representative (s) from external stakeholders	N/A

2. Description of proposal	
Is this a: (Please tick all that apply)	
New policy / procedure <input checked="" type="checkbox"/>	Review of Policy /strategy / function / procedure / service <input checked="" type="checkbox"/>
Budget Saving <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
If budget saving please specify value below: £150,000	If other please specify below:
<p>In line with the approaches set out in the Barnet Corporate plan. "A fair deal" and "An efficient and effective council", officers have reviewed the fees and charges currently charged for Adult Social Care support. The proposed changes to fees and charges in the Fairer Contributions Policy are as follows:</p> <ol style="list-style-type: none"> 1. To change the maximum rate of charge for homecare to £17 per hour to more accurately reflect the actual cost of care. 2. The introduction of an arrangement fee of £300 for individuals with income above the capital/savings threshold. 	

These changes align with the council’s statutory powers under the Care Act (2014). The fairer contribution rate for community services is applied objectively based on people’s ability to pay and following a financial assessment and therefore will only impact on those with the ability to pay. The changes to charges for self-funders are in line with The Care and Support Statutory Guidance and The Care and Support (Charging and Assessment of Resources) Regulations 2014, with only individuals with eligible needs and assets above the upper capital limit who has asked the local authority to arrange their care and support on their behalf being charged an arrangement fee.

We cannot isolate self-funders from our case management system currently so we have only included in the analysis the data for those in receipt of long term packages of support in the community. That data is shown below.

A consultation on the proposals was held for 4 weeks between 13 January and 10 February 2020. There were 55 responses to the consultation, with 55 respondents to proposal 1 (To change the maximum rate of charge for homecare to £17 per hour to more accurately reflect the actual cost of care) and 52 respondents to proposal 2 (The introduction of an arrangement fee of £300 for individuals with income above the capital/savings threshold).

The largest age group was 75+ year olds (34.6%) and the second largest group 65-74-year olds (19.2%). This is broadly in line with those who receive a service from Adult Social Care. The majority (83.7%) of respondents identified as having a disability. This information has been included below.

3. Supporting evidence

What existing data informs your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis

Protected group	What does the data tell you⁶? <i>Provide a summary of any relevant demographic data about the borough’s population from the <u>Joint Strategic Needs Assessment</u>, or data about the council’s workforce</i>	What do people tell you⁷? <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles, correspondence etc.</i>

Age⁸	Percentage of service users		The largest group who responded to the consultation was 75+ year olds (34.6%) and the second largest group 65-74-year olds (19.2%).
	Age category		
	18-64	33%	
	>64	67%	
	Grand Total	100%	
Over 2/3rds of this cohort are over the age of 65.			
Disability⁹	Whilst not all people in receipt of services in the community will be registered as disabled, we can assume that almost all have a “mental impairment that has a substantial and long-term adverse effect on [their] ability to carry out normal day-to-day activities”.		83.7% of respondents to the consultation identified as having a disability.
Gender reassignment¹⁰	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.		None
Marriage and Civil Partnership¹¹	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.		There was an even spread of respondents according to marital status as 46.0% of respondents were single, 22.0% were married, 18.0% widowed, 8.0% were divorced, and 6.0% preferred not to say.
Pregnancy and Maternity¹²	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.		None
Race/ Ethnicity¹³	Ethnicity		The main ethnicity that responded to the consultation were White British (59.6%), with strong representation from Black British (15.4%) and Asian Indian (11.5%) groups as well. This is broadly aligned to the race of wider Barnet population, with a slightly higher response rate from Black British and lower from White British.
	Percentage of service users		
	Asian/Asian British	16%	
	Black/Black British	8%	
	Chinese	1%	
	Mixed/Multiple ethnic groups	2%	
	Not Stated	2%	
	Other Ethnic Groups	5%	
White	66%		
	Grand Total	100%	
This correlates closely with the wider population of Barnet according to the JSNA			

Religion or belief¹⁴	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.	The main religious group of respondents was Christian (46.0%), whilst many respondents selected no religion (14.0%), Jewish (16.0%), Hindu (14.0%), Muslim (2.0%) or preferred not to say (6.0%).								
Sex¹⁵	<table border="1"> <thead> <tr> <th>Sex</th> <th>Percentage of service users</th> </tr> </thead> <tbody> <tr> <td>Female</td> <td>60%</td> </tr> <tr> <td>Male</td> <td>40%</td> </tr> <tr> <td>Grand Total</td> <td>100%</td> </tr> </tbody> </table> <p>Women are over-represented in this cohort.</p>	Sex	Percentage of service users	Female	60%	Male	40%	Grand Total	100%	There were slightly more male respondents (56.9%) than females (43.1%) to the consultation. There was an over-representation of men in the respond compared to sex of service users.
Sex	Percentage of service users									
Female	60%									
Male	40%									
Grand Total	100%									
Sexual Orientation¹⁶	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.	Most respondents were heterosexual (70.5%), 4.6% were bisexual and 25.0% preferred not to say.								
Other relevant groups¹⁷	A significant number of people will have informal carers	None								

