

APPENDIX A

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 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 EqIA	
Title of proposal ⁵	Adult Social Care Debt Recovery
Name and job title of completing officer	Akbar Ali, Customer Finance Project Manager
Head of service area responsible	Sam Jacobson
Equalities Champion supporting the EqIA	Ella Goschalk
Performance Management rep	
HR rep (for employment related issues)	
Representative (s) from external stakeholders	Paresh Mehta

2. Description of proposal	
Is this a: (Please tick all that apply)	
New policy / procedure $oxtimes$	ASC Debt Project/ ASC Policy $oxtimes$
Budget Saving □	Other
If budget saving please specify value below:	If other please specify below:
Provisions of a legal framework for ALL debt recovery already exist und	der the Council Debt Management Policy, to enable legal enforcement (where necessary

and appropriate) to recover debts.

Over the last 5 years, private client debt has increased significantly, and at present the council does not have a dedicated policy framework for the management of adult social care debt.

This proposal is for a high-level Policy statement for how adults social care debt will be managed and recovered, ensuring staff and customers are clear how LBB take a fair and effective approach to the recovery of the monies owed to the council for the provisions of adult social care services. This policy sets out to formalise

best practice and includes guidance to ensure that we have a transparent, consistent, and proportionate approach to recovery of monies owed to the council.

Taking into consideration the vulnerability of the customers and not causing any undue hardship because of any recovery actions.

The ASC Debt Recovery Policy will complement Councils existing policies, including:

- Corporate Debt Policy
- 2. The Income Collections and Debt Management Guidance
- 3. The Fairer Contribution Policy
- 4. Paying for Residential Care Guidance
- 5. LBB Deferred Payment Scheme

The Council charges customers for a range of adult social care services in accordance with statutory requirements and local charging policies.

Whilst majority of the income due is paid on time, the Council has a duty to ensure that all revenue owed to the council is collected promptly and effectively as the council has a duty of care to all taxpayers.

All debtors are treated equally, with collection done quickly and economically, considering the financial circumstances and mental capacity of the customer.

A coordinated approach to manging debt across the different services within the council.

Prevention of debt and arrears by prompt notification of charges, billing and collection of money due and affordable repayment plans and early intervention when a customer is in arrears. This begins with setting up direct debit for ALL ongoing care charges, where unofficial representatives have failed to honour and keep up with repayment, relevant teams engage with the customer to ensure arrears are dealt with quickly and fairly.

Ensuring that the principles of protecting the rights of vulnerable customers underpin all actions, appropriate support is given, and personal circumstances taken into consideration. Where there are issue of financial mismanagement or exploitation, appropriate investigations are carried out under the Councils Safeguarding Policy or the criminal justice system.

Implementing the policy will mitigate the risk of non-recovery of current and new adult social care debt by ensuring there is a common understanding of our approach to debt collection.

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?

Provide a summary of any relevant demographic data about the borough's population from the Joint Strategic Needs Assessment, or data about the council's workforce

What do people tell you ⁷?
Provide a summary of relevant
consultation and engagement
including surveys and other research
with stakeholders, newspaper
articles correspondence etc.

Service Group

Age⁸

Current LBB adults in receipt of adult social care support who have been invoiced in the last year 2020/2021 by service group and age profile.

Row Labels	Count of Client Name	Age Range	Count of Client	Percentage
		18-30	64	19%
Learning Disability Support	332	31-50	115	35%
Lean in g bisability Support	332	51-64	91	27%
		65+	62	18%
		18-30	12	6%
MIHN-8	203	31-50	37	18%
Mental Health Support	203	51-64	46	23%
		65+	108	53%
		18-30	5	0.5%
D	984	31-50	34	3%
Physical Support	304	51-64	100	10%
1		65+	845	86%
		18-30	1	3%
8	36	31-50	3	8%
Sensory Support	36	51-64	2	6%
1		65+	31	86%
		18-30	0	0%
S15	27	31-50	2	10%
Social Support	27	51-64	5	23%
		65+	20	95%
		18-30	1	
[224	31-50	2	
Support with memory and cognition	324	51-64	7	2%
1		65+	313	97%
Grand Total	1906		1906	

The largest single cohort of adults who are invoiced to pay a contribution towards their care cost who may also have a debt were 65+. The second largest was 51-64 age range.

