

EQUALITY ANALYSIS (EA) TEMPLATE

Decision

Date

What is the Public Sector Equality Duty (PSED)? [Double click here for more information / Hide](#)

What is an Equality Analysis (EA)? [Double click here for more information / Hide](#)

How to demonstrate compliance [Double click here for more information / Hide](#)

Deciding what needs to be assessed [Double click here for more information / Hide](#)

Role of the assessor [Double click here for more information / Hide](#)

How to carry out an Equality Analysis (EA) [Double click here for more information / Hide](#)

The Proposal *Click and hover over the questions to find more details on what is required*

Assessor name: Zoe Dhami

Contact details: zoe.dhami@cityoflondon.gov.uk

1. What is the Proposal?

The Carers' Strategy 2019 – 2023 sets out the priorities for identifying and supporting both known and unknown carers through: integrated services; focus on individual wellbeing and potential; raising awareness of carers amongst employers and health professionals.

2. What are the recommendations?

1. The Square Mile is a carer friendly community.
2. Carers enjoy good physical, mental and economic wellbeing.
3. Children and young people will be protected from inappropriate caring and have the support they need.

3. Who is affected by the Proposal? *Identify the main groups most likely to be directly or indirectly affected by the recommendations.*

A carer is someone who spends time looking after or helping a friend, family member or neighbour who, because of their health and care needs, would find it difficult to cope without this help. The strategy acknowledges carers regardless of their age or whether they self-identify as such.

The carers group can be broken down into young carers, parent carers and adult carers. This delineation is due to different services that are currently on offer across these three groups and recognises the different needs of each.

The strategy will directly impact two groups: those caring for a resident of the Square Mile and City Corporation staff who are carers, irrelevant of where the cared for resides.

Whilst the City Corporation will aim to raise awareness of working carers amongst Square Mile employers, it will have an indirect effect on the respective carers and therefore it is considered they are beyond the scope of this assessment.

Age [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#) ☐

Key borough statistics:

The City has proportionately more people aged between 25 and 69 living in the Square Mile than Greater London. Conversely there are fewer young people. Approximately 955 children and young people under the age of 18 years live in the City. This is 11.8% of the total population in the area. Summaries of the City of London [age profiles from the 2011 Census can be found on our website](#)

A number of demographics and projections for demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

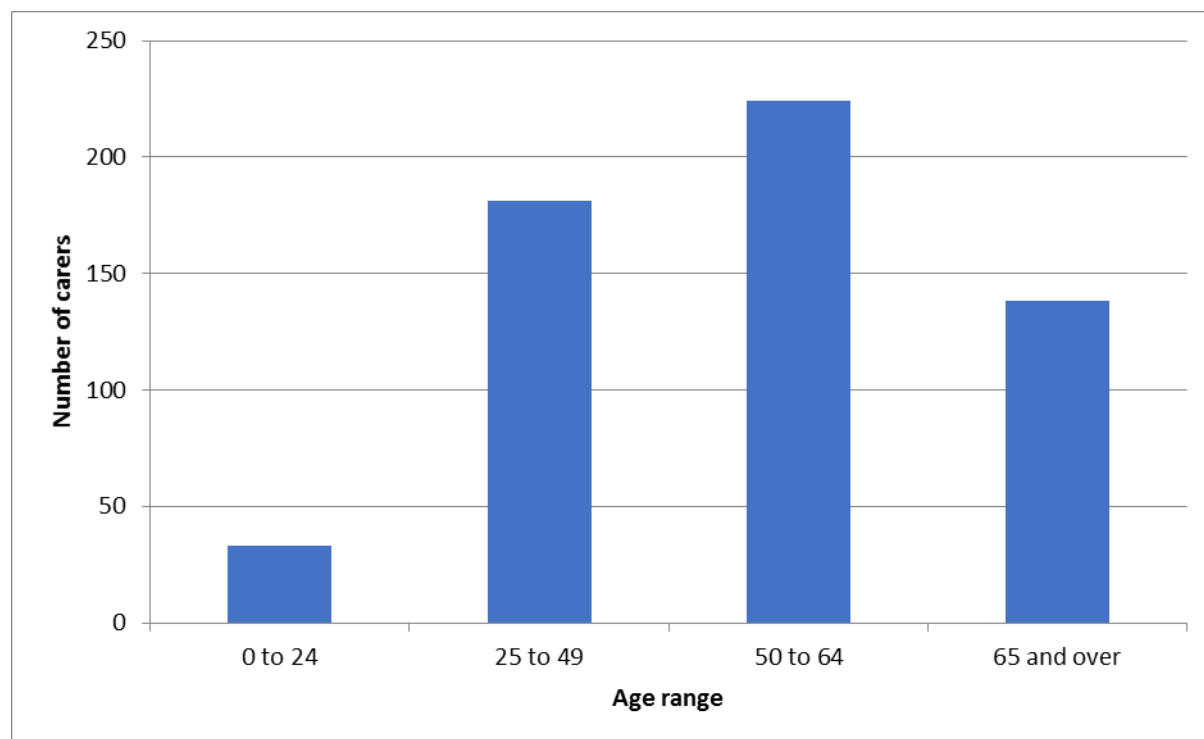
[Double click here to show borough wide statistics / hide statistics](#)

