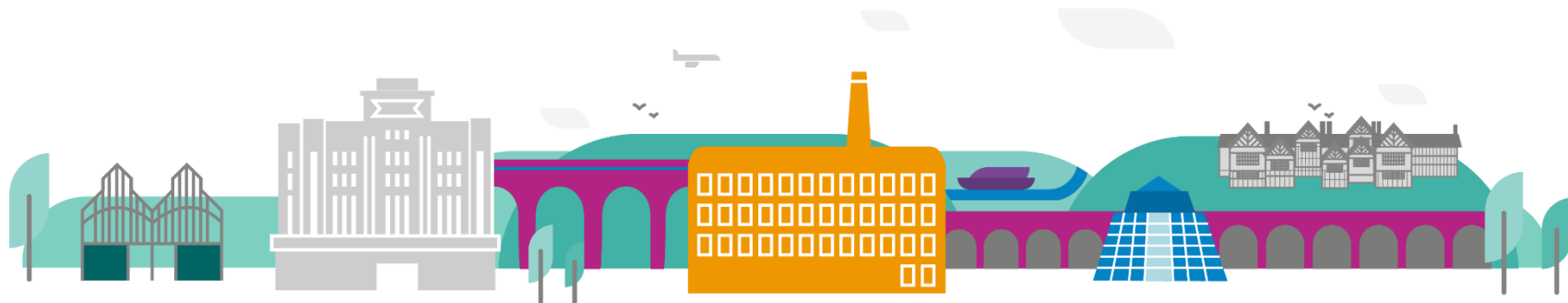




**Adult Social Care: Fairer Charging
Medium Term Financial Plan (MTFP) Proposals
Equality Impact Assessment**



Equality Impact Assessment

Title of report or proposal	Adult Social Care – Fairer Charging (Charging Consultation)		
Lead officer(s)	Sarah Dillon	Date	Commenced:08/10/2024 Updated: 08/01/2025
Aims and desired outcomes of the proposal Are you trying to solve an existing problem?			
<p>The report analysed in this Equality Impact Assessment (EqIA) outlines our strategic approach in responding to the review of the medium-term financial plan (MTFP). The budget proposals being considered, aim to address financial and demand challenges, enable longer term transformation, and ensure the delivery of shared strategic partnership ambitions. Our collective focus is on actions which deliver outcomes to support and enhance our communities and businesses across Stockport.</p> <p>As part of the 2025/26 medium term financial plan propositions, we have undertaken a charging consultation. In Stockport we have been able to support the cost of care for our residents, unlike other areas we have capped the amount that individuals must pay towards their care. This is known as subsidising the cost of care. Unfortunately, this is no longer possible due to the financial pressure on councils and the increasing cost of care.</p>			
Scope of the proposal Include the teams or service areas from the Council and outward-facing services or initiatives			
<p>The Care Act, 2014 provides a single legal framework for charging and permits a local authority to assess a person's ability to help to pay towards the cost of their care. Everyone receives a financial assessment to decide if they pay towards their care, and if they do how much this should be. All councils' complete financial assessments in the same way based on national practice. We will continue to do this.</p> <p>There are seven proposed changes that were included within the scope of the consultation. It is our proposal to implement changes from April 2025.</p> <p>The aim of the proposed Adult Social Care Charging policy is to provide a consistently equitable framework for charging people who receive care and support, following an assessment of their individual needs and financial circumstances. The overarching principle is that where a person is required to pay for care and support, they should pay only what they can afford.</p>			
What are the possible solutions you have been / will be exploring? You should refer to any business cases, issues papers or options appraisals			
<p>There are seven proposed changes which will be included within the scope of the consultation exercise, details of which can be found in the business case papers presented to Adult Social Care and Health scrutiny committee alongside this Equality Impact assessment.</p> <p>A comprehensive benchmarking exercise has been conducted with other councils in the North West region, this highlights that SMBC is an outlier in relation to the way we charge for Adult Social Care, in terms of the subsidies offered. The benchmarking exercise relevant to the proposed charges are summarised below:</p>			

