

Community İmpact Assessment

Part 1 – Details					
What Policy/	Charitable Collections Policy				
Procedure/					
Strategy/Project/Service					
is being assessed?					
Date Conducted	8/6/23				
Name of Lead Officer	Sarah Gear				
and Service Area	Environmental Health				
Commissioning Team (if applicable)					
Director Responsible for	Anna Miller				
project/service area	Environmental Health				
Who are the main stakeholders	Institute of Fundraising				
Describe what consultation has been undertaken. Who was involved and what was the outcome	Consultation will be with charity organisations, town centre managers, Staffordshire Police, Community Safety officers, residents, businesses, Members and Community Boards.				
Outline the wider research that has taken place (E.G. commissioners, partners, other providers etc)	N/A				
What are you assessing? Indicate with an 'x' which applies	A decision to review or change a service				
	A Strategy/Policy/Procedure	□х			
	A function, service or project				
What kind of assessment is it?	New	□х			
Indicate with an 'x' which applies	Existing				
	Being reviewed				

	of Contrac	t	
Part 2 – Summary of As	sessmer	nt	
			t the aims/ objectives/ purposes/ and
outcomes of the area you a	re impact	assessi	ng.
Although there is no statuto	rv require	ment fo	or a policy covering charitable
_	•		cessary to implement one so that the
Licensing Authority is seen considering and determining			t, consistent, fair and open when
Considering and determining	у арріісац	0113 101	this activity.
Who will be affected and ho		ly do hi	ut ensures expectations on licence
holder and theirs of the aut		•	•
	•	J	
Are there any other function	ns, policie	s or se	vices linked to this impact
assessment?			
			Пу
Yes L	No		⊔x
If you answered 'Yes', please indicate what they are?			
L			
Part 3 – Impact on the			and the state of the state of
service have a <u>direct</u> impac			es or could the Policy function, or
service have a <u>an eee</u> impac	t on then	••	
Impact Area	Yes	No	Reason (provide brief
			explanation)
Age		Пх	
Disability		Пх	
Gender Reassignment		□х	
Marriage & Civil Partnership	o 🗖	Пх	
Pregnancy & Maternity		Пх	
Race			

Being reviewed as a result of budget constraints / End

Religion or belief			□x		
Sexual orientation			□х		
Sex			□х		
Gypsy/Travelling Comn	nunity		□х		
Those with			□х		
Caring/Dependent					
responsibilities					
Those having an offend	ding		□х		
past					
Children			□x		
Vulnerable Adults			□х		
Families			□х		
Those who are homele	SS		□х		
Those on low income			□х		
Those with Drug or Alco	ohol		□х		
Those with Mental Hea issues	ılth		□х		
Those with Physical Helissues	alth		□х		
Other (Please Detail)			□х		
Part 4 – Risk Assessment From evidence given from previous question, please detail what measures or changes will be put in place to mitigate adverse implications					
	Details o			Action to reduce risk	
Impact Area		, tile 11	Inpact	Action to reduce risk	
Eg: Families	Families	no Ion	ger	Signposting to other services. Look	

Part 4 – Risk Assessment From evidence given from previous question, please detail what measures or changes will be put in place to mitigate adverse implications					
Impact Area	Details of the Impact	Action to reduce risk			
Eg: Families	Families no longer supported which may lead to a reduced standard of living & subsequent health issues	Signposting to other services. Look to external funding opportunities.			

Part 5 - Action Plan and Review

Detail in the plan below, actions that you have identified in your CIA, which will eliminate discrimination, advance equality of opportunity and/or foster good relations.

If you are unable to eliminate or reduce negative impact on any of the impact areas, you should explain why

Impact (positive or negative) identified	Action	Person(s) responsible	Target date	Required outcome
	Outcomes and Actions entered onto Covalent			

Date of Review (If applicable)