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|--|---|--|-----------------------------|--------------------------|
| Name of the activity being assessed | | | | |
| Directorate / Department | | Service | | Assessment Author |
| Is this a new or existing activity? | <input type="checkbox"/> New <input type="checkbox"/> Existing | Responsible manager / director for the assessment | | |
| Date EIA started | Click here to enter a date. | Implementation date of the activity | Click here to enter a date. | |

SECTION 1 - ABOUT YOUR ACTIVITY

| | | | |
|---|---|--|---|
| How was the need for this activity identified? i.e. Why are we doing this activity? | | | |
| What is the activity looking to achieve? What are the aims and objectives? | | | |
| Services currently provided (if applicable) | | | |
| Type of activity | <input type="checkbox"/> Budget changes <input type="checkbox"/> Change to existing activity | <input type="checkbox"/> Decommissioning <input type="checkbox"/> Commissioning | <input type="checkbox"/> New activity <input type="checkbox"/> Other [please state here] |

SECTION 2 - UNDERSTANDING YOUR CUSTOMER

What resources will support in undertaking the equality analysis and impact assessment?

Please identify additional sources of information you have used to complete the EIA, e.g. reports; journals; legislation etc.

Who are you consulting with? How are you consulting with them? *(Please insert any information around surveys and consultations undertaken)*

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|---|-----------------------|-------------------------------|---|--|---|--|--|
| Who does the activity impact upon?* | Service users | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indirectly | | | |
| | Members of staff | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indirectly | | | |
| | General public | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indirectly | | | |
| | Carers or families | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indirectly | | | |
| | Partner organisations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Indirectly | | | |
| Does the activity impact positively or negatively on any of the protected characteristics as stated within the Equality Act (2010)?* The groups in blue are not protected characteristics (please refer to p. 3 of the guidance notes) | Positive impact | <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Marriage & Civil Partnership | <input type="checkbox"/> Pregnancy & maternity | <input type="checkbox"/> Vulnerable groups |
| | | <input type="checkbox"/> Race | <input type="checkbox"/> Religion or belief | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Deprived communities | <input type="checkbox"/> Carers |
| | Negative impact | <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Marriage & Civil Partnership | <input type="checkbox"/> Pregnancy & maternity | <input type="checkbox"/> Vulnerable groups |
| | | <input type="checkbox"/> Race | <input type="checkbox"/> Religion or belief | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Deprived communities | <input type="checkbox"/> Carers |
| | No impact | <input type="checkbox"/> Age | <input type="checkbox"/> Disability | <input type="checkbox"/> Gender reassignment | <input type="checkbox"/> Marriage & Civil Partnership | <input type="checkbox"/> Pregnancy & maternity | <input type="checkbox"/> Vulnerable groups |
| | | <input type="checkbox"/> Race | <input type="checkbox"/> Religion or belief | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual orientation | <input type="checkbox"/> Deprived communities | <input type="checkbox"/> Carers |

***If no impact is identified on any of the protected characteristics a full EIA may not be required. Please contact your departmental Corporate Equality & Diversity representative for further information.**

Does the activity contribute towards meeting the Equality Act's general Public Sector Equality Duty? *Refer to p.3 of the guidance for more information*
A public authority must have 'due regard' (i.e. consciously consider) to the following:

| DUTY | DOES THE ACTIVITY MEET THIS DUTY? EXPLAIN |
|--|---|
| Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act <i>(i.e. the activity removes or minimises disadvantages suffered by people due to their protected characteristic)</i> | |
| Advance equality of opportunity between those who share a protected characteristic and those who do not <i>(i.e. the activity takes steps to meet the needs of people from protected groups where these are different from the needs of other people)</i> | |
| Foster good relations between people who share a protected characteristic and those who do not <i>(i.e. the function encourages people from protected groups to participate in public life or in other activities where their participation is disproportionately low)</i> | |