Age

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Self-identified carers (2011 Census)

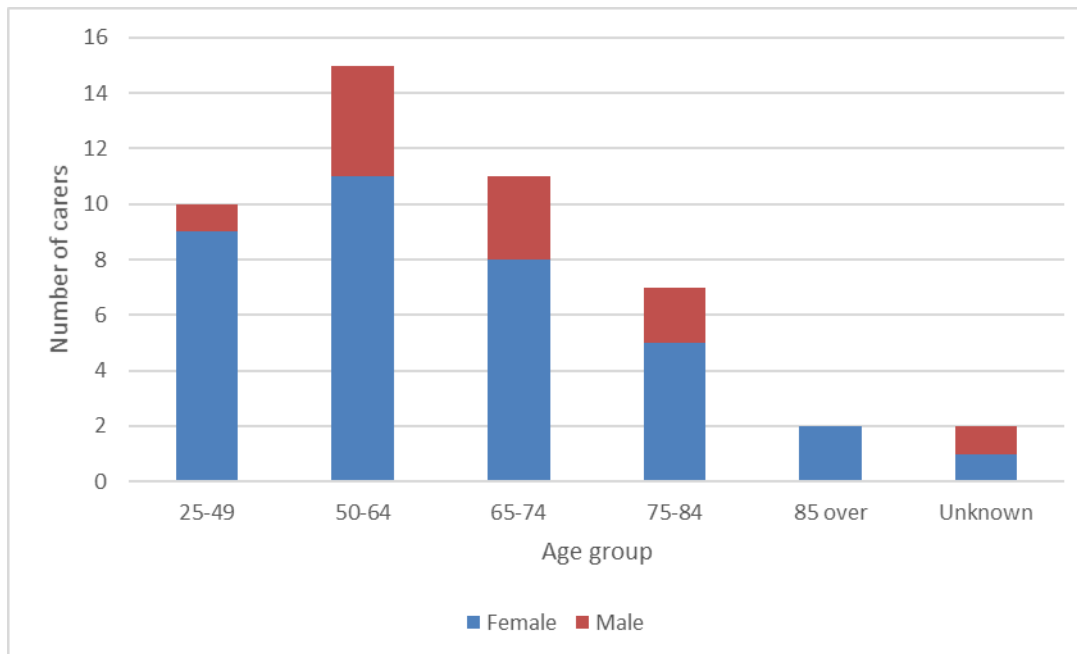
The figure below shows that the age profile of carers in the City of London peaks between 50 and 64; 38.9% of carers are in that age group and 15.9% of people aged 50 to 64 are carers. 17.1% of carers aged under 65 are providing 20 or more hours of care a week; for carers aged 65 and over, this jumps to a third (33.3%).



Age

Age and gender of carers known to social care – 2017/2018

79% of known carers are over 50. The figure below shows the age and gender breakdown of 48 carers known to the City of London Corporation in 2017/18.



What is the proposal's impact on the equalities aims? Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact**

Outcome 1: The square mile is a carer friendly community.

