



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 EqlA	
Title of proposal ⁵	Changes to Adult Social Care fees and charges (A&S25)
Name and job title of completing officer	Will Hammond, Head of Transformation
Head of service area responsible	Sam Raffell, Head of Care Quality and Customer Finance
Equalities Champion supporting the EqlA	Sameen Zafar, Improvement Consultant
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 type="checkbox"/>	Review of Policy /strategy / function / procedure / service <input checked="" type="checkbox"/>
Budget Saving <input checked="" type="checkbox"/> If budget saving please specify value below: £60,000	Other <input type="checkbox"/> If other please specify below:

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 are as follows:

- An increase in the fairer contribution charge rate for community services to increase by 8.18% to more accurately reflect the cost of homecare, where the average hourly cost is currently £18.39. The increase in contribution charge rate will be from £17.00 to £18.39.

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 Care Act, 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 or for on-going management.

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

Whilst none of the changes contradict our existing policies on fees and charges, these will be updated to make them more transparent and set out any additional fees and charges that we are proposing. These policy changes and new fees and charges were consulted on in December 2020 - January 2021, with findings being fed into this EqIA and informing the Council’s final decision on fees and charges.

3. Supporting evidence

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

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

Protected group	What does the data tell you⁶? <i>Provide a summary of any relevant demographic data about the borough’s population from the <u>Joint Strategic Needs Assessment</u>, or data about the council’s workforce</i>	What do people tell you⁷? <i>Provide a summary of relevant consultation and engagement including surveys and other research with stakeholders, newspaper articles correspondence etc.</i>
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Age ⁸	<p>Case management system data on this cohort suggests that over 2/3rds of this cohort are over the age of 65.</p> <table><tr><th>Age category</th><th>%</th></tr><tr><td>18-64</td><td>33%</td></tr><tr><td>>64</td><td>67%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table> <p>Of those that completed the survey, 85% were over the age of 65.</p> <table><tr><th>Age category</th><th>%</th></tr><tr><td>25-34</td><td>5%</td></tr><tr><td>65-74</td><td>15%</td></tr><tr><td>75+</td><td>70%</td></tr><tr><td>Prefer not to say</td><td>10%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table>	Age category	%	18-64	33%	>64	67%	Grand Total	100%	Age category	%	25-34	5%	65-74	15%	75+	70%	Prefer not to say	10%	Grand Total	100%	<p>Between 23 December 2020 and 19 January 2021, we consulted on increasing the hourly rate of charge for home care to £18.39.</p> <p>A total of 22 respondents answered the first question: ‘To what extent do you support or oppose the proposal?’.</p> <p>More respondents opposed the proposal (41%) than supported it (36%), and those who opposed it felt more strongly.</p> <p>Overall, 45% of respondents thought the proposals would have no impact on them or their families, with 28 % feeling it would have a positive impact, and 14 % suggesting the impact would be negative. Those who supported the proposal tended to think the impact would have no change or a positive impact on them or their families’ circumstances, whereas most who opposed the proposal thought it would have either a neutral or negative impact on their circumstances.</p>
Age category	%																					
18-64	33%																					
>64	67%																					
Grand Total	100%																					
Age category	%																					
25-34	5%																					
65-74	15%																					
75+	70%																					
Prefer not to say	10%																					
Grand Total	100%																					
Disability ⁹	<p>Whilst not all people in receipt of services in the community will be registered as disabled, we can assume that almost all have a “physical or mental impairment that has a substantial and long-term adverse effect on [their] ability to carry out normal day-to-day activities”.</p> <p>Of those that completed the consultation survey, 85% considered themselves to have a disability.</p> <table><tr><th>Consider themselves to have a disability according to the terms of the Equality Act 2010</th><th>%</th></tr><tr><td>Yes</td><td>85%</td></tr><tr><td>No</td><td>5%</td></tr><tr><td>Prefer not to say</td><td>10%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table>	Consider themselves to have a disability according to the terms of the Equality Act 2010	%	Yes	85%	No	5%	Prefer not to say	10%	Grand Total	100%	<p>Some of the additional responses to the free-text option of why people responded the way they did included:</p> <ul style="list-style-type: none">• Having a fixed income which cannot be increased due to retirement										
Consider themselves to have a disability according to the terms of the Equality Act 2010	%																					
Yes	85%																					
No	5%																					
Prefer not to say	10%																					
Grand Total	100%																					

