

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****…………………………………..** |