Through this proposal more will be done to ensure that all people, adult and children, are aware of what carer is and whether they are in a caring role. This proposal also includes raising awareness within primary care, schools and other necessary points of daily contact of what a carer role is and how to identify carers. Whilst the census data indicates that the largest age profile of carers is 50-64 years of age, a 'carer friendly community' also includes young carers. The current exact number of young carers (aged 18 years or under who help to look after a relative) in

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The 2019-23 Carers Strategy has taken steps to ensure there is advanced equality by including young carers within this strategy. Previously young carers had a separate strategy that was not included into the main outcome measurements.

Further, outcome 3 is specific to young carers and this should mitigate any negative impact arising from the fact the City will have a small number of young carers in comparison to other boroughs.

Age

England and Wales is not known. Although, the 2011 Census identified 177,918 young unpaid carers (5-17 year olds) in England and Wales. In 2011 the census had 33 people in the Square Mile, aged 0-24 self-identify as a carer, but the exact total of young carers now in the Square Mile is not known. It is known that the number is small and not likely to grow due to the Square Mile's small resident population of approximately 8,000. At the time of writing the 2019-23 strategy there were no known young carers with the Children and Families Team. However, it is still important to ensure we are identifying and supporting these young carers.

For a range of reasons, not all young carers choose to identify as such. For example, 68% (*Carers Trust*) of young carers claimed that they are bullied in schools. A pupil who suddenly begins to, or repeatedly misses deadlines, or whose attendance fluctuates, may be struggling to cope with caring demands at home. Pupils who do not find their school understanding, supportive or accommodating of their situation, may feel resentment, frustration and anger and may react with poor behaviour, thus beginning a negative spiral (*Bernardos*).

Outcome 2: Carers enjoy good physical, mental and economic wellbeing.

Through the *Call for Evidence*¹ carers reported difficulties in balancing work, looking after their health and wellbeing and performing a carer role. In some cases, people had to give up their work altogether. In the 2017 SACE Survey, 46% of carers in the City of London reported not being able to look after themselves as much as they should. Carers also reported stress, depression and problems with sleep as the most common issues affecting their health. As the feedback obtained is from adult carers it is important not to dismiss what the physical, mental and economic wellbeing needs are of young carers.

Young carers can face barriers to their learning, both at school and at home. These challenges may be practical (such as, problems accessing after school clubs, lack of time, or access to wider educational opportunities) or emotional or psychological (such as, difficulties in concentrating, tiredness or worrying). Concurrently, it is important to remember that being a young carer can also be the source of a range of very positive benefits. Young carers can be highly self-motivated multi-taskers, coping with and achieving at school while undertaking a caring role². Many transfer

¹ Call for Evidence (Carers UK 2016)

² Children's Society, Supporting young carers
Equality Analysis template February 2016

Age

their caring experiences into career and job choices having developed the key skills and competencies needed for their families to function. Young carers are often notable for their communication and management capabilities and mature outlook role³.

Outcome 3: Children and young people will be protected from inappropriate caring and have the support they need.

Whilst proposal 1 and 2 will also cover young carers proposal 3 is in specific relation to young carers. The reason for this addition was to highlight that young carers are included in this strategy and to ensure that any specific actions for young carers will be included under this outcome, with specific outcome measures in the action plan.

Disability [Double click here to add impact / Hide](#)

Check box if NOT applicable ☐

Key borough statistics:

Day-to-day activities can be limited by disability or long term illness - In the City of London as a whole, 89% of the residents feel they have no limitations in their activities – this is higher than both in England and Wales (82%) and Greater London (86%). In the areas outside the main housing estates, around 95% of the residents responded that their activities were not limited. Extract from summary of the [2011 Census relating to resident population health for the City of London can be found on our website](#).

The 2011 Census identified that for the City of London's population:

- 4.4% (328) had a disability that limited their day-to-day activities a lot
- 7.1% (520) had a disability that limited their day-to-day activities a little.

