



Equality Impact Assessment (EqIA) Template

April 2020

EqIA – Screening Questions

Proposal/Brief Title:

Date:

Type of strategy, policy, project or service:

Please tick one of the following:

- Existing
- New or proposed
- Changing, update or revision
- Other (please explain)

This report was created by

Name:

Job Title:

Email address:

Briefly describe the aims and objectives of the proposal below:

What outcomes do we want to achieve?

1) Screening Questions

1.1 Does this proposal plan to withdraw a service, activity or presence? Yes/No

Please explain your answer:

1.2 Does this proposal plan to reduce a service, activity or presence? Yes/No

Please explain your answer:

1.3 Does this proposal plan to introduce, review or change a policy, strategy or procedure? Yes/No

Please explain your answer:

1.4 Does this proposal affect service users and/or customers, or the wider community? Yes/No

Please explain your answer:

1.5 Does this proposal affect employees? Yes/No

Please explain your answer:

1.6 Will employees require training to deliver this proposal? Yes/No

Please explain your answer:

1.7 Has any engagement /consultation been carried out? Yes/No

Please explain your answer:

2) Are there any concerns at this stage which indicate that this proposal could have negative or unclear impacts on any of the group (s) below? (*protected characteristics). Please include any additional comments.

- A) Age* Yes/No
- B) Disability* Yes/No
- C) Gender Reassignment* Yes/No
- D) Pregnancy & maternity* Yes/No
- E) Race & Ethnicity* Yes/No
- F) Religion & Belief* Yes/No
- G) Sex* Yes/No
- H) Sexual Orientation* Yes/No
- I) Marriage & Civil Partnership* Yes/No

Additional comments (please indicate which of the protected groups you are commenting on):

As a result of this screening, is an EqIA required?

(If you have answered yes to any of the screening questions or any of the group (above), a full EqIA should be undertaken)

- Yes
- No

Briefly explain your answer:

EqIA Screening Sign off

Officer completing this Screening Template: (Please insert Name) Date: (Please insert Date)

Equality Lead: (Please insert name) Date: (Please insert Date)

Shadow Buckinghamshire Corporate Board sign off (Please insert name) Date: (Please insert Date)

Please continue to the next page to complete a full EqIA.

EqIA – Full Equality Impact Assessment

Step 1: Introduction

Policy or Service to be assessed:

Service and lead officer:

Officers involved in the EqIA:

What are you impact assessing?

- Existing
- New/proposed
- Changing/Update revision

Other, please list:

Step 2: Scoping – what are you assessing?

What is the title of your service/strategy/policy/project?

What is the aim of your service/strategy/policy/project?

Who does/will it have an impact on? E.g. public, visitors, staff, members, partners?

Will there be an impact on any other functions, services or policies? If so, please provide more detail

Are there any potential barriers to implementing changes to your service/strategy/policy/project?

Step 3: Information gathering – what do you need to know about your customers and making a judgement about impacts

What data do you already have about your service users, or the people your policy or strategy will have an impact on, that is broken down by equality strand? Please also include a judgement on the potential impact:

Age:

Disability:

Gender re-assignment:

Race:

Religion or belief:

Sex:

Sexual orientation:

Pregnancy and maternity:

Marriage & Civil Partnership:

Do you need any further information broken down by equality strand to inform this EqIA?

- Yes
- No

If yes, list here with actions to help you gather data for the improvement plan in Step 5

Is there any potential for direct or indirect discrimination?

- Yes
- No

If yes, please provide more detail on how you will monitor/overcome this

Conclusion:

Step 4: Improvement plan – what are you going to change?

Issue	Action	Performance target (what difference will it make)	Lead Officer	Date to be Achieved
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EqIA approved by:

Date:

Next review date: