

# equality impact assessment stage 1 quick check questionnaire



If you are planning on making a change to an existing service or policy, or launching something new, fill out this quick questionnaire to find out if you need to complete a full equality impact assessment. You can also use this form to check your current services or policies.

To find out more about the legal background to equality impact assessments, or for advice on which of your current services should be assessed, read our equality impact assessment help notes.

## Section 1: About you and your service area

|                             |                    |
|-----------------------------|--------------------|
| Your name:                  | Ashley Baldwin     |
| Your service area:          | Economic Growth    |
| Your director/line manager: | Craig Jordan       |
| Your cabinet member:        | Cllr. I. Pritchard |

## Section 2: About your plans

|   |                       |
|---|-----------------------|
| Name of service/policy you are assessing:   | Draft Local Plan 2036 |
| Is it? (please delete as appropriate)   |                       |
| <ul style="list-style-type: none"><li>A new consultation being looked at for accessibility issues</li></ul>   |                       |
| Who are the main users of your service/policy? (please delete any that are not appropriate)   |                       |
| <ul style="list-style-type: none"><li>Mixture of residents and visitors</li><li>Other : those working within the District</li></ul>   |                       |
| Please briefly describe why you are creating a new service/changing an existing service or reviewing current policy/service (where appropriate, include sources of evidence such as customer feedback): |                       |
| There is a statutory requirement to produce a Local Plan. The current Local Plan made a commitment to an early review to keep it up to date and this is a consultation to inform the review.            |                       |

## Section 3: Will your plans impact on any particular groups?

**3a:**  Please fill in all boxes that apply in the table below. If any boxes don't apply, please leave blank.

**Hints & tips** Think about who will benefit from or be affected by your plans/policy. Will any particular group be negatively affected, or not able to use the service? For further guidance please see Section 3 of the help notes.

| Impact of plans  | Will your plans have a positive impact on this group? If so please explain why? | Will your plans have a negative impact? If so please explain why? <input checked="" type="checkbox"/> If there is a negative impact on any group(s), please complete section 4 for each group. |
|--|---|--|
| <b>Groups of users</b>   |   |  |
| <b>Age ranges (indicate range/ranges)</b>                                | Yes. The consultation includes representatives of this group                    | No   |
| <b>Disability (physical, sensory or learning)</b>                        | Neutral. The consultation documents are available to the general public         | No   |
| <b>Gender/sex</b>  | Neutral. The consultation documents are available to the general public         | No   |
| <b>Transgender/gender reassignment</b>                                   | Neutral. The consultation documents are available to the general public         | No   |
| <b>Race (includes ethnic or national origins, colour or nationality)</b> | Neutral. The consultation documents are available to the general public         | No   |
| <b>Gypsies and travellers</b>  | Yes. The consultation includes representatives of this group                    | No   |
| <b>Refugees / asylum seekers</b>   | Neutral. The consultation documents are available to the general public         | No   |
| <b>Sexual orientation</b>  | Neutral. The consultation documents are available to the general public         | No   |
| <b>Marriage and civil partnerships</b>                                   | Neutral. The consultation documents are available to the general public         | No   |
| <b>Religion or belief (includes lack of belief)</b>                      | Yes. The consultation includes representatives of this group                    | No   |
| <b>Pregnancy and maternity</b>   | Neutral. The consultation documents are available to the general public         | No   |
| <b>Carers or the people cared for (dependants)</b>                       | Neutral. The consultation documents are available to the general public         | No   |
| <b>Other (please specify)</b>  |   |  |

### 3b: Further details

**Please use this space to provide further details if necessary**

This is a consultation which includes specific groups and utilises the website and a questionnaire to identify issues which can be addressed through a Local Plan, the document can be made available in large print or different languages upon request.

## Section 4: Can you justify and evidence, or lessen any impact?

**4a:**  If you have identified a negative impact(s) on any group(s) please complete the below table for each affected each group. If any boxes don't apply, please leave blank. If you didn't identify any negative impact(s) on the previous page, skip to section 6.

**Hints & tips** Is there something you can do to reduce or alter any negative impact you have identified? *For example when we changed waste and recycling collections to kerbside collections, we offered disabled/less able people assisted collections.* Please list all the evidence you have gathered to support your decision(s) – this could include customer feedback, statistics, comparable policies, consultation results. If you don't have any evidence, please carry out appropriate studies and research to gather the evidence you need to support your decision(s). If you have no/insufficient evidence or cannot gather any, you will need to complete a full EIA. For further guidance, see Section 4 of the help notes.

| Actions you need to take  | We will make the following change(s) to the service/policy to reduce the negative impact.<br>Explain the change(s) and the evidence you have to support your decision?<br><input checked="" type="checkbox"/> Use section 4b below if you want to give more details. | We won't make changes as we can justify our decision and there are sound reasons behind our decision. Justify why and detail the evidence you have gathered to support your decision. <input checked="" type="checkbox"/> Use section 4c below if you want to give more details. | There is a negative impact, and we cannot justify it and/or have no, or insufficient, evidence to support our decision.<br><br><input checked="" type="checkbox"/> You will need complete a full equality impact assessment. See the help notes for more details. |
|---|--|--|---|
| Groups of users   |  |  |   |
| Age ranges (indicate range/ranges)                                |  |  |   |
| Disability (physical, sensory or learning)                        |  |  |   |
| Gender / sex  |  |  |   |
| Transgender / gender reassignment                                 |  |  |   |
| Race (includes ethnic or national origins, colour or nationality) |  |  |   |
| Gypsies and travellers  |  |  |   |
| Refugees / asylum seekers   |  |  |   |
| Sexual orientation  |  |  |   |
| Marriage and civil partnerships                                   |  |  |   |
| Religion or belief (includes lack of belief)                      |  |  |   |
| Pregnancy and maternity   |  |  |   |
| Carers or the people cared for (dependants)                       |  |  |   |
| Other (please specify)  |  |  |   |

### 4b: Further details on changes

Please use the space below to give more details on the changes you will make, if necessary:

N/A

### 4c: Further details on justification

Please use the space below to give more details on the justification/evidence you have gathered, if necessary:

3 For help or guidance contact Colin Cooke on 01543 308121 or Alison Bowen on 01543 308129 or email [colin.cooke@lichfielddc.gov.uk](mailto:colin.cooke@lichfielddc.gov.uk) or [alison.bowen@lichfielddc.gov.uk](mailto:alison.bowen@lichfielddc.gov.uk)

## Section 5: Your action plan

**Help notes** If, as a result of this assessment, you are going to adapt your plans or policy, please include details below. Please include a quick action plan and key dates that will show how you will review your decisions and when. Please include responsibility and expected outcomes. For full guidance on how to complete this section, please refer to the help notes.

## Section 6: Record your actions (delete as appropriate)

|  |    |     |
|--|----|-----|
| I have sent this to Policy and Performance for publication on the intranet and on <a href="http://www.lichfielddc.gov.uk">www.lichfielddc.gov.uk</a> | No | Yes |
| Date completed:  |    |     |