Source: 2011 Census: [Long-term health problem or disability, local authorities in England and Wales](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Disability

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Carer physical and mental health

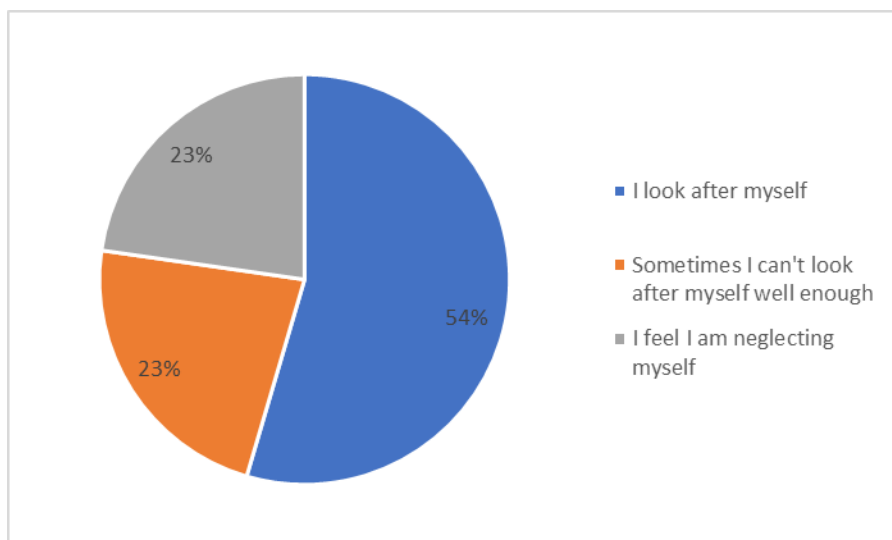
In the 2017 SACE Survey 2 in 10 carers (19.9%) in the City of London report being in ‘not good’ health, compared to 1 in 10 non-carers (11.5%). 4 in 10 people (38.8%) providing 20 or more hours of unpaid care a week report being in ‘not good’ health; this increases to 6 in 10 carers (58.7%) aged 65 and over.⁴ More than 110 carers in the City (including more than 50 aged 65 and over) declare their health to be ‘not good’. This includes around 30 who declare their health to be ‘bad or very bad’.

³ Ibid

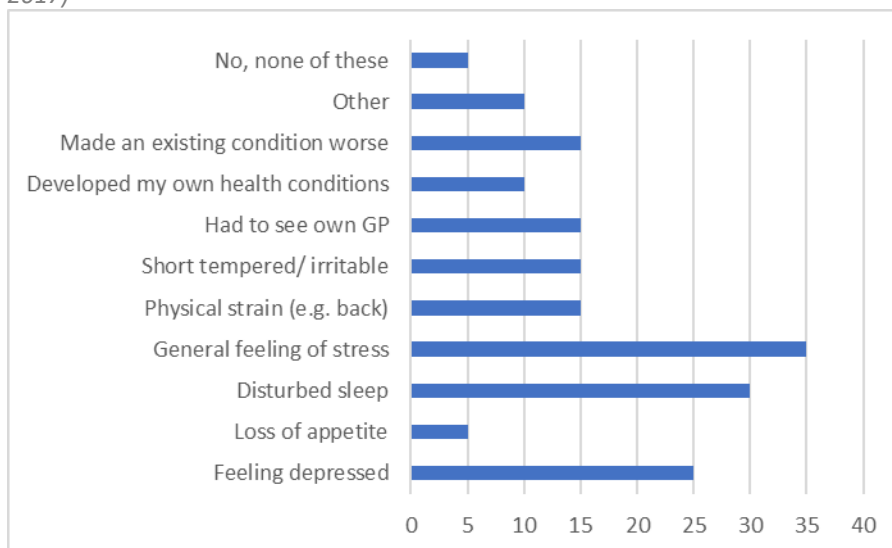
⁴ Responses of ‘fair’, ‘bad’ and ‘very bad’ represent ‘not good’ health
Equality Analysis template February 2016

Disability

In the 2017 SACE Survey, 46% carers in the City of London reported not being able to look after themselves as much as they should (20 respondents from City of London). Carers also reported feelings for stress, depression and problems with sleep as the most common issues affecting their health (55 respondents from City of London).



'Thinking about how much time you have to look after yourself - in terms of getting enough sleep or eating well - which statement best describes your current situation?' (SACE Report, 2017)



Disability

What is the proposal's impact on the equalities aims? Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact**

Outcome 2: Carers enjoy good physical, mental and economic wellbeing

The mental health needs of carers is often neglected, despite many carers having poor mental health.

