West Berkshire Council

Equity Impact Assessment

TEMPLATE

March 2023

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# Section 1: Summary details

|  |  |
| --- | --- |
| **Directorate and Service Area** |  |
| **What is being assessed** (e.g. name of policy, procedure, project, service or proposed service change). |  |
| **Is this a new or existing function or policy?** |  |
| **Summary of assessment**  Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community?  (following completion of the assessment). |  |
| **Completed By** |  |
| **Authorised By** |  |
| **Date of Assessment** |  |

# Section 2: Detail of proposal

|  |  |
| --- | --- |
| **Context / Background**  Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions. |  |
| **Proposals**  Explain the detail of the proposals, including why this has been decided as the best course of action. |  |
| **Evidence / Intelligence**  List and explain any data, consultation outcomes, research findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you make about potential impact on different individuals, communities or groups and our ability to deliver our climate commitments. |  |
| **Alternatives considered / rejected**  Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option. |  |

# Section 3: Impact Assessment - Protected Characteristics

| **Protected Characteristic** | **No Impact** | **Positive** | **Negative** | **Description of Impact** | **Any actions or mitigation to reduce negative impacts** | **Action owner\*** (\*Job Title, Organisation) | **Timescale and monitoring arrangements** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Age** |  |  |  |  |  |  |  |
| **Disability** |  |  |  |  |  |  |  |
| **Gender Reassignment** |  |  |  |  |  |  |  |
| **Marriage & Civil Partnership** |  |  |  |  |  |  |  |
| **Pregnancy & Maternity** |  |  |  |  |  |  |  |
| **Race** |  |  |  |  |  |  |  |
| **Sex** |  |  |  |  |  |  |  |
| **Sexual Orientation** |  |  |  |  |  |  |  |
| **Religion or Belief** |  |  |  |  |  |  |  |

# Section 3: Impact Assessment - Additional Community Impacts

| **Additional community impacts** | **No Impact** | **Positive** | **Negative** | **Description of impact** | **Any actions or mitigation to reduce negative impacts** | **Action owner**  (\*Job Title, Organisation) | **Timescale and monitoring arrangements** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Rural communities** |  |  |  |  |  |  |  |
| **Areas of deprivation** |  |  |  |  |  |  |  |
| **Displaced communities** |  |  |  |  |  |  |  |
| **Care experienced people** |  |  |  |  |  |  |  |
| **The Armed Forces Community** |  |  |  |  |  |  |  |

# Section 4: Review

**Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.**

|  |  |
| --- | --- |
| **Review Date** |  |
| **Person Responsible for Review** |  |
| **Authorised By** |  |