Proposed Charge	Regional Benchmark
<p>1. We propose to charge people based on the full cost of providing their care.</p> <p>We will financially assess you against the full amount of care that you receive. Currently we have a 50% second carer discount, under this proposal that subsidy will be removed.</p>	<p>The benchmarking exercise undertaken within the North West region illustrated that of the 20 Local Authorities (LAs) who responded, 8 of the 20 LAs already have no subsidies in place and therefore charge at the cost of service for non-residential care services</p>
<p>2. We propose to ensure that all people who receive funded care and support from the council will be financially assessed.</p> <p>The Care Act, 2014 provides a single legal framework for charging and requires a local authority to assess a person's ability to pay towards the cost of their care. There are currently some people who receive care and support from the council for their mental health that have not had a financial assessment.</p> <p>This proposal would mean these people have a financial assessment and may have to pay towards the cost of their care.</p>	<p>We have not identified any other local authorities where financial assessments have not been undertaken for individuals who receive care and support for their mental health needs.</p>
<p>3. Currently we subsidise care provided in your home by having a cap of £485 per week on the amount that we charge you. This is known as the maximum assessed charge.</p> <p>We propose to remove this cap to bring us in line with other councils. You will not be asked to pay more than the amount in your financial assessment.</p>	<p>The benchmarking exercise undertaken within the North West region illustrated that of the 20 LAs who responded, 17 LAs have no maximum assessed charge and of the 3 which do, the maximum rate in Stockport of £485 is the lowest.</p>
<p>4. Currently we apply a 10% discount to the value of any capital that you may have. Under this proposal this will be removed. This will impact people who receive care at home and people who receive care in a care or nursing home.</p>	<p>The benchmarking exercise undertaken within the North West region illustrated that of the 20 LAs who responded, only Stockport applies any reduction to an individuals' capital within its charging policy.</p>
<p>5. We propose to introduce a charge for arranging care for people who are not eligible for council funding and fully pay for their own care.</p>	<p>The benchmarking exercise undertaken within the North West region illustrated that of the 20 LAs who responded, 7 LAs have an administrative charge to full cost payers.</p>
<p>6. Currently we do not charge any interest on money owed to the council when a Deferred Payment Agreement has not been signed. We are proposing to introduce interest charges on the money owed to the council (known as accrued debt). The Care Act 2014 allows us to do this and sets the maximum amount that councils can charge, you can read more about how we will calculate this in our frequently asked questions.</p>	<p>The benchmarking exercise undertaken within the North West region illustrated that of the 20 Local Authorities (LAs) who responded, 7 of the 20 LA's already charge interest on accrued debt when no DPA is signed.</p>
<p>7. Currently we do not charge people for protection of property. We are proposing to introduce charging for services related to the protection of property. The Care Act 2014 allows us to recover reasonable costs from people relating to protection of property.</p>	<p>Not available</p>

Who has been involved in the solution exploration?

Please list any internal and external stakeholders

The following colleagues and teams have been involved in developing the fairer charging consultation:

- The director for Adult Social Care (DASS)
- The assistant director for operations and the assistant director of commissioning.
- Heads of service within Adult Social Care.
- Adult Social Care charging team
- Management accountancy team

The purpose of the public consultation was to gain feedback from people who use Adult Social Care Services, their families, residents and other relevant stakeholders such as voluntary / charity support groups and other partners.

What evidence have you gathered as a part of this EqIA? Which groups have you consulted or engaged with as part of this EqIA?

Sources can include but are not limited to: Statistics, JSNAs, stakeholder feedback, equality monitoring data, existing briefings, comparative data from local, regional or national sources.

Groups could include but are not limited to equality / disadvantaged groups, VCSFE organisations, user groups, GM Equality panels, employee networks, focus groups, consultations.

This EqIA is a live document and will include evidence gathered through the public consultation as well as population information gathered from;

- Census 2021 data; Service user data, JSNA data.
- Comparative data from the North West Region.

A further data analysis exercise has been undertaken by modelling the proposed changes to individuals who are in receipt of a commissioned non-residential package of care.

- In terms of charge 1, we have identified approx. 2.6% of the total cohort will potentially be impacted.
- In terms of charge 2, we have identified approx. 6.0% of the total cohort will potentially be impacted.
- In terms of charge 3, we have identified approx. 3.7% of the total cohort will potentially be impacted.
- In terms of charge 4, we have identified approx. 5.3% of the total cohort will potentially be impacted.
- In terms of charge 5, we have identified approx. 23. % of the total cohort will potentially be impacted.
- In terms of charge 6, we have identified approx. 6.97% of the total cohort will potentially be impacted.
- In terms of charge 7, we have identified approx. 0.43% of the total cohort will potentially be impacted.