Gender reassignment ¹⁰	<p>We do not hold case management data on this but have no reason to assume that this is disproportionate in this cohort.</p> <p>The majority of survey respondents report having the same gender as at birth</p> <table><tr><th>Answer Choices</th><th>Responses</th></tr><tr><td>Yes, it's the Same</td><td>18 (90%)</td></tr><tr><td>No, it's different</td><td>0%</td></tr><tr><td>Prefer not to say</td><td>2 (10%)</td></tr><tr><td>Skipped</td><td>2</td></tr><tr><td></td><td>Total: 22 (100%)</td></tr></table>	Answer Choices	Responses	Yes, it's the Same	18 (90%)	No, it's different	0%	Prefer not to say	2 (10%)	Skipped	2		Total: 22 (100%)	<ul style="list-style-type: none">• Carers do an amazing, respected job.• It has been a short amount of time since the last increase• People should be paid at an appropriate rate• The carers have a right to a wage that reflects the ever-rising cost of living. Self-financing means that I cannot afford the increase.						
Answer Choices	Responses																			
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No, it's different	0%																			
Prefer not to say	2 (10%)																			
Skipped	2																			
	Total: 22 (100%)																			
Marriage and Civil Partnership ¹¹	<p>We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.</p>																			
Pregnancy and Maternity ¹²	<p>We do not hold data on this but have no reason to assume that this is disproportionate in this cohort.</p>																			
Race/ Ethnicity ¹³	<p>Case management system data on this cohort shows an overall alignment with the wider Barnet population in terms of ethnicity.</p> <table><tr><th>Row Labels</th><th>%</th></tr><tr><td>Asian/Asian British</td><td>16%</td></tr><tr><td>Black/Black British</td><td>8%</td></tr><tr><td>Chinese</td><td>1%</td></tr><tr><td>Mixed/Multiple ethnic groups</td><td>2%</td></tr><tr><td>Not Stated</td><td>2%</td></tr><tr><td>Other Ethnic Groups</td><td>5%</td></tr><tr><td>White</td><td>66%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table>	Row Labels	%	Asian/Asian British	16%	Black/Black British	8%	Chinese	1%	Mixed/Multiple ethnic groups	2%	Not Stated	2%	Other Ethnic Groups	5%	White	66%	Grand Total	100%	
Row Labels	%																			
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Other Ethnic Groups	5%																			
White	66%																			
Grand Total	100%																			

	<p>And the reported ethnicity of those that responded to the survey also largely correlates.</p> <table><tr><th>Race /Ethnic Origin</th><th>%</th></tr><tr><td>Asian/Indian</td><td>10%</td></tr><tr><td>Black/Black Caribbean</td><td>5%</td></tr><tr><td>Asian/ Chinese</td><td>5%</td></tr><tr><td>Other Ethnic Groups</td><td>5%</td></tr><tr><td>Prefer not to say</td><td>15%</td></tr><tr><td>White Irish</td><td>5%</td></tr><tr><td>White British</td><td>55%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table>	Race /Ethnic Origin	%	Asian/Indian	10%	Black/Black Caribbean	5%	Asian/ Chinese	5%	Other Ethnic Groups	5%	Prefer not to say	15%	White Irish	5%	White British	55%	Grand Total	100%	
Race /Ethnic Origin	%																			
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Prefer not to say	15%																			
White Irish	5%																			
White British	55%																			
Grand Total	100%																			
Religion or belief ¹⁴	<p>We do not hold case management data on this but have no reason to assume that this is disproportionate in this cohort.</p> <p>The reported religion of the survey respondents aligns somewhat with the Barnet profile reported in the JSNA, although Christians and Jewish people were slightly overrepresented in this cohort.</p> <table><tr><th>Religion</th><th>%</th></tr><tr><td>Christian</td><td>45%</td></tr><tr><td>Hindu</td><td>5%</td></tr><tr><td>Humanist</td><td>5%</td></tr><tr><td>Jewish</td><td>20%</td></tr><tr><td>No Religion</td><td>5%</td></tr><tr><td>Prefer not to say</td><td>20%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table>	Religion	%	Christian	45%	Hindu	5%	Humanist	5%	Jewish	20%	No Religion	5%	Prefer not to say	20%	Grand Total	100%			
Religion	%																			
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Jewish	20%																			
No Religion	5%																			
Prefer not to say	20%																			
Grand Total	100%																			
Sex ¹⁵	<p>According to case management data, women are slightly over-represented in this cohort.</p> <table><tr><th>Row Labels</th><th>Count of slt Person Id</th></tr><tr><td>Female</td><td>60%</td></tr></table>	Row Labels	Count of slt Person Id	Female	60%															
Row Labels	Count of slt Person Id																			
Female	60%																			

