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Equality Impact Assessment Form

**About the function, policy, project or decision being assessed**

|  |  |  |  |
| --- | --- | --- | --- |
| What is being assessed? |  | Function | |
|  | Policy | |
|  | Project | |
|  | Decision | |
| Title of the function, policy, project, or decision |  | | |
| What is this function, policy, project, or decision aiming to achieve? |  | | |
| Who is affected by this function, policy, project, or decision? | Think of both internal and external stakeholders - e.g., service users, the public, visitors, staff, contractors, etc. Remember that the policy or practice may affect people directly or indirectly. | | |
| Who should be consulted about this function, policy, project, or decision? |  | | |
| Who is conducting this impact assessment? | EIAs should not be undertaken by one person alone. The procedure should involve the person responsible for the function, policy, project, or decision and at least one other officer. | | |
|  | Date: | | Version: |

**Initial screening** \*Please note - all functions must be subject to a full EIA\*

|  |  |  |  |
| --- | --- | --- | --- |
| **Question** | **Y** | **N** | **If ‘YES’, briefly explain why** |
| Does this policy, project or decision relate to our functions or areas of work within those functions for which EIA has identified equality impacts? |  |  | You can find EIAs of our functions here [LINK] |
| Does this policy, project or decision relate to our Equality Objectives? |  |  | You can find our Equality Objectives here [LINK] |
| Is there a risk that this policy, project, or decision could lead to disadvantaging any group of people? |  |  | See ‘Glossary’ in the EIA Policy and Procedure |

If you answered ‘yes’ to any of the questions above, proceed to the full impact assessment.

**Impact Assessment – possible risks and benefits of this function**

| **Characteristic** | **Impact at assessment** | | | **Please explain this impact** | **Can this impact be mitigated or enhanced?**  **If so, how?** | **Impact after actions** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Negative** | **Neutral** | **Positive** | **Negative** | **Neutral** | **Positive** |
| General or cross-cutting |  |  |  |  |  |  |  |  |
| Age |  |  |  |  |  |  |  |  |
| Disability |  |  |  |  |  |  |  |  |
| Gender (sex) |  |  |  |  |  |  |  |  |
| Gender reassignment |  |  |  |  |  |  |  |  |
| Marriage & civil partnership |  |  |  |  |  |  |  |  |
| Pregnancy & maternity |  |  |  |  |  |  |  |  |
| Race |  |  |  |  |  |  |  |  |
| Religion or belief |  |  |  |  |  |  |  |  |
| Sexual orientation |  |  |  |  |  |  |  |  |
| Welsh language |  |  |  |  |  |  |  |  |
| Socio-economic disadvantage |  |  |  |  |  |  |  |  |

**Please record the evidence that you used to assess impact:**

|  |
| --- |
|  |

**Please record any consultation and engagement undertaken**

|  |
| --- |
| Date / Who / Evidence collected |

**Outcomes report**

|  |  |  |  |
| --- | --- | --- | --- |
| **EIA stage completed** |  | Initial screening | |
|  | Full assessment | |
| **Summary of negative impacts identified** |  | | |
| **Decision** |  | Proceed – no changes | |
|  | Proceed – actions needed | |
|  | Do not proceed | |
| **Action plan** | If actions are needed to proceed with the policy, project or decision, please specify here the actions, who is responsible for them and who will monitor how they are implemented. | | |
|  | **Authorised by**  **…………………………………..** | | **Date**  **…………………………………..** |