

Community Impact Assessment

| Part 1 – Details | | |
|--|---|---------------------------------------|
| What Policy/ Procedure/ Strategy/Project/Service is being assessed? | Charitable Collections Policy | |
| Date Conducted | 8/6/23 | |
| Name of Lead Officer and Service Area | Sarah Gear Environmental Health | |
| Commissioning Team (if applicable) | | |
| Director Responsible for project/service area | Anna Miller 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 | <input type="checkbox"/> |
| | A Strategy/Policy/Procedure | <input checked="" type="checkbox"/> x |
| | A function, service or project | <input type="checkbox"/> |
| What kind of assessment is it? Indicate with an 'x' which applies | New | <input checked="" type="checkbox"/> x |
| | Existing | <input type="checkbox"/> |
| | Being reviewed | <input type="checkbox"/> |

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| | Being reviewed as a result of budget constraints / End of Contract | <input type="checkbox"/> |
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Part 2 – Summary of Assessment

Give a summary of your proposal and set out the aims/ objectives/ purposes/ and outcomes of the area you are impact assessing.

Although there is no statutory requirement for a policy covering charitable collections, it is considered desirable and necessary to implement one so that the Licensing Authority is seen to be transparent, consistent, fair and open when considering and determining applications for this activity.

Who will be affected and how?

Charities – formalises what we already do but ensures expectations on licence holder and theirs of the authority are aligned.

Are there any other functions, policies or services linked to this impact assessment?

Yes No

If you answered 'Yes', please indicate what they are?

Part 3 – Impact on the Community

Thinking about each of the Areas below, does or could the Policy function, or service have a direct impact on them?

| Impact Area | Yes | No | Reason (provide brief explanation) |
|------------------------------|--------------------------|-------------------------------------|-------------------------------------|
| Age | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Disability | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Gender Reassignment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Marriage & Civil Partnership | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Pregnancy & Maternity | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |
| Race | <input type="checkbox"/> | <input checked="" type="checkbox"/> | |

| | | | |
|--|--------------------------|---------------------------------------|--|
| Religion or belief | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Sexual orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Sex | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Gypsy/Travelling Community | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those with Caring/Dependent responsibilities | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those having an offending past | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Children | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Vulnerable Adults | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Families | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those who are homeless | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those on low income | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those with Drug or Alcohol problems | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those with Mental Health issues | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Those with Physical Health issues | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |
| Other (Please Detail) | <input type="checkbox"/> | <input checked="" type="checkbox"/> x | |

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 |
|---------------------|---|---|
| <i>Eg: Families</i> | <i>Families no longer supported which may lead to a reduced standard of living & subsequent health issues</i> | <i>Signposting to other services. Look to external funding opportunities.</i> |
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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 | | | |
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Date of Review (If applicable)