	<table><tr><td>Male</td><td>40%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table> <p>This was also the case in those who responded to the survey.</p> <table><tr><td>Sex</td><td>Count of slt person ID %</td></tr><tr><td>Male</td><td>45%</td></tr><tr><td>Female</td><td>50%</td></tr><tr><td>Prefer not to say</td><td>5%</td></tr><tr><td>Grand Total</td><td>100%</td></tr></table>	Male	40%	Grand Total	100%	Sex	Count of slt person ID %	Male	45%	Female	50%	Prefer not to say	5%	Grand Total	100%	
Male	40%															
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Male	45%															
Female	50%															
Prefer not to say	5%															
Grand Total	100%															
Sexual Orientation ¹⁶	<p>We do not hold case management data on this but have no reason to assume that this is disproportionate in this cohort.</p> <p>Survey respondents who chose to answer all reported themselves as heterosexual.</p> <table><tr><th>Answer Choices</th><th>Responses</th></tr><tr><td>Heterosexual</td><td>12 (63%)</td></tr><tr><td>Gay or Lesbian</td><td>0</td></tr><tr><td>Other</td><td>0</td></tr><tr><td>Prefer not to say</td><td>7 (37%)</td></tr><tr><td>Skipped</td><td>3</td></tr></table>	Answer Choices	Responses	Heterosexual	12 (63%)	Gay or Lesbian	0	Other	0	Prefer not to say	7 (37%)	Skipped	3			
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Heterosexual	12 (63%)															
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Skipped	3															
Other relevant groups ¹⁷	A significant number of people will have informal carers															

4. Assessing impact

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

Protected characteristic	For each protected characteristic, explain in detail what the evidence is suggesting and the impact of your proposal (if any). Is there an impact on service deliver? Is there an impact on customer satisfaction? Click the appropriate box on the right to indicate the outcome of your analysis.	Positive impact	Negative impact		No impact
			Minor	Major	
Age	<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, 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, and the previous consultation mentioned above partially supports this view. 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. This remains fair for these people.</p> <p>45% of survey respondents thought that there would be 'no impact', while 28% thought there would be a positive impact and 14% thought there would be a negative impact.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability	<p>Whilst not all people in receipt of services will be registered as disabled, we can assume that almost all have a "physical or 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 could be seen as a negative impact, and the previous consultation mentioned above partially supports this view. 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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>of actual costs incurred by the council for brokering support. This remains fair for these people.</p> <p>45% of survey respondents thought that there would be 'no impact', while 28% thought there would be a positive impact and 14% thought there would be a negative impact.</p>				
Gender reassignment	We do not report on whether clients who have reassigned genders, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic. The sample size of the survey is too small to draw reliable conclusions from in terms of the prevalence of this characteristic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marriage and Civil Partnership	We do not report on whether clients 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"/>
Pregnancy and Maternity	We do not report on whether clients are mothers / pregnant, 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"/>
Race/ Ethnicity	Adults of all racial and ethnic background may be impacted by this proposal, and based on current demographics of Barnet residents, no disproportionate impact is expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion or belief	We do not report on the religion / belief of people in this cohort, 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"/>

Sex	<p>Adults of both 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, and previous consultations support this view. 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. This remains fair for these people.</p> <p>45% of survey respondents thought that there would be 'no impact', while 28% thought there would be a positive impact and 14% thought there would be a negative impact.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Orientation	<p>We do not report on whether clients who have reassigned genders, and there is no reason to suspect that this group will have a disproportionate number of people with this characteristic. The sample size of the survey is too small to draw reliable conclusions from in terms of the prevalence of this characteristic.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

6. Cumulative impact¹⁹

Considering what else is happening within the council and Barnet could your proposal contribute to a cumulative impact on groups with protected characteristics?

☐ Yes No ☒

This proposal will affect proportionately more people with disabilities, and women. However, the impact on people is not due to this characteristic, and the fee increases are deemed fair and at or below market rates. The majority of those surveyed thought that there would be 'no impact' or a 'positive impact', compared to the 14% that thought there would be a negative impact.

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 <i>If you are unable to identify measures to mitigate impact, please state so and provide a brief explanation.</i>	Monitoring ²¹ <i>How will you assess whether these measures are successfully mitigating the impact?</i>	Deadline date	Lead Officer
Various	Dissatisfied with additional charges	Review EqIA post following consultation	N/A	Feb 2021 (completed)	Sam Raffell
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

8. Outcome of the Equalities Impact Assessment (EqIA)²²

Please select one of the following four outcomes

<input checked="" type="checkbox"/> Proceed with no changes The EqlA has not identified any potential for a disproportionate impact and all opportunities to advance equality of opportunity are being addressed
<input type="checkbox"/> Proceed with adjustments Adjustments are required to remove/mitigate negative impacts identified by the assessment
<input type="checkbox"/> Negative impact but proceed anyway This EqlA 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
<input type="checkbox"/> Do not proceed This EqlA 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 EqlA suggests that while some people with protected characteristics will be disproportionately affected, on balance this will be a positive impact as social care needs will continue to be met while supporting the independence and recovery of these people.

Sign-off

9. Sign off and approval by Head of Service / Strategic lead ²³		
Name Sam Raffell	Job title Head of Care Quality and Customer Finance	
<input checked="" type="checkbox"/> Tick this box to indicate that you have approved this EqlA		Date of approval: 25/01/21

<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: 25/6/21
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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

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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 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.

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

⁶ **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?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

¹⁹ **Cumulative Impact**

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

²⁰ **Mitigating actions**

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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.

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

²² **Outcome:**

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

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