Looking after a family member with a mental health problem can have a significant impact on carers' own mental health. Mental health problems of carers include emotional stress, depressive symptoms and, in some cases, clinical depression⁵.

71% of carers have poor physical or mental health⁶.

Carers UK's annual survey (2015) with over 5,000 carers across the UK revealed that 84% of carers feel more stressed, 78% feel more anxious and 55% reported that they suffered from depression as a result of their caring role, which was higher than findings in 2014⁷.

38% of young carers report having a mental health problem, yet only half report receiving additional support from a member of staff at school⁸.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Outcome 2: Carers enjoy good physical, mental and economic wellbeing

This will have a direct positive impact on the health and wellbeing of City of London carers.

Outcome 1: The City of London is a carer friendly community

This will have an indirect positive impact on the physical and mental health of City of London carers as professionals and third sector providers are more aware of the impacts on people who care and have the knowledge to sign post them to appropriate services.

Pregnancy and Maternity [Double click here to add impact / Hide](#)

Check box if NOT applicable ☒

⁵ Shah, A.J., Wadoo, O., & Latoo, J. (2010). Review Article: Psychological Distress in Carers of People with Mental Disorders. British Journal of Medical Practitioners, 3(3), 327.

⁶ HM Government. (2008). Carers at the heart of the 21st century families and communities. London: Department of Health. Retrieved from gov.uk/government/publications/the-national-carers-strategy [Accessed 23/08/16].

⁷ Carers UK. (2015). State of Caring 2015. London: Carers UK. Retrieved from carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015 [Accessed 12/03/18].

⁸ Sempik, J., & Becker, S. (2013). Young Adult Carers at School Experiences and Perceptions of Caring and Education. Carers Trust. Retrieved from professionals.carers.org/sites/default/files/media/young_adult_carers_at_school_-_summary.pdf [Accessed 04/07/16].

Key Borough Statistics:

Our resident population is predominantly white. The largest minority ethnic groups of children and young people in the area are Asian/Bangladeshi and Mixed – Asian and White. The City has a relatively small Black population, less than London and England and Wales. Children and young people from minority ethnic groups account for 41.71% of all children living in the area, compared with 21.11% nationally. White British residents comprise 57.5% of the total population, followed by White – Other at 19%.

The second largest ethnic group in the resident population is Asian, which totals 12.7% - this group is fairly evenly divided between Asian/Indian at 2.9%; Asian/Bangladeshi at 3.1%; Asian/Chinese at 3.6% and Asian/Other at 2.9%. The City of London has the highest percentage of Chinese people of any local authority in London and the second highest percentage in England and Wales. The City of London has a relatively small Black population comprising 2.6% of residents. This is considerably lower than the Greater London wide percentage of 13.3% and also smaller than the percentage for England and Wales of 3.3%.

[See ONS Census information](#) or [Greater London Authority projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below

[Double click here to show borough wide statistics / hide statistics](#)

Race**Additional Equalities Data (Service level or Corporate)** *Include data analysis of the impact of the proposals*

In the City of London, 29.2% of the carer population are from BME groups (all communities that are non-white British) compared to 42% of the general population in the Square Mile. 5.4% of the BME population in the City of London provide unpaid care, compared to 9.6% of the White British population. The table below shows that this ranges from 3.1% of the Black/African/Caribbean/ Black British population, to 7.6% of the Asian/Asian British population (Census 2011).

Ethnic Group	Population	Provides care	% provides care
White: English/Welsh/ Scottish/Northern Irish/British	4243	408	9.6%
White Irish/Gypsy or Irish Traveller/Other White	1556	71	4.6%
Black/African/Caribbean/Black British	193	6	3.1%
Asian/Asian British	940	71	7.6%
Mixed/multiple ethnic group	289	11	3.8%
Other ethnic group	154	9	5.8%

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

Race

Whilst the largest ethnic group of City of London carers is White, the second largest ethnic group of carers is Asian. Although there are smaller ethnic groups that also self-identify as carers, it does not diminish the need to ensure that the Carers Strategy promotes equality.