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|--|--------------------------------|------------------------------|-----------------------------|
| ASSESSMENT | Is a full EIA required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain how you have reached your conclusion <i>(A lack of negative impacts must be justified with evidence and clear reasons, highlight how the activity negates or mitigates any possible negative impacts)</i> | | | |
| | | | |

| | | | |
|--|--|-------------|-----------------------------|
| Author Signature | | Date | Click here to enter a date. |
| Head of Service/Director Signature | | Date | Click here to enter a date. |
| <i>The above signatures signify acceptance of the ownership of the Initial EIA and the responsibility to publish the completed Initial EIA as per the requirements of the Equality Act 2010.</i> | | | |
| Departmental E&D Lead Signature | | Date | Click here to enter a date. |

SECTION 3 – ANALYSIS OF IMPACT

Does the activity have the **potential** to:

- **positively** impact (benefit) any of the groups?
- **negatively** impact/exclude/discriminate against any group?
- **disproportionately** impact any of the groups?

Explain how this was identified – through evidence/consultation.

Any negative impacts that are identified within the analysis need to be captured within the action plan in **Section 4**

N.B. Marriage & Civil Partnership is only a protected characteristic in terms of work-related activities and NOT service provision

| Characteristic | Positive | Negative | Don't know | Reasons for positive and/or negative impact Please include all the evidence you have considered as part of your analysis | Action No. |
|---|--------------------------|--------------------------|--------------------------|--|-------------------|
| Age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Disability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Gender reassignment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Marriage & Civil Partnership | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Pregnancy & Maternity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Race | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Religion or Belief | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Sexual orientation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Vulnerable Groups | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Deprived Communities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Carers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Other [please state] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

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| <p>Does the activity raise any issues for community cohesion?</p> <p>Does the activity contribute positively towards community cohesion?</p> | |
| <p>Does the activity raise any issues in relation to human rights as set out in the Human Rights Act 1998? Details of which can be found here</p> | |
| <p>Does the activity support / aggravate existing departmental and/or corporate risk?</p> | <p><i>Is the activity on the departmental risk register? If it is not, should it be?</i></p> |

CONCLUSIONS OF THE ANALYSIS

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|---|--|---|---|
| <p>Action following completion of the impact assessment</p> | | | |
| <p><i>It is important that the correct option is chosen depending on the findings of the analysis. The action plan must be completed as required.</i></p> | | | |
| <input type="checkbox"/> No major change in the activity | <input type="checkbox"/> Adjust activity | <input type="checkbox"/> Continue with activity | <input type="checkbox"/> Stop and reconsider activity |
| <p>Please explain how you have reached your conclusion</p> | | | |
| <p></p> | | | |

ACTION PLAN

| Action No. | What is the negative / adverse impact identified? | Actions required to reduce / mitigate / eliminate the negative impact | Resources required | Responsible officer(s) | Target completion date |
|------------|---|---|--------------------|------------------------|------------------------|
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MONITORING AND REVIEW

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| <p>The responsibility for establishing and maintaining the monitoring arrangements of the EIA action plan lies with the service completing the EIA. These arrangements should be built into the performance management framework.</p> <p>Monitoring arrangements for the completion of EIAs will be undertaken by the Corporate Equality & Diversity Group and the oversight of the action plans will be undertaken by the Management Accountability Framework.</p> | |
| <p>If applicable, where will the EIA Action Plan be monitored?</p> | <p><i>e.g. via Service Management Team; Service Leadership Team; Programme Area Meetings</i></p> |
| <p>How often will the EIA Action Plan be reviewed?</p> | <p><i>e.g. quarterly as part of the MAF process</i></p> |
| <p>When will the EIA be reviewed?</p> | <p><i>It should be reviewed at least every 3 years to meet legislative requirements</i></p> |
| <p>Who is responsible for carrying out this review?</p> | |

| | | | |
|---|--|-------------|-----------------------------|
| Author Signature | | Date | Click here to enter a date. |
| Head of Service/Director Signature | | Date | Click here to enter a date. |
| <i>The above signatures signify acceptance of the ownership of the full EIA, the responsibility for the associated Action Plan (if applicable) and the responsibility to publish the completed full EIA as per the requirements of the Equality Act 2010.</i> | | | |
| Departmental E&D Lead Signature | | Date | Click here to enter a date. |