**Equality Impact Assessment**

For support in completing this EQIA, please consult the EQIA Guidance Document or contact [equality@rbwm.gov.uk](mailto:equality@rbwm.gov.uk)

1. Background Information

|  |  |
| --- | --- |
| Title of policy/strategy/plan: |  |
| Service area: |  |
| Directorate: |  |

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| **Provide a brief explanation of the proposal:**   * What are its intended outcomes? * Who will deliver it? * Is it a new proposal or a change to an existing one? |
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2. Relevance Check

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| **Is this proposal likely to directly impact people, communities or RBWM employees?**   * If Yes, state ‘Yes’ and proceed to Section 3. * If No, please explain why not, including how you’ve considered equality issues. * Will this proposal need a EQIA at a later stage? (for example, for a forthcoming action plan) |
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If ‘No’, proceed to ‘Sign off’. If unsure, please contact [equality@rbwm.gov.uk](mailto:equality@rbwm.gov.uk)

3. Evidence Gathering and Stakeholder Engagement

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| **Who will be affected by this proposal?**  For example, users of a particular service, residents of a geographical area, staff |
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| **Among those affected by the proposal, are protected characteristics** (age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy/maternity, marriage/civil partnership) **disproportionately represented?**  For example, compared to the general population do a higher proportion have disabilities? |
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| **What engagement/consultation has been undertaken or planned?**   * How has/will equality considerations be taken into account? * Where known, what were the outcomes of this engagement? |
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| **What sources of data and evidence have been used in this assessment?**  Examples of possible sources of information are in the Guidance document (Section 2.3). You may also wish to consult the [EQIA Evidence Matrix](https://app.powerbi.com/view?r=eyJrIjoiMWZlNGI4YWYtZjk3Ni00Zjg2LTlkMTEtNmM4N2M2NTczZDU0IiwidCI6ImY1NGM5M2I3LTA4ODMtNDc4Zi1iZjNkLTU2ZTA5YjdjYTBiNyJ9&pageName=ReportSection) for relevant data. |
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4. Equality Analysis

Please detail, **using supporting evidence**:

* How the protected characteristics below might influence the needs and experiences of individuals, in relation to this proposal.
* How these characteristics might affect the impact of this proposal.

Tick positive/negative impact as appropriate. If there is no impact, or a neutral impact, state ‘Not Applicable’.

More information on each protected characteristic is provided in the EQIA Guidance document (available on the intranet).

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| --- | --- | --- | --- |
|  | Details and supporting evidence | Potential positive impact | Potential negative impact |
| Age |  |  |  |
| Disability |  |  |  |
| Sex |  |  |  |
| Race, ethnicity and religion |  |  |  |
| Sexual orientation and gender reassignment |  |  |  |
| Pregnancy and maternity |  |  |  |
| Marriage and civil partnership |  |  |  |
| Armed forces community |  |  |  |
| Socio-economic considerations e.g. low income, poverty |  |  |  |
| Children in care/Care leavers |  |  |  |

5. Impact Assessment and Monitoring

*If you have not identified any disproportionate impacts and the questions below are not applicable, leave them blank and proceed to Sign Off.*

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| **What measures have been taken to ensure that groups with protected characteristics are able to benefit from this change, or are not disadvantaged by it?**  For example, adjustments needed to accommodate the needs of a particular group |
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| **Where a potential negative impact cannot be avoided, what measures have been put in place to mitigate or minimise this?**   * For planned future actions, provide the name of the responsible individual and the target date for implementation. |
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| **How will the equality impacts identified here be monitored and reviewed in the future?** |
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6. Sign Off

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| **Completed by:** | **Date**: |
| **Approved by:** | **Date:** |

If this version of the EQIA has been reviewed and/or updated:

|  |  |
| --- | --- |
| **Reviewed by:** | **Date**: |