

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:	Council Tax Reduction Scheme 2018/19
Name of responsible officer:	Elizabeth French
Group/Directorate:	Places and Transformation
Service Area:	Revenues and Benefits
Date:	12 th December 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

As a Local Authority we are required to adopt the pan Wales Council Tax Reduction Scheme annually. This policy is for adoption of the 2018/19 Council Tax Reduction Scheme.

(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?

The legislation that drives this report is The Council Tax Reduction Schemes (Prescribed Requirements and Default Scheme) (Wales) (Amendment) Regulations 2018.

(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 :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	No Impact
Disability	No Impact
Gender Reassignment	No Impact
Marriage & Civil Partnership	No Impact
Pregnancy and Maternity	No Impact
Race	No Impact
Religion or Belief	No Impact
Sex	No Impact

Equality Impact Assessment Form

Sexual orientation	No Impact
Carers	No Impact
Welsh Language	No Impact

Equality Impact Assessment Form

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).

No Equality Impact Assessment is proposed as the scheme recommended for 2018/19 has not been revised or altered since the previous adoption of the discretions for 2017/18.

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

Yes

SIGNED: E L French

POSITION:Assistant Benefit 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.

Equality Impact Assessment Form

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)

Equality Impact Assessment Form

Review

Date of Next Review:

If review is not required, explain why.

Approved by:

Signature:

M Parry

Job Title:

Revenues & Benefits Manager

Approval date:

15/12/2017

Date of Update:

Update recording