



## 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>	Increasing breadth of enablement offer
Name and job title of completing officer	Sameen Zafar, Improvement Consultant
Head of service area responsible	James Mass, Director of Adult Social Care
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	
<p>Is this a: (Please tick all that apply)</p> <p>New policy / procedure <input type="checkbox"/></p>	<p>Review of Policy /strategy / function / procedure / service <input checked="" type="checkbox"/></p>
<p>Budget Saving <input checked="" type="checkbox"/></p> <p>If budget saving please specify value below:</p> <p>£200,000 (Year 2021/22)</p> <p>£100,000 (Year 2022/23)</p>	<p>Other <input type="checkbox"/></p> <p>If other, please specify below:</p>
<p>Following on from the implementation of an integrated discharge team to support timely discharge from hospitals, this proposal is to increase the number of these people (and also those who are referred for social care from their community) who receive enablement services, and ensure that we are maximising the impact of our enablement services. A saving will be realised when the additional people receiving enablement services become more independent and require less ongoing care and support that they otherwise would have needed. We also propose to develop enablement services, and increase the use of rehabilitation</p>	

beds, for those with cognitive or mental health conditions. The full impact of this will be seen in 2022/23. These proposals will not impact the council's statutory duties to deliver care and support to service users, including not charging for up to first weeks of any enablement services provided.

### 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 you <sup>6</sup> ? <i>Provide a summary of any relevant demographic data about the borough's population from the <a href="#">Joint Strategic Needs Assessment</a>, or data about the council's workforce</i>	What do people tell you <sup>7</sup> ? <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.</i>																								
Age <sup>8</sup>	<p>New LBB service users requesting mental health and OAPD services by Age:</p> <p><u>Mental Health (including Support with memory and cognition PSR)</u></p> <table border="1"> <thead> <tr> <th>Age Group</th><th>Number</th><th>Proportion</th></tr> </thead> <tbody> <tr> <td>18-64</td><td>431</td><td>55%</td></tr> <tr> <td>65+</td><td>346</td><td>45%</td></tr> <tr> <td>Grand Total</td><td>777</td><td>100%</td></tr> </tbody> </table> <p><u>OAPD</u></p> <table border="1"> <thead> <tr> <th>Age Group</th><th>Number</th><th>Proportion</th></tr> </thead> <tbody> <tr> <td>18-64</td><td>705</td><td>15%</td></tr> <tr> <td>65+</td><td>4057</td><td>85%</td></tr> <tr> <td>Grand Total</td><td>4762</td><td>100%</td></tr> </tbody> </table>	Age Group	Number	Proportion	18-64	431	55%	65+	346	45%	Grand Total	777	100%	Age Group	Number	Proportion	18-64	705	15%	65+	4057	85%	Grand Total	4762	100%	None
Age Group	Number	Proportion																								
18-64	431	55%																								
65+	346	45%																								
Grand Total	777	100%																								
Age Group	Number	Proportion																								
18-64	705	15%																								
65+	4057	85%																								
Grand Total	4762	100%																								
Disability <sup>9</sup>	Whilst not all people in receipt of impacted will be registered as disabled, we can assume that almost all have a "mental or physical impairment that has a substantial and long-term adverse effect on [their] ability to carry out normal day-to-day activities".	None																								
Gender	Data not covered in latest report	None																								

reassignment <sup>10</sup>																																																								
Marriage and Civil Partnership <sup>11</sup>	Data not covered in latest report	None																																																						
Pregnancy and Maternity <sup>12</sup>	Data not covered in latest report	None																																																						
Race/ Ethnicity <sup>13</sup>	<p>New LBB service users requesting mental health and OAPD services by Race/Ethnic Group:</p> <p><u>Mental Health (including Support with memory and cognition PSR)</u></p> <table border="1"> <thead> <tr> <th>Ethnic Groups</th><th>Number</th><th>Proportion</th></tr> </thead> <tbody> <tr> <td>White British</td><td>223</td><td>70%</td></tr> <tr> <td>Asian or Asian British</td><td>41</td><td>13%</td></tr> <tr> <td>Black or Black British</td><td>16</td><td>5%</td></tr> <tr> <td>Mixed/Multiple Ethnic groups</td><td>7</td><td>2%</td></tr> <tr> <td>Any other ethnic group/ Refused/ Not Recorded</td><td>19</td><td>6%</td></tr> <tr> <td>Chinese</td><td>1</td><td>0%</td></tr> <tr> <td>Not Stated</td><td>11</td><td>3%</td></tr> <tr> <td>Grand Total</td><td>318</td><td>100%</td></tr> </tbody> </table> <p><u>OAPD</u></p> <table border="1"> <thead> <tr> <th>Ethnic Groups</th><th>Number</th><th>Proportion</th></tr> </thead> <tbody> <tr> <td>White British</td><td>1829</td><td>66%</td></tr> <tr> <td>Asian or Asian British</td><td>404</td><td>15%</td></tr> <tr> <td>Black or Black British</td><td>168</td><td>6%</td></tr> <tr> <td>Mixed/Multiple Ethnic groups</td><td>39</td><td>1%</td></tr> <tr> <td>Any other ethnic group/ Refused/ Not Recorded</td><td>130</td><td>5%</td></tr> <tr> <td>Chinese</td><td>12</td><td>0%</td></tr> <tr> <td>Not Stated</td><td>232</td><td>8%</td></tr> <tr> <td>Grand Total</td><td>2760</td><td>100%</td></tr> </tbody> </table>	Ethnic Groups	Number	Proportion	White British	223	70%	Asian or Asian British	41	13%	Black or Black British	16	5%	Mixed/Multiple Ethnic groups	7	2%	Any other ethnic group/ Refused/ Not Recorded	19	6%	Chinese	1	0%	Not Stated	11	3%	Grand Total	318	100%	Ethnic Groups	Number	Proportion	White British	1829	66%	Asian or Asian British	404	15%	Black or Black British	168	6%	Mixed/Multiple Ethnic groups	39	1%	Any other ethnic group/ Refused/ Not Recorded	130	5%	Chinese	12	0%	Not Stated	232	8%	Grand Total	2760	100%	None
Ethnic Groups	Number	Proportion																																																						
White British	223	70%																																																						
Asian or Asian British	41	13%																																																						
Black or Black British	16	5%																																																						
Mixed/Multiple Ethnic groups	7	2%																																																						
Any other ethnic group/ Refused/ Not Recorded	19	6%																																																						
Chinese	1	0%																																																						
Not Stated	11	3%																																																						
Grand Total	318	100%																																																						
Ethnic Groups	Number	Proportion																																																						
White British	1829	66%																																																						
Asian or Asian British	404	15%																																																						
Black or Black British	168	6%																																																						
Mixed/Multiple Ethnic groups	39	1%																																																						
Any other ethnic group/ Refused/ Not Recorded	130	5%																																																						
Chinese	12	0%																																																						
Not Stated	232	8%																																																						
Grand Total	2760	100%																																																						
Religion or belief <sup>14</sup>	Data not reportable	None																																																						
Sex <sup>15</sup>	New LBB service users requesting mental health and OAPD services by Gender:	None																																																						