As part of the consultation, we held several public and partner events, the purpose has been to explain the seven proposals, to answer questions and receive feedback. The following events have taken place:

- Partner event on 25/11. Partners from the third sector were invited to attend the event. Individuals from Age UK, Pure Innovations, Signpost for Carers and the MH partnership Board attended.
- Learning Disability Partnership Board on 25/11. The charging consultation was covered as an agenda item in this meeting.
- Public event at Bramhall Library
- Public event at Cheadle Library
- 3 Public events delivered from Stopford House
- Public event at Guildhall Stockport
- Online evening event.
- Age Friendly Board
- SCAIN network
- Meeting with Healthwatch Stockport.
- Meeting with the direct payment action group at Disability Stockport

Are there any evidence gaps that make it difficult or impossible to form an opinion on how the proposed activity might affect different groups of people?

It is recommended that EqIAs are performed at the project level whilst these projects are being shaped. There are no gaps that we are aware of currently.

Step 1: Establishing and developing the baseline

Characteristic	Demographic of residents / service users
Age	<ul style="list-style-type: none"> • Over 18 years of age + receiving non-residential care services. • Stockport has more older people and fewer younger adults than the national or Greater Manchester average. The aged 65+ population has grown by 13% in the last 10 years and is projected to do the same over the next 10 years. (2011 – 2021 census data) • The population aged 85+ has grown by 23% in the same period and is projected to rise by 28% in the next 10 years. • Female Life expectancy – 83.3 years; Male Life expectancy – 78.9 years. • 2,800 people registered with a Stockport GP have a diagnosis of dementia. • 1,450 people living with dementia have not yet been diagnosed . • Older populations are more common in more affluent areas. • Older residents are less likely to have the means (whether connection, devices or skills) to access services and information digitally.
Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	<ul style="list-style-type: none"> • According to the 2021 Census for Stockport, suggests that 18.1% of residents have a disability (2021). • 44% of Stockport residents have a long-term health condition, which increases with age with 92% of those 85 and over. • 34% of Stockport households have at least one member with a disability. • 1,700 people have a learning disability. • 3,000 people have a serious mental illness. • Stockport has a higher number of Education, Health and Care Plans (EHCP) than other areas. • 31,200 people report that they provide unpaid care to a friend or relative (2021 Census) • Areas within Stockport with the highest proportion of people disabled under the Equality Act definition are Brinnington (28%) and Central Stockport (26%).
Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.	<ul style="list-style-type: none"> • According to the 2021 Census for Stockport, suggests that less than 0.5% of residents are transgender.

Characteristic	Demographic of residents / service users
Maternity and pregnancy	<ul style="list-style-type: none"> • Birth rates have risen since 2000 in Stockport, although over the last 5 years, fertility rates have been stable, with 3,302 live births in 2018, a rate of 64.3 per 1,000 women. • Birth rates have grown most rapidly in the most deprived areas of Stockport, which represent 35% of the population yet account for 45% of new births.
Marriage and Civil Partnership	<ul style="list-style-type: none"> • According to 2021 data, in Stockport 46.4% of people are married or in a civil partnership. • 0.4% are same-sex couples living together, and 45.1% are opposite-sex couples living together. • 0.9% of residents are married or in a civil partnership but are not living together.
Race Not all ethnic groups will have the same experiences so, if possible, specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations	<ul style="list-style-type: none"> • 2021 data shows that Stockport is as ethnically diverse as the national average for England. • 87% of Stockport residents are White and 12% are from a Black, Asian or Ethnic Minority background. • Ethnically diverse communities tend to have a younger age profile than the rest of the borough. • People who are Pakistani are the biggest non-White British / Irish population. • The distribution of diverse communities within Stockport is not even, with the areas of Heald Green, Gatley, and the Heaton being particularly diverse. Some of these areas, the proportion of ethnically diverse communities is over a third of the total population.
Religion or Belief	<ul style="list-style-type: none"> • According to 2021 data, the largest religious group in Stockport is Christianity with 48% of the population identifying as Christian, although this is decreasing over time (a 15% percentage point decrease since 2011). • Those with no religion are the second-most common (40%), which has been increasing alongside the Muslim population (5.5%). • These populations are also not even across Stockport. People living in the south of the borough are more likely to be Christian; Muslims make up around 20-25% of the population in areas such as Heald Green and Gatley. Gatley also has a large Jewish community.
Sex	<ul style="list-style-type: none"> • 51% of Stockport residents are female • 49% of Stockport residents are male • This is in line with the national average.
Sexual orientation People who are lesbian, gay or bisexual	<ul style="list-style-type: none"> • 2021 data shows that around 3% of the Stockport population are lesbian, gay, bisexual or other. • 2021 data shows 1.2% of the Stockport population is living as a same-sex couple (this includes couples who are married, in a civil partnership, or unmarried / never registered a civil partnership).
Socioeconomic status	<ul style="list-style-type: none"> • 2021 data looking at 4 areas of potential deprivation (education, employment, health and housing) shows that 49% of households in Stockport were deprived in at least one of these 4 areas. • Areas of deprivation were more common in the central and northern parts of the borough. • 6% of residents in Stockport claim Job Seekers' Allowance / Universal Credit. From October 2019 to February 2021, • Universal Credit claimants doubled from 4,725 to 10,685. • 2019 data showed that 0.56% of households in Stockport were noted to have destitution, and it is likely that the pandemic and the cost-of-living crisis has increased this.