In response to the consultation finding (Consultation ran from 1 Oct 22 – 31 Jan 23)

Majority of the respondents were between 55-75+

Age	No. Response
35-44	5
45-54	14
55-64	15
65-74	15
75+	14

Views on overall approach to invoicing and communication

Note, only 2 responded to this question with 102 skipping to next question.

All respondents (2 out of 2 respondents) were not sure / didn't know.

Views on paying all charges via Direct debit.

Only 89 responded to this question with 15 skipping to next question.

A quarter of respondents (24%, 21 of 89 respondents) strongly agreed with direct debits.

Just under a quarter (19%, 17 of 89 respondents) tend to support direct debits.

A minority (17%, 15 of 89 respondents) neither support nor oppose direct debits.

Under a quarter (20%, 18 of 89) tended to oppose direct debit.

A smaller minority (11%, 10 of 89) strongly opposed direct debits.

Even smaller minority (9%, 8 of 89) were not sure or didn't know.

Views on nominated person and request for Power of Attorney

Only 88 responded to this question with 16 skipping to next question.

A quarter of respondents (25%, 22 of 88 respondents) strongly supported this approach.

Over a third of respondents (36%, 32 of 88 respondents) tended to support this approach.

Less than a quarter (18%, 16 of 88 respondents) neither supported nor opposed this approach.

A minority (10%, 9 of 88 respondents) opposed this approach.

A smaller minority (6%, 5 of 88 respondents) strongly opposed.

Just 5% (4 of 88 respondents) did not know or were not sure.

Views on Nominated person failure to make regular payments.

Only 85 responded to this question with 19 skipping to next question.

A third of respondents (31%, 26 of 85 respondents) strongly supported this approach.

A third of respondents (34%, 29 of 85 respondents) tended to support the approach.

A minority (14%, 12 of 85 respondents) neither supported nor opposed this approach.

A smaller minority (13%, 11 of 85 respondents) strongly opposed or tended to oppose this approach.

8% (7 of 85 respondents) did not know or was unsure.

Views on manging financial affairs as an Appointeeship/Deputyship or Power of Attorney.

Only 48 responded to this question with 56 skipping to next question.

Under a quarter (23%, 11 of 48 respondents) strongly agree with this approach.

A third of respondents (31%, 15 of 48 respondents) tended to support this approach.

19% (9 out of 48 respondents) neither supported nor opposed this approach.

A minority (15%, 7 of 48 respondents) strongly opposed or tended to oppose this approach.

13% (6 of 48 respondents) were not sure or did not know.

Views on Legal Proceedings

Only 48 responded to this question with 56 skipping to next question.

Just over a quarter (27%, 13 of 48 respondents) tended to agree with our approach to legal proceedings.

a minority 17% (8 of 48 respondents) strongly support this approach.

A similar minority (17%, 8 of 48 respondents) neither supported nor opposed this approach.

Just under a quarter (23%, 11 of 48 respondents) tended to oppose this approach.

A small minority (10%, 5 of 48 respondents) was strongly opposed to legal proceedings.

6% of respondents (3 of 48) were not sure or did not know.

	Current LBB adults in receip charge and who may have a social care services. The larg Disabilities and Support with	debt will hav est cohort w	ve some disa as with Phys	bility, as they are	all receiving	Majority of the	respondents had es.
						Disability	No. Responses
		Count of				Yes	37
	Row Labels		Age Range	Count of Client	Percentage	No	29
	Tior Eabers	Cherk Hame	18-30	64			
	1	000	31-50	115			
	Learning Disability Support		51-64	91			
			65+	62	18%		
			18-30	12	6%		
Disability ⁹	Mental Health Support	203	31-50	37			
	Mental Realth Support		51-64	46			
			65+	108			
		984	18-30	5			
	Physical Support		31-50	34			
	1 Trysical Support		51-64	100	10%		
			65+	845			
		36	18-30	1			
	Sensory Support		31-50	3			
			51-64	2			
			65+	31			
			18-30	0			
	Social Support	27	31-50	2			
			51-64	5			
			65+	20			
			18-30 31-50	1 2			
	Support with memory and cognition	324	51-64	7			
			65+	313			
	Grand Total	1906		1906	517.		
			!	,			
Gender reassignment ¹⁰	Data not held						
Marriage and Civil Partnership ¹¹	Data not held						
Pregnancy and Maternity	Data not held						

