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| **TITLE**  *Name / description of the issue being assessed* | | | Handling Payment and Transactions DIA | | | | |
| **DATE**  *Date the DIA is completed* | | | Published in January 2019 | | | | |
| **LEAD OFFICER**  *Name, title and dept of person responsible for carrying out the DIA*. | | | Katherine Bishop-Policy and Performance Manager | | | | |
| 1. **Summary description of the proposed change**  * *What is the change to policy / service / new project that is being proposed?* * *How does it compare with the current situation?* | | | | | | | |
| The Handling Transaction Payments Policy was due to be reviewed and has been updated to ensure that it reflects the current money handling process. There have been no significant policy changes. | | | | | | | |
| 1. **Summary of evidence used to support this assessment**  * *Eg: Feedback from consultation, performance information, service user records etc.* * *Eg: Comparison of service user profile with Medway Community Profile* | | | | | | | |
| There are 8 Homes for Independent Living Schemes.  There are currently 281 tenants in the Homes for Independent Living Schemes. | | | | | | | |
| What is the likely impact of the proposed change? *Is it likely to :*   * *Adversely impact on one or more of the protected characteristic groups?* * *Advance equality of opportunity for one or more of the protected characteristic groups?* * *Foster good relations between people who share a protected characteristic and those who don’t?* | | | | | | | |
| **Protected characteristic groups** | | **Adverse impact** | | | **Advance equality** | **Foster good relations** | |
| **Age** | |  | | | ***✓*** |  | |
| **Disabilty** | |  | | | ***✓*** |  | |
| **Gender reassignment** | |  | | |  |  | |
| **Marriage/civil partnership** | |  | | |  |  | |
| **cPregnancy/maternity** | |  | | |  |  | |
| **Race** | |  | | |  |  | |
| Religion/belief | |  | | |  |  | |
| **Sex** | |  | | |  |  | |
| **Sexual orientation** | |  | | |  |  | |
| **Other (eg low income groups)** | |  | | |  |  | |
| 1. **Summary of the likely impacts**  * *Who will be affected?* * *How will they be affected?* | | | | | | | |
| It has not been identified that the Money Handling Transaction policy will have a negative impact on any protected characteristics. This policy has been implemented to safeguard vulnerable residents from being taken advantage of and to protect staff from allegations of theft.  All officers arce to adhere to the no cash handling policy. However, in extreme circumstances, 2 scheme support officers will be allowed to assist that resident with financial matters, but only with the prior knowledge and approval of their line manager or other member of senior management. | | | | | | | |
| 1. **What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?**  * *Are there alternative providers?* * *What alternative ways can the Council provide the service?* * *Can demand for services be managed differently?* | | | | | | | |
| Not applicable. | | | | | | | |
| Action plan  * *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence* | | | | | | | |
| **Action** | | | | **Lead** | | | **Deadline or review date** |
| Monitor complaints to identify any complaints with regards to the Handling Payment Transactions Policy. | | | | Homes for Independent Living Team Leader. | | | January 2021 |
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| Recommendation *The recommendation by the lead officer should be stated below. This may be:*   * *to proceed with the change, implementing the Action Plan if appropriate* * *consider alternatives* * *gather further evidence*   *If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.* | | | | | | | |
| It is recommended to continue to complete the items in the action plan and continue to implement the Handling Transactions Policy. | | | | | | | |
| Authorisation *The authorising officer is consenting that:*   * *the recommendation can be implemented* * *sufficient evidence has been obtained and appropriate mitigation is planned* * *the Action Plan will be incorporated into the relevant Service Plan and monitored* | | | | | | | |
| **Authorising Officer** | Mark Breathwick | | | | | | |
| **Date** |  | | | | | | |