4. Assessing impact					
What does the evidence tell you about the impact your proposal may have on groups with protected characteristics ¹⁸?					
Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	

<p>Age</p>	<p>Adults of all ages may be impacted by this proposal, although based on the current demographic of adults in receipt of community based services in receipt of services, it is likely that this will affect a disproportionate number of older adults.</p> <p>As changes will mean that charges are increased, this could be seen as a negative impact. However, charges are applied objectively based on people’s ability to pay and following a financial assessment, not based on their age. Furthermore, increases bring the charges in line with market costs for homecare / are reflective of actual costs incurred by the council for brokering support and is deemed proportionate.</p> <p>Over 50% of respondents to the consultation were over 65, where respondents tended to slightly support the first proposal and opposed the second proposal.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Disability</p>	<p>Whilst not all people in receipt of services will be registered as disabled, we can assume that almost all have a “mental impairment that has a substantial and long-term adverse effect on [their] ability to carry out normal day-to-day activities”.</p> <p>As changes will mean that charges are increased, this can be seen as a negative impact. However, charges are applied objectively based on people’s ability to pay and following a financial assessment, not based on their disability. Furthermore, increases bring the charges in line with market costs for homecare / are reflective of actual costs incurred by the council for brokering support and is deemed proportionate.</p> <p>83.7% of respondents to the consultation identified as having a disability, where respondents tended to slightly support the first proposal and opposed the second proposal. There were a number of comments in the free-text section of the</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	consultation document where people felt that disabled people should not be charged additional amounts.				
Gender reassignment	We do not report on whether and individual has a reassigned gender. There is no reason to suspect that this group will have a disproportionate number of people with this characteristic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and Civil Partnership	We do not report on whether a person is Married or in a Civil Partnership. We did request this information in the consultation. There was an even spread of respondents according to marital status as 46.0% of respondents were single, 22.0% were married, 18.0% widowed, 8.0% were divorced, and 6.0% preferred not to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	We do not report on whether women are pregnant or on maternity leave. There is no evidence to suspect that this group will have a disproportionate number of people with this characteristic. Due to the higher than average age of those impacted by these proposals it is likely the number of women who are pregnant or on maternity effected by these changes will be low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Race/ Ethnicity	Adults of all racial and ethnic background may be impacted by this proposal. Based on current demographics of Barnet residents, no disproportionate impact is expected. The main ethnicities that responded to the consultation were White British (59.6%), with strong representation from Black British (15.4%) and Asian Indian (11.5%) groups as well. This is broadly aligned to the race of wider Barnet population, with a slightly higher response rate from Black British and lower from White British.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or belief	Religious beliefs and cultural requirements will continue to be taken into account in social care reviews and support planning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	The main religious group of respondents were Christian (46.0%), whilst many respondents selected no religion (14.0%), Jewish (16.0%), Hindu (14.0%), Muslim (2.0%) or preferred not to say (6.0%). This broadly matches the breakdown of religious groups across Barnet, with a slightly higher response from people of Hindu faith and lower of Muslim faith.				
Sex	<p>Adults of all genders may be impacted by this proposal, however there is a greater proportion of females in this cohort than the wider Barnet / national population.</p> <p>As changes will mean that charges are increased, this can be seen as a negative impact. However, charges are applied objectively based on people's ability to pay and following a financial assessment, not based on their sex. Furthermore, increases bring the charges in line with market costs for homecare / are reflective of actual costs incurred by the council for brokering support and is deemed proportionate.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	We do not report on people's sexual orientation, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. Other key groups Are there any other vulnerable groups that might be affected by the proposal? <i>These could include carers, people in receipt of care, lone parents, people with low incomes or unemployed</i>	Positive impact	Negative impact		No impact
		Minor	Major	

Key groups	<p>Whilst carers are not a specified group under the Equality Act 2010, they are protected from discrimination by association. A significant proportion of people in receipt of community-based care will have informal carers. Whilst carers may support an adult to manage their finances, these changes will not impact any amounts charged to carers.</p> <p>15.2% of respondents to the consultation were carers of someone who funds their own social care.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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6. Cumulative impact¹⁹
Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics?
 Yes No

This proposal should have a minor negative impact on older people, people with disabilities and women. This is because these groups are overrepresented in this cohort and they will be asked to pay more. The consultation was mainly targeted at those who would be impacted by the changes, which is reflected in the fact the majority who responded had a disability, with the largest number of respondents 65 or older.