Characteristic	Demographic of residents / service users
Other Please add in here any additional relevant comments or feedback where the protected characteristic is not known	<ul style="list-style-type: none"> According to 2021 data, 2.3% of households in Stockport had no members that have English as their main language, and 0.8% cannot speak English at all. 91% of people living in Stockport were born in the UK. 4.8% of people in Stockport have a non-UK identity
Carers	<ul style="list-style-type: none"> A breakdown of residents who are unpaid care leavers in the areas where this proposition will affect, the borough average is 9.4%.
Care leavers	<ul style="list-style-type: none"> No relevant data available.
Those experiencing homelessness	<ul style="list-style-type: none"> No relevant data available.
Veterans	<ul style="list-style-type: none"> According to 2021 data, Veterans make up 3.3% of the population
Asylum seekers and refugees	<ul style="list-style-type: none"> No relevant data available.

Step 2: Assessing the proposal's impacts against the baseline and identifying ways to minimize negative effects.

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
1	Age – older people	Negative	Predicted impact of proposals	<p>39% of the people who have responded to the survey are aged 65 and over.</p> <p>Older people are more likely to receive care and support provided by adult social care services and so this group of people may be disproportionately affected by the changes proposed in the consultation. Some people may be impacted by more than one of the proposed changes.</p>	The revised policy will continue to ensure that people do not pay more than they can afford to pay. The amount an individual is required to pay is based on a financial assessment, which has nationally set criteria. Some individuals may have a financial assessment for the first time or may require a new financial assessment because of the proposals. These will be undertaken before implementation.

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
2	Age – older people	Negative	Predicted impact of proposals	<p>The seven proposed changes will result in some older people having to pay more towards the cost of their care.</p> <ul style="list-style-type: none"> • People have told us that they are concerned about further increases in their outgoings. • People who are required to pay more towards the cost of their care may also have been affected by the removal of the winter fuel payment. 	<p>We will further strengthen our approach to Disability Related Expenditure to ensure individuals are counting all relevant expenditure.</p> <p>We will ensure that individuals are maximising their income, for example through pension credits and attendance allowance. We will work with our Cost-of-Living team to ensure that individuals have access to relevant support.</p> <p>Technology Enabled Care will be used to support individuals to remain independent in their own home and reduce reliance on traditionally commissioned packages of care.</p> <p>Stockport Local appointments will be offered to individuals who are impacted by the changes.</p> <p>During the consultation we had a dedicated email address and telephone number to answer queries.</p>
3	Age – older people	Negative	Predicted impact of proposals	<p>People have told us that they are concerned that they may not be able to afford their care and support. This may mean that they withdraw from some or all of their support.</p>	<p>We will continue to deliver our programme of annual reviews, utilising our One Stockport Local appointments.</p> <p>Annual reviews are a statutory Care Act duty and provide the opportunity to ensure that an individual's care and support needs are being met in the most appropriate way.</p> <p>Technology Enabled Care will be used to support individuals to remain independent in their own</p>

