Equality impact assessments



Equality impact assessment questionnaire

You will need to complete this questionnaire if you are going to:

- Review an existing policy or service.
- Develop a new policy or planned service.
- Make a change to an existing policy or service, this includes temporary changes.
- Proposing to close a service.

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:	Stephen Stray
Your service area:	Economic Growth and Development
Your head of service/line manager:	Simon Fletcher
Your cabinet member:	Cllr Iain Eadie

Section 2: About your plans:

Name of service/policy you are assessing:	Lichfield District Council Local Plan 2040	

Is it? (please delete as appropriate)

- A review of an existing policy/service
- A new policy/planned service
- A change to an existing policy/service
- A proposal to close a service

Who are the main users of your service/policy? (please delete any that are not appropriate)

- All residents
- Businesses
- Visitors to the district
- Mixture of residents and visitors
- Users of a specific service (e.g. leisure centre customers)
- Internal (employees)
- Disability specific groups
- Race specific groups
- Gender specific groups
- Religious groups
- Sexual orientation groups
- Marriage and civil partnerships
- Older people
- Young people
- Other (please specify)

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 Local Plan 2040 provides a planning framework for the District until 2040. The current Local Plan makes a commitment to an early review which will be submitted to the Secretary of State for independent examination by the end of June to keep the plan up to date.

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

3a: \boxtimes 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 the help notes.

Impact of plans Groups of users	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? ☒ If there is a negative impact on any group(s), please complete section 4 for each group.
Age ranges (indicate range/ranges)	Yes, the consultation will include representatives of this group. The housing mix policy will meet the needs of groups such as homes for older people including specialist care provision. The open space and recreation policy will work with our schools and colleges and support our aging population to live and age well.	No particular group will be negatively affected by the Local Plan.
Disability (physical, sensory or learning)	Yes. The consultation will include representatives of this group. The housing mix policy will meet the needs of groups such as people with disabilities.	N/A
Gender/sex	N/A	N/A
Transgender/gender reassignment	N/A	N/A
Race (includes ethnic or national origins, colour or nationality)	N/A	N/A
Gypsies and travelers	Yes. The consultation will include representatives of this group. There is a policy for provision for gypsies and travelers.	N/A
Refugees / asylum seekers	N/A	N/A

Sexual orientation	N/A	N/A
Marriage and civil partnerships	N/A	N/A
Religion or belief (includes lack of belief)	N/A	N/A
Pregnancy and maternity	N/A	N/A
Carers or the people cared for (dependants)	N/A	N/A
Other (please specify)	N/A	N/A

3b: Further details:

Please use this space to provide further details if necessary:	
ricase ase this space to provide further details in necessary.	

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

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

4b: Further details on changes:	
Please use the space below to give more details on the changes you will make, if nece	ssary:
N/A	
4c: Further details on justification:	
Please use the space below to give more details on the justification/evidence you hav necessary:	e gathered, if
N/A	
Section 5: Your action plan: Help notes: If, as a result of this assessment, you are going to change your plans, poli please include details below. You can include a quick action plan and key dates that w will review your decisions and when. Remember to include responsibility and expecte guidance on how to complete this section, please refer to the help notes.	rill show how you
N/A	
Section 6: Record your actions (delete as appropriate)	
I have sent this to Alison Bowen for publication on the intranet and on www.lichfielddc.gov.uk	Yes
Date completed: 29/06/2022	