The 2018 report '*Dementia and Minority Ethnic Carers*'⁹ sets out key findings that are important for the City Corporation to take measures to mitigate against.

These key findings are:

- Assumptions should not be made that minority ethnic communities do not require health care services due to their cultural values. Whilst there may be a cultural obligation to provide care, this does not mean that the person is equipped to know how to do this.
- The nature of family care in minority ethnic communities differs in comparison to White British families. In South Asian cultures, for example, the main care responsibilities tend to fall on the daughter or the daughter-in-law and therefore the carer population in South Asian communities is younger than the British carer population. Care is more often shared between several of adult-children, and therefore dementia has a more widespread impact on the family beyond the 'main carer'.
- Health service support for carers from minority ethnic communities is limited by a wide range of barriers to accessing services. There appears to be a preference for utilising third sector voluntary organisations.
- The negative impact of caregiving is significant for minority ethnic carers as they are more likely to experience multiple jeopardy (the stigma of dementia, being perceived as a migrant, racism, and a lower socioeconomic status).

In order to mitigate against possible inequality of service provided through the Carers Strategy the following mitigations can be actioned:

- Training on the Care Act and carer identification for staff must also include how different ethnic groups in the City of London may approach their role as a carer and choose to engage services.
- In order to better understand any barriers to access for carers from minority ethnic communities the City Corporation must endeavour to have these groups represented in any coproduction work undertaken.
- Social Workers can receive further training on cultural differences in providing care and ensure that when they are in contact with one carer questions are asked to seek out any other carers in the family.
- When carers are discussed in multi-disciplinary teams questions will be asked about wider family members to ascertain the health needs of others who may also be providing care but are unknown.
- Part of creating a carer friendly community is also ensuring that carers have the knowledge they need to fulfil their role.
- The communication actions from the Carer Strategy will need to ensure that there is tailored communication for different ethnic groups that takes into consideration how they may access information (through religious institutions) and what services they may want to engage with (voluntary sector). Communication will also need to address any language barriers.

Religion or Belief [Double click here to add impact / Hide](#)

[Check box if NOT applicable](#) ☐

Key borough statistics – sources include:

The ONS website has a number of data collections on [religion and belief](#), grouped under the theme of religion and identity.

[Religion in England and Wales provides a summary of the Census 2011 by ward level](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Religion or Belief

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Stated religion of City of London Residents, Census 2011

Religion	# People
Christian	3,344
Buddhist	92
Hindu	145
Jewish	166
Muslim	409
Sikh	18
Other religion	28
No religion	2,522
Religion not stated	651
Total	7,375

What is the proposal's impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Outcome 1: The square mile is a carer friendly community.

The community includes all residents within the Square Mile and the varied religions practiced.

The key findings of the 2018 report '*Dementia and Minority Ethnic Carers*'¹⁰ also includes how religion affects carers roles:

- Carer coping strategies are often focused around religion and spirituality. Many minority ethnic carers report satisfaction and pride from fulfilling their care duties and meeting their religious obligations. Therefore a carer may not self-identify.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

The communication actions from the Carer Strategy will need to ensure that there is tailored communication for different ethnic groups that takes into consideration how to best use religion to convey information and understand the different religious support networks available.

¹⁰ Ibid

Key borough statistics:

At the time of the [2011 Census the usual resident population of the City of London](#) could be broken up into:

- 4,091 males (55.5%)
- 3,284 females (44.5%)

A number of demographics and projections for demographics can be found on the [Greater London Authority website in the London DataStore](#). The site details statistics for the City of London and other London authorities at a ward level:

- [Population projections](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

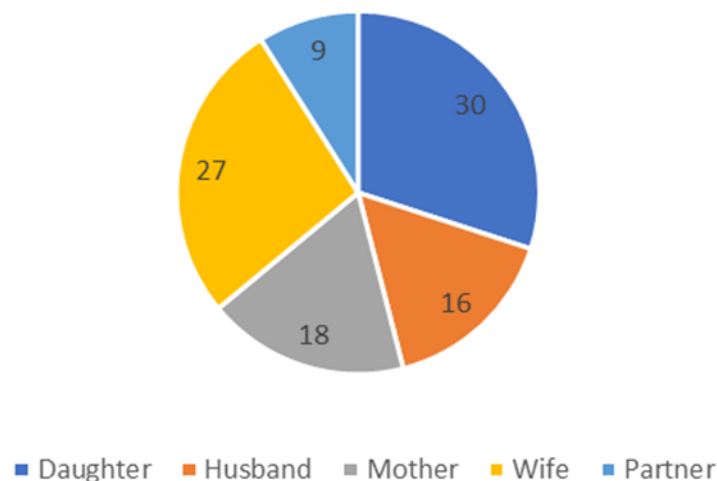
[Double click here to show borough wide statistics / hide statistics](#)