However, the level of fees is deemed proportionate and below actual market rates, with the impact on those who have the ability to pay. The Council will monitor issues raised as well as those falling into debt with the council due to non-payment.

7. Actions to mitigate or remove negative impact
Only complete this section if your proposals may have a negative impact on groups with protected characteristics. These need to be included in the relevant service plan for mainstreaming and performance management purposes.

Group affected	Potential negative impact	Mitigation measures ²⁰	Monitoring ²¹	Deadline date	Lead Officer
		<i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	<i>How will you assess whether these measures are successfully mitigating the impact?</i>		

Various	Dissatisfied with additional charges	Continue with our robust process of financial assessments for people, as per the Fairer Contributions Policy.	We will monitor the number of issues raised regarding the change to charges (which will be communicated to before implementation in April 2020) as well as monitoring those falling into debt with the Council due to non-payment.	Ongoing	Sam Raffell
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8. Outcome of the Equalities Impact Assessment (EqIA) ²²

Please select one of the following four outcomes

Proceed with no changes

The EqIA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed

Proceed with adjustments

Adjustments are required to remove/mitigate negative impacts identified by the assessment

Negative impact but proceed anyway

This EqIA has identified minimal negative impacts that are not possible to mitigate. However, it is still reasonable to continue with the activity. Outline the reasons for this and the information used to reach this decision in the space below

Do not proceed

This EqIA has identified negative impacts that cannot be mitigated and it is not possible to continue. Outline the reasons for this and the information used to reach this decision in the space below

Reasons for decision

Overall this EqIA suggests that while some people with protected characteristics will be disproportionately affected, on balance this will be a positive impact as social care needs will continue to be met while supporting the independence and recovery of these people.

Sign-off

9. Sign off and approval by Head of Service / Strategic lead ²³	
Name Sam Raffell	Job title Head of Care Quality and Customer Finance
<input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA	Date of approval: 11/02/20
<input type="checkbox"/> Tick this box to indicate if EqIA has been published Date EqIA was published: Embed link to published EqIA:	Date of next review: On-going

Footnotes: guidance for completing the EqIA template

¹ The following principles explain what we must do to fulfil our duties under the Equality Act when considering any new policy or change to services. They must all be met or the EqIA (and any decision based on it) may be open to challenge:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately
- **Timeliness:** the duty applies at the time of considering proposals and before a final decision is taken
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and must influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that anyone who provides services on our behalf complies with the equality duty.
- **Review:** the equality duty is a continuing duty – it continues after proposals are implemented/reviewed.
- **Proper Record Keeping:** we must keep records of the process and the impacts identified.

² Our duties under the Equality Act 2010

The council has a legal duty under this Act to show that we have identified and considered the impact and potential impact of our activities on all people with ‘protected characteristics’ (see end notes 9-19 for details of the nine protected characteristics). This applies to policies, services (including commissioned services), and our employees.

We use this template to do this and evidence our consideration. You must give ‘due regard’ (pay conscious attention) to the need to:

- **Avoid, reduce or minimise negative impact:** if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately.
- **Promote equality of opportunity:** by
 - Removing or minimising disadvantages suffered by people with a protected characteristic
 - Taking steps to meet the needs of these groups
 - Encouraging people with protected characteristics to participate in public life or any other activity where participation is disproportionately low
 - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **Foster good relations between people who share a protected characteristic and those who don’t:** e.g. by promoting understanding.

³ EqIAs should always be proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The size of the likely impact – e.g. the numbers of people affected and their vulnerability

The greater the potential adverse impact of the proposal on a protected group (e.g. disabled people) and the more vulnerable the group is, the more thorough and demanding the process required by the Act will be. Unless they contain sensitive data – EqIAs are public documents. They are published with Cabinet papers, Panel papers and public consultations. They are available on request.

⁴ When to complete an EqIA:

- When developing a new policy, strategy, or service
- When reviewing an existing service, policy or strategy

-
- When making changes that will affect front-line services
 - When amending budgets which may affect front-line services
 - When changing the way services are funded and this may impact the quality of the service and who can access it
 - When making a decision that could have a different impact on different groups of people
 - When making staff redundant or changing their roles

Wherever possible, build the EqIA into your usual planning and review processes.

Also consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people who will be affected?

If there are potential impacts on people but you decide not to complete an EqIA you should document your reasons why.

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

⁶ **Data & Information:** Your EqIA needs to be informed by data. You should consider the following:

- What data is relevant to the impact on protected groups is available? (is there an existing EqIA?, local service data, national data, community data, similar proposal in another local authority).
- What further evidence is needed and how can you get it? (e.g. further research or engagement with the affected groups).
- What do you know from service/local data about needs, access and outcomes? Focus on each characteristic in turn.
- What might any local demographic changes or trends mean for the service or function? Also consider national data if appropriate.
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any group(s)?
- Is the service having a positive or negative effect on particular people or groups in the community?