	Current LBB adults in receipt of a	idult social care su	pport who are	nvoiced for a care	Ethnicity	No. Responses
	charge and who may have a debi	t by Ethnic Group:			Asian	7
					Black	2
					Mixed Ethnicity	2
		Count of Client			Other	7
	Row Labels	Name	Percentage		White	46
	Asian/Asian British	243				
Race/	Black/Black British	152			Majority of the re	•
Ethnicity ¹³	Chinese	12			white background	
	Mixed/Multiple ethnic groups	35			numbers from oth	ier ethnicities.
	Not Stated	31				
	Other Ethnic Groups	95	5%			
	White	1338	70%			
	Grand Total	1906	100%			
	· ·					
Religion or belief ¹⁴	None					
	Current LBB adults in receipt of a	ndult social care su	pport who are	nvoiced for a care	Gender	No. Response
	charge and who may have a deb	t by Gender:			M	32
					F	33
	Gender	Count of Clients	Percentage		There was about a	a 50/50 split of
Sex ¹⁵	M	815	43%		respondents.	
oex	F	1091	57%			
	Total	1906	100%			
	There is a higher number of Fem	alos roprosontod i	n this sobort			
C		ales representeu i	n this conort.			
Sexual Orientation ¹⁶	Data not held					
Other relevant groups ¹⁷	None					

4. Assessing impact
What does the evidence tell you about the impact your proposal may have on groups with protected characteristics ¹⁸?

Adults of all ages may have some minor impact by this proposal, although based on the current demographic of adults, it is likely that this will affect a disproportionate number of 65+ Adults. This is not expected to have a negative impact on service delivery but may impact on customer satisfaction. Older adults, particularly frail people receiving care services can find financial transactions and communication difficult and may not act on them appropriately, causing potential financial difficulties. Older adults sometimes have a legal representative (POA/LPOA, Appointeeship / Deputyship) or unofficial person helping them manage their financial affairs. The Care Act 2014, set out how LA can charge for the cost incurred in meeting social care and support needs. It sets out a framework when not to make a charge and that a financial assessment of the person's resources must be undertaken to determine what they can afford to contribute towards the cost of	Positive impact	Minor	Major	No impact
on the current demographic of adults, it is likely that this will affect a disproportionate number of 65+ Adults. This is not expected to have a negative impact on service delivery but may impact on customer satisfaction. Older adults, particularly frail people receiving care services can find financial transactions and communication difficult and may not act on them appropriately, causing potential financial difficulties. Older adults sometimes have a legal representative (POA/LPOA, Appointeeship / Deputyship) or unofficial person helping them manage their financial affairs. The Care Act 2014, set out how LA can charge for the cost incurred in meeting social care and support needs. It sets out a framework when not to make a charge and that a financial assessment of the person's resources must be undertaken to determine what they can afford to contribute towards the cost of				
their care. It sets out the detail with regards to financial assessments and how to calculate what a person can afford. Evidence has shown that the main reason why older adults have ended up in debt, was not because of their vulnerability or their ability/affordability to pay, but because their financial representative had chosen not to pay. This policy goes some way to mitigate against this risk. Where a representative fails to make three consecutive payments, the invoice would be readdressed back to the service user and an officer will make contact to establish the best way forward. This will include, where necessary a Mental Capacity Assessment and exploration of other formal route to managing service user's financial affair. The Adult Social Care debt recovery Policy sets out a Multi-Disciplinary Team Panel that looks at individual cases, the ability and personal circumstances of each individual to pay. Each adult in receipt of adult social care support will have the recovery Policy sets out a Multi-Disciplinary Team Panel that looks at individual cases, the ability and personal circumstances of each individual to pay. Each adult in receipt of adult social care support will have				

	not to make a charge and that a financial assessment of the person's resources		
	must be undertaken to determine what they can afford to contribute towards the		
	cost of their care. It sets out the detail with regards to financial assessments and		
	how to calculate what a person can afford.		
	We have evidence that highlights the main reason why disabled adults have ended up in debt, was not because of their vulnerability or their ability/affordability to pay, but rather their financial representative had chosen not to pay. Where a representative fails to make three consecutive payments, the invoice would be readdressed back to the service user and an officer will make contact to establish the best way forward. This will include, where necessary an MCA and exploration of other formal route to managing service user's financial affair.		
	As part of the ASC debt recovery Policy, we have set out an MDT Panel that looks at individual cases, and the ability and personal circumstances of everyone to pay. Each service user will have their case individually reviewed and decision made based on ALL evidence available.		
Gender reassignment	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.		⊠
Marriage and Civil Partnership	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.		⊠
Pregnancy and Maternity	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.		⊠
Race/ Ethnicity	36.6% of people accessing Adult Social Care identify as Black, Asian or Minority Ethnic. This compares to 42.3% of the overall (all age) Barnet population. Therefore, people identifying as Black, Asian or Minority Ethnic are underrepresented in ASC services as compared to the overall (all age) Barnet population. This proposal will impact adults who are accessing ASC services and		⊠