Sex

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

The 2011 Census shows that 5 in 10 carers in the City of London are male (49.9%), compared to 4 in 10 carers in London (42.5%) and England (42.2%). However, 6 in 10 carers (61.4%) in the City providing care for 50 or more hours a week are female. The predominant carer roles in the City of London are female.

Top 5 caring roles in the City of London as a percentage



Sex

also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact**

Evidence¹¹ indicates that female carers are more likely to be providing 'round the clock' care, with 60% of those caring for over 50 hours a week being female. Which is exactly in line with the City of London data in the 2011 Census.

Women are also more likely to be 'sandwich' carers - caring for young children and elderly parents at the same time¹².

Caring falls particularly on women in their 40s, 50s and 60s. 1 in 4 women aged 50-64 has caring responsibilities for older or disabled loved ones¹³. Women aged 45-54 are more than twice as likely as other carers to have reduced working hours as a result of caring responsibilities¹⁴.

72% of those who receive Carer's Allowance, the main benefit for carers and worth £62.10 a week, are women¹⁵. Carers of both genders, but particularly women, are likely to be in 'elementary occupations' – process plant and machine operative jobs, or sales, customer services or personal services¹⁶. Women are more likely to have given up work or reduced working hours to care, particularly in their 40s-60s. Women aged 45-54 are more than twice as likely than men to have given up work to care and over four times more likely to have reduced working hours due to caring responsibilities¹⁷.

Women have a 50:50 chance of providing care by the time they are 59; compared with men who have the same chance by the time they are 75 years old¹⁸.

advance equality and foster good relations?

Although the 2011 Census indicates that the City of London has more male carers than women, steps will be taken to ensure that more information on carers is available for people who are not aware that they are in a caring role. This could be useful to identify more female carers if they need more support from the voluntary sector services or social care.

As part of outcome 1, providing a carer friendly community, professionals could be advised of the multiple pressures that research has shown can fall predominately on female carers. In ensuring outcome 1 it could be necessary for professionals and other commonly used services to be aware of what is on offer in the City of London to support female carers in their multiple duties.

¹¹ NHS Information Centre for Health and Social Care (2010) Survey of Carers in Households 2009/10

¹² Carers UK (2000) It Could Be You and Carers UK (2014) Caring & Family Finances Inquiry UK Report

¹³ 2011 Census

¹⁴ Carers UK (2015) Facts about Carers

¹⁵ Carers UK (2015) The Importance of Carer's Allowance

¹⁶ Carers UK (2006) More than a job: working carers: evidence from the 2001 Census

¹⁷ Yougov polling 2013

¹⁸ Carers UK (2015) Facts about Carers

Key borough statistics – suggested sources include:

- [Sexual Identity in the UK – ONS 2014](#)
- [Measuring Sexual Identity – ONS](#)

NB: These statistics provide general data for these protected characteristics. You need to ensure you have sufficient data about those affected by the proposals – see below under “additional equalities data”.

[Double click here to show borough wide statistics / hide statistics](#)

Sexual Orientation and Gender Reassignment

Additional Equalities Data (Service level or Corporate) *Include data analysis of the impact of the proposals*

Carers UK highlights that there are 6.5 million carers in the UK. In this context, a carer can be anyone who provides unpaid care and support to a family member or friend who is ill, disabled or in need of care¹⁹. Currently, there is no formal research which shows how many people in the UK are providing care or end of life care to someone who is LGBT.

