

Equality Impact Assessment template

The final version should be submitted using the online EqIA form

Section 1: Executive Summary	
1.1	Title of policy (or decision) Proposed introduction of bus gate orders on A1019 Velizy Avenue and Post Office Road, Harlow and amendment of 2016 Harlow Bus Lane Order to permit use of authorised vehicles
1.2	Describe the main aims, objectives and purpose of the policy (or decision) Essex County Council (the Council) intends to formally advertise its intention to introduce bus gate orders on A1019 Velizy Avenue and Post Office Road, Harlow (the Proposal) and amend "The Essex County Council (Various Roads, Harlow) (Bus Lane) Order 2016". The Cabinet Member is asked as to whether the Proposal may include an exemption for authorised vehicles. What outcome(s) are you hoping to achieve? Refer to strategic aims / strategic priorities in Organisation Strategy To approve the advertisement of the Proposal and amendment to "The Essex County Council (Various Roads, Harlow) (Bus Lane) Order 2016", including an exemption for authorised vehicles
1.3	Is this a new policy (or decision) or a change to an existing policy, practice or project? New decision

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Section 2: Assessing the Equality Impact

Use this section to record how you have assessed any potential impact on equality groups. What is known about the population likely to be affected which will support your understanding of the impact of the policy (or decision)? Consider any consultation / data as supporting evidence (eg service uptake/usage, customer satisfaction surveys, staffing data, performance data, research information). An opportunity to explain impacts on specific protected groups is provided later on this form

A consultation on the Proposal will be carried out if the decision is approved, and views of all stakeholders will be taken into account before restrictions are introduced.

Does or will the policy or decision affect:

Service users	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>
Employees	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>
The wider community or groups of people, particularly where there are areas of known inequalities	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>

Which geographical areas of Essex does or will the policy or decision affect (e.g. Borough/City/District/All Essex)

All Essex	<input type="checkbox"/>
Basildon	<input type="checkbox"/>
Braintree	<input type="checkbox"/>
Brentwood	<input type="checkbox"/>
Castle Point	<input type="checkbox"/>
Chelmsford	<input type="checkbox"/>
Colchester	<input type="checkbox"/>
Epping Forest	<input type="checkbox"/>
Harlow	<input checked="" type="checkbox"/>
Maldon	<input type="checkbox"/>
Rochford	<input type="checkbox"/>
Tendring	<input type="checkbox"/>
Uttlesford	<input type="checkbox"/>

Will the policy or decision influence how organisations operate?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>
Will the policy or decision involve substantial changes in resources?	Y <input type="checkbox"/>	N <input checked="" type="checkbox"/>
Is this policy or decision associated with any of the Council's other policies?	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>

Section 3: Description of Impact

Description of impact	Nature of impact Positive, neutral, adverse (please explain your reasons)	Extent of impact Low, Medium, High (please explain your reasons)
Age	Neutral	N/A
Disability – learning disability	Neutral	N/A
Disability – mental health issues	Neutral	N/A
Disability – physical impairment	Neutral	N/A
Disability – sensory impairment	Neutral	N/A
Gender / Sex	Neutral	N/A
Gender reassignment	Neutral	N/A
Marriage / civil partnership	Neutral	N/A
Pregnancy / maternity	Neutral	N/A
Race	Neutral	N/A
Religion / belief	Neutral	N/A
Sexual orientation	Neutral	N/A

Section 4: Action plan to address and monitor adverse impacts

Does your EqIA indicate that the policy or decision would have a medium or high adverse impact on one or more equality groups?

Y N

If 'YES', use the space below to describe what mitigating actions you could put in place to address any adverse impacts identified

What are the mitigating actions?

Date they will be achieved?

Section 5: Sign off

**I confirm that this initial analysis has been completed appropriately.
(A typed signature is sufficient.)**

Signature of person completing the EqIA: CL

Date: 9 January 2020

Names and contact details: Chloe Livingstone, chloe.livingstone@essexhighways.org

Your function, service area and team:
Essex Highways, Design Service, Network Assurance

If you are submitting the EqIA on behalf of another function, service area or team, specify the originating function, service or team area

N/A

Signature of Head of Service: VP

Date: 15 January 2020