	<u>Mental Health (including Support with memory and cognition PSR)</u>				
	Gender	Number	Proportion		
	Male	128	40%		
	Female	188	59%		
	Unknown	2	1%		
	Grand Total	318	100%		
	<u>OAPD</u>				
	Gender	Number	Proportion		
	Male	1072	38%		
	Female	1732	62%		
Unknown	9	0%			
Grand Total	2813	100%			
<b>Sexual Orientation<sup>16</sup></b>	Data not reportable			None	
<b>Other relevant groups<sup>17</sup></b>	A significant number of people in this cohort will have informal carers			None	
<b>4. Assessing impact</b>  <b>What does the evidence tell you about the impact your proposal may have on groups with protected characteristics <sup>18</sup>?</b>					
<b>Protected characteristic</b>	For <b>each</b> 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	<b>Negative impact</b>		No impact
			Minor	Major	

<b>Age</b>	<p>Adults of all ages will benefit from this proposal, although based on the current demographics for new service users, a greater proportion of older people will be impacted.</p> <p>While some service users may be less satisfied if they receive less formal / traditional forms of support, overall, this should have a positive impact on people's quality of life and levels of independence. Negative impacts are minimised by our person-centred approach to social work, with assessments considering of people's goals and wishes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Disability</b>	<p>The majority of people impacted by this change will have a form of disability.</p> <p>While some service users may be less satisfied if they receive less formal / traditional forms of support, overall, this should have a positive impact on people's quality of life and levels of independence. Negative impacts are minimised by our person-centred approach to social work, with assessments considering of people's goals and wishes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gender reassignment</b>	We do not report on whether people have reassigned genders, 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>Marriage and Civil Partnership</b>	We do not report on people's marital status. 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>Pregnancy and Maternity</b>	We do not report on people's maternity or pregnancy status, 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>Race/ Ethnicity</b>	<p>Adults of all racial and ethnic background may be impacted by this proposal, but based on current demographics of service users, White ethnicity service users are in majority and will be proportionately impacted. While some service users may be less satisfied if they receive lower levels of support / more independence-focussed support, overall, this should have a positive impact on people's quality of life. Negative impacts are minimised by our person-centred approach to social work, with assessments considering of people's goals and wishes.</p> <p>Culturally appropriate community support and care services will continue to be available to all service users - for example home carers who understand their cultural background and are able if needed to speak their language if English is not their first language.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Religion or belief</b>	We do not report on people's religion or beliefs, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic. 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"/>
<b>Sex</b>	<p>Adults of both genders may be impacted by this proposal, however there is a greater proportion of females in this cohort.</p> <p>While some service users may be less satisfied if they receive less formal / traditional forms of support, overall, this should have a positive impact on people's quality of life and levels of independence. Negative impacts are minimised by our person-centred approach to social work, with assessments considering of people's goals and wishes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sexual Orientation</b>	We do not report on service users' 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>	Pos itiv e imp	<b>Negative impact</b>	No imp act
----------------------------	-------------------------	----------------------------	------------------

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>			Minor	Major	
Key groups	As above, many of the people affected by these changes will also have informal carers. Enablement services will continue to involve family and carers in assessments, goal setting and reviewing of care needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 positive impact on older people aged 65+, people with disabilities, women, and carers. These characteristics are overrepresented in this cohort and overall, a greater focus on enablement should lead to better outcomes and increased independence for people.

## 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> <i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	Monitoring <sup>21</sup> <i>How will you assess whether these measures are successfully mitigating the impact?</i>	Deadline date	Lead Officer
N/A					



## 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 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

James Mass

Job title

Director of Adult Social Care

<input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqIA	Date of approval: 12/11/20
<input checked="" type="checkbox"/> Tick this box to indicate if EqIA has been published Date EqIA was published: 23/11/2020 Embed link to published EqIA: <a href="https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity/equality-impact-assessments-2020">https://www.barnet.gov.uk/your-council/policies-plans-and-performance/equality-and-diversity/equality-impact-assessments-2020</a>	Date of next review: 12/11/21

## 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

- 
- 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 EqlA 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 EqlA you should document your reasons why.

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

<sup>6</sup> **Data & Information:** Your EqlA 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 EqlA?, 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.

---

<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**

- 
- 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:** 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.