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
					<p>home and reduce reliance on traditionally commissioned packages of care.</p> <p>The council has a duty of care towards all people in receipt of care and support. If a person decides to reduce or cancel their care, a Care Act review will be undertaken. Following this review, we will work with the person or their representative on an individual basis to explore alternative offers, or provision within the community and manage the risks. There will be additional senior leadership oversight of these cases. We will also offer benefit advice and support to individuals.</p>
4	Age – older people	Positive	Predicted impact of proposals	The proposals create equality of charging for all Stockport residents. It will ensure that the charging policy is applied in a consistent and equitable way for all individuals who receive care and support through the Council regardless of age.	NA
5	Age – Older People	Positive	Predicated impact of proposals	<p>In relation to proposal 5 – We propose to introduce an administration fee for the arrangement of care for people who fund their own care and support.</p> <p>During the public consultation events we received feedback from individuals about this proposal. The administration fee would be based on the cost to provide the service. For this fee individuals would benefit from assurance around the quality of provision that is being received.</p>	NA
6	Age – younger people	Neutral	Predicted impact of proposals	The proposals will impact individuals who are in receipt of adult social care services which typically supports people from the age of 18 onwards. Given this there are no implications of the proposals for younger people.	NA

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
7	<p>Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues</p>	Negative	Predicated impact of proposals	<p>39% of the people who have responded to the survey told us that they have a health problem or disability that has lasted or is expected to last for at least 12 months.</p> <p>In relation to proposal 2 - We propose to ensure that all people who receive funded care and support from the council will be financially assessed. This means that some individuals who are under 65, and supported in the community for their mental health will have a financial assessment and may need to pay towards the cost of their care.</p> <p>Some people have told us that they are concerned about the impact of these proposals;</p> <ul style="list-style-type: none"> • They may be concerned about the financial assessment process itself. • They may be concerned about the affordability of the charges should proposal 2 be implemented. 	Please see impact number 1 and 2 mitigation and rationale.
8	<p>Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues</p>	Negative	Predicted impact of proposals	<p>The seven proposed changes may result in some Disabled people having to pay more towards the cost of their care.</p> <ul style="list-style-type: none"> • People have told us that they are concerned about further increases in their outgoings. 	Please see impact number 1 and 2 mitigation and rationale.
9	<p>Disability Consider people with physical disabilities, sensory impairments, learning disabilities and</p>	Negative	Predicted impact of proposals	<p>People have told us that they are concerned that they may not be able to afford their care and support. This may mean that they withdraw from some or all of their support.</p> <ul style="list-style-type: none"> • During the consultation people told us that this could result in further impact on their caring role. 	<p>Please see impact number 3 mitigation and rationale.</p> <p>In Stockport we have an ageing population of family carers. Our Think Carer strategy and action plan will help us to support carers across Stockport.</p>

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
	mental health issues				Carers Assessments are undertaken, they consider the sustainability of their caring role and appropriate support is provided. This may involve contingency planning, moving and handling assessment and support, carers breaks and carers network support.
10	Disability Consider people with physical disabilities, sensory impairments, learning disabilities and mental health issues	Positive	Predicted impact of proposals	The proposals create equality of charging for all Stockport residents. It will ensure that the charging policy is applied in a consistent and equitable way for all individuals who receive care and support through the council.	N/A
11	Gender reassignment A person whose individual experience of gender may not correspond to the sex assigned to them at birth.		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A
12	Maternity and pregnancy		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A
13	Marriage and Civil Partnership		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A
14	Race Not all ethnic groups will have the same		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
	experiences so, if possible, specify whether the impact is likely to be different for different ethnic groups e.g. Indian people, people of Black Caribbean heritage. This also includes Gypsy and Traveller populations				
15	Religion or Belief		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A
16	Sex		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A
17	Sexual orientation Consider how the proposed policy may differently impact people who are lesbian, gay or bisexual		Predicted impact of proposals	There is no known evidence to suggest that these groups will be disproportionately impacted by the adult social care proposals.	N/A
18	Socioeconomic status	Negative	Predicted impact of proposals	People have told us that they are concerned about further increases in their outgoings.	Please See Impact Number 1 and 2 mitigation and rationale.
19		Negative	Predicted impact of proposals	People have told us that they are concerned that they may not be able to afford their care and support. This may mean that they withdraw from some or all of their support.	Please See Impact Number 3 mitigation and rationale.