	may disproportionately impact on people who do not identify as Black, Asian or Minority Ethnic.			
Religion or belief	We do not report on service users' religion or beliefs, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic.			⊠
Sex	Adults identifying as male and female may be impacted by this proposal, however there is a greater proportion of females in this cohort. This proposal will not have a negative impact on service delivery for this group but may impact on customer satisfaction.	×		
Sexual Orientation	No comprehensive data available. No evidence to indicate that this proposal will have a disproportionate impact on this group of people.			⊠

5. Other key g	groups	ω	Nega imp		oact
	r vulnerable groups that might be affected by the proposal? e carers, people in receipt of care, lone parents, people with low incomes or unemployed	Positive	Minor	Major	No imp
Key groups	None				⊠

	Cumulative imp	19
•	Carriarative mile	uet

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 could have a minor impact on older adults, some disabled adults and women. As we are dealing with debt and payments of outstanding care charges, there should be no negative impact on service delivery but could have a minor negative impact on customer satisfaction.

These impacts will be mitigated by:

- Early engagement with customers who draw on care and support, via social care professional and hospital teams to ensure people are made aware that Adults Social Care is a chargeable service.
- Making customers and/or their financial representatives aware of LBB Appointeeship/Deputy service to help manage financial affairs and reduce the risk of debt.
- Customer Finance Team, when conducting the financial Assessments, engaging with the customers and/or their financial representative to inform of the charges and the need to set up direct debit to reduce the risk of debt.
- Customer Finance Team send appropriate and accessible communication with customers and /or financial representatives to help sigh post to other Council services (where appropriate)

The ASC debt recovery Multi-Disciplinary Team Panel, which has been set up to looks at individual cases, and to consider the ability and personal circumstances of everyone to pay. Each service user will have their case individually reviewed and decision made based on ALL evidence available.

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 If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.	Monitoring ²¹ How will you assess whether these measures are successfully mitigating the impact?	Deadline date	Lead Officer
65+ Disability Female	Minor impact on customer satisfaction	Early engagement with adults and their financial representatives to educate and signpost with external agencies. This will start when a social care practitioner goes out to visit service users and conduct the Adults Assessments. Ensuring appropriate and accessible communication with people with additional communication needs. Where unofficial representative fails to make three consecutive payments, the invoice would be readdressed back to the service user and an LBB officer will make contact the Service User to establish the best way forward. This will include, where necessary, an MCA and exploration of other formal route to managing service user's financial affairs.	All debt cases are recorded on Mosaic via 'Debt Investigation workflow' and are subject to audit. We will continue to gather intelligence around the protected groups and any adverse impact and report to Project Board, Adults Leadership Group and Project Sponsor.	Ongoing	Courtney Davis

	All ASC debt recovery will go via MDT		
	Panel that looks at individual cases, and		
	the ability and personal circumstances		
	of everyone to pay. Each service user		
	will have their case individually		
	reviewed and decision made based on		
	ALL evidence available.		

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 mitigate negative impacts identified by the assessment. Please refer to section 6.
□ Negative impact but proceed anyway This EqIA has identified 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 Job title					
Courtney Davis Assistant Director of Comm		nunities and Performance			
☐ Tick this box to indicate that you have approved this EqIA	Date of approval:				
☐ Tick this box to indicate if EqIA has been published					
Date EqIA was published:	Date of next review:				
Embed link to published EqIA:					

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 <u>not</u> 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
- 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 <u>Consultation and Engagement toolkit</u> for full advice or contact the Consultation and Research Manager, rosie.evangelou@barnet.gov.uk for further advise

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

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.

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 <u>Barnet 2024 Plan</u> and our <u>Strategic Equality Objective?</u>

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:** Your 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.