What is the proposal’s impact on the equalities aims? *Look for **direct impact** but also evidence of **disproportionate impact** i.e. where a decision affects a protected group more than the general population, including **indirect impact***

Although LGBT people are likely to have a higher reliance on formal care services due to a lack of distinct support networks²⁰, the pressure on carers of LGBT people can be greater due to a reluctance to access these services²¹.

Carers of LGBT people can feel under increased pressure to care for longer without support. This is because LGBT people are more likely to access services later due to a fear of discrimination or lack of acceptance and understanding of their relationships and personal circumstances²².

In their support for carers, the LGBT Foundation highlights that as an LGBT carer looking after a partner, there may be pressure to ‘come out’ about the nature of the relationship with the various professionals involved in their care²³. For people who choose not to disclose their sexuality or gender identity in a place where they had previously felt comfortable to do so, this can have negative effects on their wellbeing, and would prevent the best possible experience at the end of a loved one’s life.

What actions can be taken to avoid or mitigate any negative impact or to better advance equality and foster good relations?

A positive step which could be made to avoid this is to encourage the professionals involved in care to signpost support for carers earlier, to ease the pressure on those providing care to a loved one. It is also important for staff to take a person-centred approach to care, understanding the relationship between the care receiver and provider, and the best way to recognise that relationship. This can be something as simple as asking questions which do not make presumptions about the relationship of the carer to the person they are caring for and asking the carer whether they feel they have enough support.

¹⁹ Marie Curie (2015) The hidden costs of caring, <https://www.mariecurie.org.uk/globalassets/media/documents/policy/policy-publications/december-2015/hidden-costs-of-caring.Pdf>

²⁰ Almack, K., Yip, A., Seymour, J., Sargeant, A., Patterson, A. and Makita, M. (2015) The Last Outing: exploring end of life experiences and care needs in the lives of older LGBT people: A Final Report. Nottingham: University of Nottingham

²¹ The reality of end of life care for LGBT people – Marie Curie

²² LGBT Foundation, <http://lgbt.foundation/information-advice/Carers/>

²³ Ibid

Marriage and Civil Partnership [Double click here to add impact / Hide](#)

Check box if NOT applicable ☒

Additional Impacts on Advancing Equality & Fostering Good Relations [Double click here to add impact / Hide](#)

Check box if NOT applicable ☒

Conclusion and Reporting Guidance

Set out your conclusions below using the EA of the protected characteristics and submit to your Director for approval.

If you have identified any negative impacts, please attach your action plan to the EA which addresses any negative impacts identified when submitting for approval.

If you have identified any positive impacts for any equality groups, please explain how these are in line with the equality aims.

Review your EA and action plan as necessary through the development and at the end of your proposal/project and beyond.

Retain your EA as it may be requested by Members or as an FOI request. As a minimum, refer to any completed EA in background papers on reports, but also include any appropriate references to the EA in the body of the report or as an appendix.

This analysis has concluded that...

The analysis has indicated that the Carers Strategy 2019-23 will have a positive impact on young carers as this is the first strategy for the City of London to specifically include young carers in the overall carers strategy. Further, outcome 3 of the strategy is specific to young carers.

The analysis has highlighted that professionals and other front line staff need to understand that race, sex, religious belief and sexual orientation can all add challenges and nuances to the carer role which need to be understood in order to provide the best support. The Carers Strategy will make specific reference to how the action plan will ensure that any negative impact is avoided or mitigated, and to better advance equality and foster good relations.

Outcome of analysis - check the one that applies

☐ **Outcome 1**

No change required where the assessment has not identified any potential for discrimination or adverse impact and all opportunities to advance equality have been taken.

☒ **Outcome 2**

Adjustments to remove barriers identified by the assessment or to better advance equality. Are you satisfied that the proposed adjustments will remove the barriers identified?

☐ **Outcome 3**

Continue despite having identified some potential adverse impacts or missed opportunities to advance equality. In this case, the justification should be included in the assessment and should in line with the duty have 'due regard'. For the most important relevant policies, compelling reasons will be needed. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact.

☐ **Outcome 4**

Stop and rethink when an assessment shows actual or potential unlawful discrimination.

Signed off by Director:

Name: Andrew Carter

Date: 13.2.2019

A handwritten signature in black ink, appearing to read 'Andrew Carter', with a stylized flourish at the end.