**Review of Town Centre Enforcement Warden Posts**

| **Stage 1: Initial Screening** | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Directorate:**  Neighbourhoods | | | | | | | |
| **Service:**  Community Safety | | | | | | | |
| **Officer completing EIA:**  Chris Highton | | | | | | | |
| **Other officers involved in completing EIA:**  n/a | | | | | | | |
| **Date of Assessment:**  **28th September 2020** | | | | | | | |
| **Name of policy to be assessed:**  Review of Town Centre Enforcement Warden posts | | | | | | | |
| **Is this a new or revised policy?**  New  Revised | | | | | | | |
| **What is the purpose of the policy?**  This is not a policy and is part of a proposal for the Savings Programme 2021/22 – 2022/23. | | | | | | | |
| **Are there any other objectives?**  no | | | | | | | |
| **Who is likely to benefit from the policy (key stakeholders)?**  N/A | | | | | | | |
| **Is the policy relevant to equality?**  Yes  No  *(Answer yes if you think that the policy has equality considerations for example it has the potential to affect groups in different ways. If you have answered yes, proceed to question1. If you answered no, move to the sign off section as no further assessment is required)* | | | | | | | |
| **What information do you have to inform this initial assessment?**  . | | | | | | | |
| **What is the potential impact that the policy could have with regard to the protected characteristics?**  *(Identify whether the policy has the potential to impact in a positive or negative way or not at all. For negative impacts use the impact table to calculate a score based on the likelihood that an impact will occur and what the actual impact might be then determine whether it is a High priority (H), Medium priority (M) or Low priority (L))* | | | | | | | |
|  | | **Positive Impact** | **Negative Impact** | **Impact Score (1-25)** | | **Impact priority**  **(H/M/L)** | **Neutral**  **Impact** |
| Age | |  |  |  | | L |  |
| Disability | |  |  |  | | L |  |
| Gender Reassignment | |  |  |  | | L |  |
| Marriage or civil partnership | |  |  |  | | L |  |
| Pregnancy or maternity | |  |  |  | | L |  |
| Race | |  |  |  | | L |  |
| Religion or belief | |  |  |  | | L |  |
| Sex | |  |  |  | | L |  |
| Sexual orientation | |  |  |  | | L |  |
| Serving / ex serving members of the armed forces | |  |  |  | | L |  |
| Carers | |  |  |  | | L |  |
| **3. Do any of your negative impact scores identify as high priority on the impact table?**  Yes  No  If you identify a negative impact as being **HIGH PRIORITY** you must complete a full EIA (stage 2 onwards) | | | | | | | |
| **4. How will you minimise/remove any negative impact that identifies as medium or low?**  A Consultation exercise will need to be undertaken with groups (as a minimum) as identified in section 7.1 of the report to identify possible alternatives or mitigations. | | | | | | | |
| **5. Is a full EIA required?**  Yes  No | | | | | | | |
| **Lead Officer Signature:** | **Chris Highton** | | | | **Date:**  **28/09/2020** | | |
| **Approver Signature** |  | | | | **Date:** | | |

| **Stage 2: Full EIA** | | | |
| --- | --- | --- | --- |
| **1. What data / evidence do you have to inform the EIA?**  *(List all available data and evidence that shows groups having different needs, experiences or attitudes in relation to the policy. Use the information from the initial screening plus collect any additional data)* | | | |
| Age | |  | |
| Disability | |  | |
| Gender Reassignment | |  | |
| Marriage or civil partnership | |  | |
| Pregnancy or maternity | |  | |
| Race | |  | |
| Religion or belief | |  | |
| Sex | |  | |
| Sexual orientation | |  | |
| Serving / ex serving members of the armed forces | |  | |
| Carers | |  | |
| **2. What are the key messages coming from this data?**  *(outline any trends, patterns or key points that you have identified in the data collected)* | | | |
| **3. What gaps are there in the data?**  *(outline any gaps in the data that are preventing you from having a full understanding of the needs of different groups and that will need to be addressed through further research or consultation)* | | | |
| **4. What consultation feedback do you have to inform this EIA?**  *(Outline any stakeholder consultation or engagement that you have undertaken and state the feedback received from groups that highlights different needs, experiences or attitudes in relation to the policy)* | | | |
| Age | |  | |
| Disability | |  | |
| Gender Reassignment | |  | |
| Marriage or civil partnership | |  | |
| Pregnancy or maternity | |  | |
| Race | |  | |
| Religion or belief | |  | |
| Sex | |  | |
| Sexual orientation | |  | |
| Serving / ex serving members of the armed forces | |  | |
| Carers | |  | |
| **5. What is the overall impact that the policy is likely to have on different groups?**  *(Outline the overall impact that the policy will have on different groups from the data and feedback collected. Show how you reached your conclusions; decide on the priorities and identify actions. Complete an action plan outlining the actions that you will take to minimise any impacts. Include any positive impacts in your assessment because these might be important to the decision making process.)* | | | |
| Age | |  | |
| Disability | |  | |
| Gender Reassignment | |  | |
| Marriage or civil partnership | |  | |
| Pregnancy or maternity | |  | |
| Race | |  | |
| Religion or belief | |  | |
| Sex | |  | |
| Sexual orientation | |  | |
| Serving / ex serving members of the armed forces | |  | |
| Carers | |  | |
| **6. What are the conclusions from undertaking the full EIA?**  (Summarise the key points) | | | |
| **7. Does the policy meet our equality obligations?**  Yes  No  *(Select yes if you are satisfied that all of the available evidence has been accurately assessed for its impact in relation to the protected characteristics and that mitigations have been identified and actioned accordingly)* | | | |
| **Lead Officer Signature:** |  | | **Date:** |
| **Approver Signature** |  | | **Date:** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **EIA Impact Action Plan**  *(Outline the actions that you have taken or will take to reduce or mitigate any of the potential impacts identified during your assessment)* | | | | | | | |
| No. | What is the impact identified? | What is the action taken or required to mitigate / reduce the impact? | What are the required outcomes? | How will outcomes be measured? | Who is responsible? | Completion date? | Review date? |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |