

# Equality Impact Assessment Form

Please ensure that you refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team

## Details

Name of Initiative to be assessed: Approval of the Policy relating to littering and dog fouling offences

Name of responsible officer: Paul Jones

Group/Directorate: Place and Transformation

Service Area: Neighbourhood Services

Date: 7<sup>th</sup> March 2017

### (a) WHAT ARE YOU ASSESSING FOR IMPACT ?

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal	Information/ Position statement
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### (b) Please name and describe below

To approve the Policy that will be followed by officers of the Environmental Cleansing and Enforcement Team.

### (c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?

If so, please identify what and how?

Environmental Protection Act 1990.  
Clean neighbourhoods and Environment Act 2005

### (d) Does the initiative directly affect service users, employees or the wider community?

Yes  Continue assessment  
No  No need to continue screening or carry out an EqIA

**Screening/Relevance Test: Is an equality impact assessment required?**

*Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqIA. Please highlight the positive impact the decision will have on the protected characteristics.*

What will be the effect on :-

## Equality Impact Assessment Form

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	Positive
Disability	Positive
Gender Reassignment	Positive
Marriage & Civil Partnership	Positive
Pregnancy and Maternity	Positive
Race	Positive
Religion or Belief	Positive
Sex	Positive
Sexual orientation	Positive
Carers	Positive
Welsh Language	Positive

**If after completing the EqIA screening/relevance test you determine that this service/function/policy/project is not relevant for an EqIA you must provide adequate explanation below (Please use additional pages if necessary).**

This proposal does not require a full EqIA

**Are you happy that you have sufficient evidence to justify your decision?**

Yes ...X... No .....

**Signed: Paul Jones**

**Position: Cleansing & Enforcement Manager**

**N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqIA.**

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## **Full Equality Impact Assessment**

*You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.*

In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.

If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

Please highlight positive impacts and actions that have been identified as a result of the assessment process.

### **Evidence Sources**

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

**Decision Log** – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

### **Review**

**Date of Next Review:**

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<b>If review is not required, explain why.</b>

<b>Approved by:</b>
<b>Signature:</b>
<b>Job Title:</b>
<b>Approval date:</b>

<b>Date of Update:</b>
<b>Update recording</b>