⁷ **What have people told you about the service, function, area?**

- Use service user feedback, complaints, audits
- Conduct specific consultation or engagement and use the results
- Are there patterns or differences in what people from different groups tell you?
- Remember, you must consult appropriately and in an inclusive way with those likely to be affected to fulfil the equality duty.
- You can read LBB [Consultation and Engagement toolkit](#) for full advice or contact the Consultation and Research Manager, rosie.evangelou@barnet.gov.uk for further advice

⁸ **Age:** People of all ages, but consider in particular children and young people, older people and carers, looked after children and young people leaving care. Also consider working age people.

⁹ **Disability:** When looking at disability, consideration should be given to people with different types of impairments: physical (including mobility), learning, aural or sensory (including hearing and vision impairment), visible and non-visible impairment. Consideration should also be given to: people with HIV, people with mental health needs and people with drug and alcohol problems. People with conditions such as diabetes and cancer and some other health conditions also have protection under the Equality Act 2010.

¹⁰ **Gender Reassignment:** In the Act, a transgender person is someone who proposes to, starts or has completed a process to change their gender. A person does not need to be under medical supervision to be protected. Consider transgender people, transsexual people and transvestites.

¹¹ **Marriage and Civil Partnership:** consider married people and civil partners.

¹² **Pregnancy and Maternity:** When looking at pregnancy and maternity, give consideration to pregnant women, breastfeeding mothers, part-time workers, women with caring responsibilities, women who are lone parents and parents on low incomes, women on maternity leave and 'keeping in touch' days.

¹³ **Race/Ethnicity:** Apart from the common ethnic groups, consideration should also be given to Traveller communities, people of other nationalities outside Britain who reside here, refugees and asylum seekers and speakers of other languages.

¹⁴ **Religion and Belief:** Religion includes any religion with a clear structure and belief system. As a minimum you should consider the most common religious groups (Christian, Muslim, Hindu, Jews, Sikh, Buddhist) and people with no religion or philosophical beliefs.

¹⁵ **Sex/Gender:** Consider girls and women, boys and men, married people, civil partners, part-time workers, carers (both of children with disabilities and older cares), parents (mothers and fathers), in particular lone parents and parents on low incomes.

¹⁶ **Sexual Orientation:** The Act protects bisexual, heterosexual, gay and lesbian people.

¹⁷ **Other relevant groups:** You should consider the impact on our service users in other related areas.

¹⁸ **Impact:** Your EqIA must consider fully and properly actual and potential impacts against each protected characteristic:

- The equality duty does not stop changes, but means we must fully consider and address the anticipated impacts on people.
- Be accurate and transparent, but also realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific where you can so decision-makers have a concrete sense of potential effects.
- Questions to ask when assessing whether and how the proposals impact on service users, staff and the wider community:
 - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
 - Is there evidence of higher/lower uptake of a service among different groups? Which, and to what extent?
 - Does the project relate to an area with known inequalities (where national evidence or previous research is available)?
 - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
 - If there is negative differential impact, how can you minimise that while taking into account your overall aims?
- Do the effects amount to unlawful discrimination? If so the plan **must** be modified.
- Does it relate to an area where equality objectives have been set by LBB in our [Barnet 2024 Plan](#) and our [Strategic Equality Objective](#)?

¹⁹ **Cumulative Impact**

You will need to look at whether a single decision or series of decisions might have a greater negative impact on a specific group and at ways in which negative impacts across the council might be minimised or avoided.

²⁰ **Mitigating actions**

-
- Consider mitigating actions that specifically address the impacts you've identified and show how they will remove, reduce or avoid any negative impacts
 - Explain clearly what any mitigating measures are, and the extent to which you think they will reduce or remove the adverse effect
 - Will you need to communicate or provide services in different ways for different groups in order to create a 'level playing field'?
 - State how you can maximise any positive impacts or advance equality of opportunity.
 - If you do not have sufficient equality information, state how you can fill the gaps.

²¹ **Monitoring:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give 'due regard' to the duty. If an assessment of a broad proposal leads to more specific proposals, then further monitoring, equality assessment, and consultation are needed.

²² **Outcome:**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Also explain what positive impacts will result from the actions and how you can make the most of these.
- Make it clear if a change is needed to the proposal itself. Is further engagement, research or monitoring needed?
- Make it clear if, as a result of the analysis, the policy/proposal should be stopped.

²³ **Sign off:** You will need to ensure the EqIA is signed off by your Head of Service, agree whether the EqIA will be published, and agree when the next review date for the EqIA will be.

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