**Equality Impact Assessment Process**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Equality & Diversity Impact Assessment** | | | | | | | | | | | | | | | | |
| Guidance on how to complete an EQIA can be found here:  <https://www.equalityhumanrights.com/en/advice-and-guidance/guidance-scottish-public-authorities>  and here  <https://www.equalityhumanrights.com/en/advice-and-guidance/coronavirus-covid-19-and-equality-duty> | | | | | | | | | | | | | | | | |
| **Q1**: **Name of EQIA being completed i.e. name of policy, function etc.** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Q1 a; Function  Guidance  Policy  Project  Protocol  Service  Other, please detail** | | | | | | | | | | | | | | | | |
| **Q2:** **What is the scope of this SIA** | | | | | | | | | | | | | | | | |
|  | |  | | Service Specific | |  | | Discipline Specific | | | | |  | Other (Please Detail) | |  |
|  | | | | | | | | | | | | | |  | | |
| **Q3:** **Is this a new development? (see Q1)** | | | | | | | | | | | | | | | | |
| Yes |  | | | | | | | | | | No |  | | | | |
| **Q4:** **If no to Q3 what is it replacing?** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Q6: Main person completing EQIA’s contact details** | | | | | | | | | | | | | | | | |
| Name: | | |  | | | | | | | Telephone Number: | | | | |  | |
| Department: | | |  | | | | | | | Email: | | | | |  | |
|  | | | | | | | | | | | | | | | | |
| **Q7: Describe the main aims, objective and intended outcomes** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **Q8:**  **(i)** **Who is intended to benefit from the function/service development/other (Q1) – is it staff, service users or both?** | | | | | | | | | | | | | | | | |
| Staff | | | | | Service Users | | | | Other  Please identify \_\_\_Providers, third sector, independent sector | | | | | | | |
| **(ii)** Have they been involved in the development of the function/service development/other? | | | | | | | | | | | | | | | | |
| Yes | | | | | | | No | | | | | | | | | |
| **(iii)** If yes, who was involved and how were they involved? If no, is there a reason for this action? | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| **(iv**) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc) | | | | | | | | | | | | | | | | |
| Comments: | | | | | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Q9: When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010 see below**:  In summary, those subject to the Equality Duty must have due regard to the need to:   * eliminate unlawful discrimination, harassment and victimisation; * advance equality of opportunity between different groups; and * foster good relations between different groups   Has your assessment been able to demonstrate the following: Positive Impact, Negative / Adverse Impact or Neutral Impact? | | | | |
| **What impact has your review had on the following ‘protected characteristics’:** | **Positive** | **Adverse/**  **Negative** | **Neutral** | **Comments**  **Provide any evidence that supports your conclusion/answer for evaluating the impact as being positive, negative or neutral (do not leave this area blank)** |
| **Age** |  |  |  |  |
| **Disability (incl. physical/ sensory problems, learning difficulties, communication needs; cognitive impairment)** |  |  |  |  |
| **Gender Reassignment** |  |  |  |  |
| **Marriage and Civil partnership** |  |  |  |  |
| **Pregnancy and Maternity** |  |  |  |  |
| **Race/Ethnicity** |  |  |  |  |
| **Religion/Faith** |  |  |  |  |
| **Sex/Gender (male/female)** |  |  |  |  |
| **Sexual orientation** |  |  |  |  |
| **Staff (This could include details of staff training completed or required in relation to service delivery)** |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cross cutting issues: Included are some areas for consideration. Please delete or add fields as appropriate. Further areas to consider in Appendix B** | | | | | | | | |
| Unpaid Carers | |  | |  | |  |  | |
| Homeless | |  | |  | |  |  | |
| Language/ Social Origins | |  | |  | |  |  | |
| Literacy | |  | |  | |  |  | |
| Low income/poverty | |  | |  | |  |  | |
| Mental Health Problems | |  | |  | |  |  | |
| Rural Areas | |  | |  | |  |  | |
| Armed Services Veterans, Reservists and former Members of the Reserve Forces | |  | |  | |  |  | |
| Third Sector | |  | |  | |  |  | |
| Independent Sector | |  | |  | |  |  | |
| **Q10: If actions are required to address changes, please attach your action plan to this document. Action plan attached?** | | | | | | | |
| Yes |  | | No | |  | | |
|  | | | | | | | |
| **Q11**: **Is a detailed EQIA required?** | | | | | | | |
| Yes |  | | No | |  | | |
| Please state your reason for choices made in Question 11.  The Strategic Needs Assessment at a Local Authority level will help inform the more detailed iteration of plans which will set out more detail of how we will achieve the vision and ambitious outcomes for the partnership. | | | | | | | |
| N.B. If the screening process has shown potential for a high negative impact you will be required to complete a detailed impact assessment. | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date EQIA Completed** | DD / MM / YYYY |  |  |
| **Date of next EQIA Review** | DD / MM / YYYY |  |  |
| **Signature** |  | Print Name |  |
| **Department or Service** |  |  |  |

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to: [fv.clackmannanshirestirling.hscp@nhs.scot](mailto:fv.clackmannanshirestirling.hscp@nhs.scot)

##### **Equality & Diversity Impact Assessment Action Plan**

|  |  |
| --- | --- |
| **Name of document being EQIA’d:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Issue** | **Action Required** | **Lead (Name, title, and contact details)** | **Timescale** | **Resource Implications** | **Comments** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Further Notes: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |