



## Equalities Impact Assessment (EqIA)

**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 staff<sup>1</sup>. They analyse how all our work as a council might impact differently on different groups protected from discrimination by the Equality Act 2010<sup>2</sup>. They help us make good decisions and evidence how we have reached them.<sup>3</sup>

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 EqIA<sup>4</sup>.

### **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 <sup>5</sup>	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"> <li>To change the maximum rate of charge for homecare to £17 per hour to more accurately reflect the actual cost of care.</li> <li>The introduction of an arrangement fee of £300 for individuals with income above the capital/savings threshold.</li> </ol>	

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	<b>What does the data tell you<sup>6</sup>?</b> <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>	<b>What do people tell you<sup>7</sup>?</b> <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles, correspondence etc.</i>

<b>Age<sup>8</sup></b>	<b>Percentage of service users</b>		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%).
	<b>Age category</b>		
	18-64	33%	
	>64	67%	
	<b>Grand Total</b>	<b>100%</b>	
Over 2/3rds of this cohort are over the age of 65.			
<b>Disability<sup>9</sup></b>	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.
<b>Gender reassignment<sup>10</sup></b>	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.		None
<b>Marriage and Civil Partnership<sup>11</sup></b>	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.
<b>Pregnancy and Maternity<sup>12</sup></b>	We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.		None
<b>Race/ Ethnicity<sup>13</sup></b>	<b>Ethnicity</b>		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.
	<b>Percentage of service users</b>		
	Asian/Asian British	16%	
	Black/Black British	8%	
	Chinese	1%	
	Mixed/Multiple ethnic groups	2%	
	Not Stated	2%	
	Other Ethnic Groups	5%	
	White	66%	
<b>Grand Total</b>	<b>100%</b>		
This correlates closely with the wider population of Barnet according to the JSNA			

<b>Religion or belief<sup>14</sup></b>	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%).								
<b>Sex<sup>15</sup></b>	<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><b>Grand Total</b></td> <td><b>100%</b></td> </tr> </tbody> </table> <p>Women are over-represented in this cohort.</p>	Sex	Percentage of service users	Female	60%	Male	40%	<b>Grand Total</b>	<b>100%</b>	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%									
<b>Grand Total</b>	<b>100%</b>									
<b>Sexual Orientation<sup>16</sup></b>	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.								
<b>Other relevant groups<sup>17</sup></b>	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 <sup>18</sup>?

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><b>Age</b></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><b>Disability</b></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.				
<b>Gender reassignment</b>	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"/>
<b>Marriage and Civil Partnership</b>	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"/>
<b>Pregnancy and Maternity</b>	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"/>
<b>Race/ Ethnicity</b>	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"/>
<b>Religion or belief</b>	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.				
<b>Sex</b>	<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"/>
<b>Sexual Orientation</b>	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"/>

<b>5. Other key groups</b> <b>Are there any other vulnerable groups that might be affected by the proposal?</b> <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	



<b>Key groups</b>	<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 impact<sup>19</sup>**  
**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 <sup>20</sup>	Monitoring <sup>21</sup>	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) <sup>22</sup>

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 <sup>23</sup>	
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

<sup>1</sup> 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.

### <sup>2</sup> 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.

### <sup>3</sup> 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.

### <sup>4</sup> When to complete an EqIA:

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

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- 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.

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

<sup>6</sup> **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?

<sup>7</sup> **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](mailto:rosie.evangelou@barnet.gov.uk) for further advice

<sup>8</sup> **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.

<sup>9</sup> **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.

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<sup>10</sup> **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.

<sup>11</sup> **Marriage and Civil Partnership:** consider married people and civil partners.

<sup>12</sup> **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.

<sup>13</sup> **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.

<sup>14</sup> **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.

<sup>15</sup> **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.

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

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

<sup>18</sup> **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](#)?

<sup>19</sup> **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.

<sup>20</sup> **Mitigating actions**

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- 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.

<sup>21</sup> **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.

<sup>22</sup> **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.

<sup>23</sup> **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.