Impact no.	Characteristic	Positive or negative impact	Impact source	Impact details and rationale	Suggested mitigation and rationale
<p>You are encouraged to consider the below characteristics where you have relevant data, especially if your proposal is predicted to disproportionately impact one or more of these groups.</p>					
20	Carers	Negative	Predicted impact of proposals	<p>38% of people who responded to the survey told us that they have caring responsibilities.</p> <p>During the public consultation events people told us that they were concerned what impact the proposals would have on family carers, particularly around proposal one, the removal of the 50% carer discount. This feedback was echoed by some of our key partners.</p>	<p>In Stockport we have an ageing population of family carers. Our Think Carer strategy and action plan will help us to support carers across Stockport.</p> <p>Carers Assessments are undertaken, they consider the sustainability of their caring role and appropriate support is provided. This may involve contingency planning, moving and handling assessment and support, carers breaks and carers network support.</p>
21	Care leavers	N/A		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	N/A
22	Those experiencing homelessness	N/A		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	N/A
23	Veterans	N/A		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	N/A
24	Asylum Seekers and refugees	N/A		There is no known evidence to suggest that these groups will be disproportionately impacted by the proposals.	N/A

Please state if there are any additional comments or suggestions.

The Care Act, 2014 provides a single legal framework for charging and enables a local authority to charge a person when arranging to support a person's care and support. This is set out in Section 14 and 17 of The Care Act, 2014. The amount people pay towards the cost of their care depends on an assessment of their financial situation.

Step 3: Conclusions and outcome

If you have not undertaken any community engagement for this EqlA, please indicate this and explain why.

We have sought views on these proposals as part of the councils overall budget public consultation. We have also written to those people who we think will be directly impacted by the proposals. We have also delivered several public consultation events as detailed at the beginning of this document.

If there are impacts identified that cannot be mitigated against, are there any justifications for not taking any action to improve the negative impacts that have been identified?

The council faces many financial pressures and risks and meeting core service delivery requirements whilst delivering longer term change is acutely challenging. Delivering a resilient budget can only be achieved through difficult decisions, robust prioritisation and ambitious changes in the way we work if we are to continue to meet the needs of local people today and in the future.

Are there any adverse impacts that can be justified on the grounds of promoting equality of opportunity for one group, or for any other reason? Please state why.

Impact number seven describes a possible adverse impact in relation to proposal number 2^{*}. Some people have told us that they are concerned about the impact of these proposals;

- They may be concerned about the financial assessment process itself.
- They may be concerned about the affordability of the charges should proposal 2 be implemented.

The introduction of this proposal will ensure that there is equality of charging across all individuals who are in receipt of care and support from Adult Social Care.

** We propose to ensure that all people who receive funded care and support from the council will be financially assessed. This means that some individuals who are under 65, and supported in the community for their mental health will have a financial assessment and may need to pay towards the cost of their care.*

Are there any other proposals or policies that you are aware of that could create a cumulative impact?

This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else.

Please see MTFP cumulative equality analysis.

We are aware that some residents may be affected by both the ASC Charging proposals and the Charging for garden waste proposal. The mitigation actions to the ASC Charging proposals are identified above in section 2, for the Charging for garden waste please see the relevant EqIA.

Based on your equality impact analysis, please indicate the outcome of this EqIA.

Please indicate the outcome of the EqIA and provide justification and / or changes planned as required.		
A.	No major barriers identified, and there are no major changes required – proceed.	<input checked="" type="checkbox"/>
B.	Adjustments to remove barriers, promote equality and / or mitigate impact have been identified and are required – proceed.	<input checked="" type="checkbox"/>
C.	Positive impact for one or more of the groups justified on the grounds of equality – proceed.	<input checked="" type="checkbox"/>
D.	Barriers and impact identified, however having considered available options carefully, there appear to be no other proportionate ways to achieve the aim of the policy or practice – proceed with caution, knowing that this policy or practice may favour some people less than others. Strong justification for this decision is required.	<input type="checkbox"/>
E.	This policy identifies actual or potential unlawful discrimination – stop and rethink.	<input type="checkbox"/>
Please describe briefly how this EqIA will be monitored.		
When will this be reviewed? What mitigating actions need to be implemented and when?		

This EqIA will be returned to at various stages of proposal development.

It is recommended that EqIAs should be implemented at the project level.