

Equality Impact Assessment



Name of project, policy, function, service or proposal being assessed:		Risk Management Framework			
The main objective of (please insert the name of accessed document stated above):		Ensure the Council has robust risk management processes in place			
<p>What impact will this (please insert the name) have on the following groups? Please note that you should consider both external and internal impact:</p> <ul style="list-style-type: none"> • External (e.g. stakeholders, residents, local businesses etc.) • Internal (staff) 					
Please use only 'Yes' where applicable		Negative	Positive	Neutral	Comments
<u>Gender</u>	External			x	
	Internal			x	
<u>Gender Reassignment</u>	External			x	
	Internal			x	
<u>Age</u>	External			x	
	Internal			x	

<u>Marriage and civil partnership</u>	External			x	
	Internal			x	
<u>Disability</u>	External			x	
	Internal			x	
<u>Race & Ethnicity</u>	External			x	
	Internal			x	
<u>Sexual Orientation</u>	External			x	
	Internal			x	
<u>Religion or Belief (or no Belief)</u>	External			x	
	Internal			x	
<u>Pregnancy & Maternity</u>	External			x	
	Internal			x	
<u>Other Groups</u> (e.g. any other vulnerable groups, rural isolation, deprived areas, low income staff etc.)	External			x	
	Internal			x	

Please state the group/s: _____					

Is there is any evidence of a high disproportionate adverse or positive impact on any groups?	Yes	No	Comment Whilst there are no specific equality implications in respect of the risk strategy, equality risks need to be captured as part of the risk management process.
Is there an opportunity to mitigate or alleviate any such impacts?	Yes	No	Comment
Are there any gaps in information available (e.g. evidence) so that a complete assessment of different impacts is not possible?	Yes	No	Comment

In response to the information provided above please provide a set of proposed action including any consultation that is going to be carried out:

Planned Actions	Timeframe	Success Measure	Responsible Officer

Authorisation and Review

Completing Officer	
Authorising Head of Service/Director	
Date	
Review date (if applicable)	