

Equality Impact Assessment Screening Form

Please ensure that you refer to the Draft Screening Form Guidance while completing this form. If you would like further guidance please contact Corporate Strategy or your directorate Heads of Service Equality Group Champion.

Section 1
What service area and directorate are you from?
Service Area: Participation
Directorate: ELLL

Q1(a) What are you screening for relevance?

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input checked="" type="checkbox"/>
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(b) Please name and describe below Proposal to add additional posts

Q2(a) What does Q1a relate to?

Direct front line service delivery <input checked="" type="checkbox"/> (H)	Indirect front line service delivery <input type="checkbox"/> (M)	Indirect back room service delivery <input type="checkbox"/> (L)
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(b) Do your customers/clients access this service...?

Because they need to <input type="checkbox"/> (H)	Because they want to <input checked="" type="checkbox"/> (M)	Because it is automatically provided to everyone in NPT <input type="checkbox"/> (M)	On an internal basis i.e. Staff <input type="checkbox"/> (L)
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Q3 What is the potential impact on the following protected characteristics?

	High Impact (H)	Medium Impact (M)	Low Impact (L)	Don't know (H)
Age	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender reassignment	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marriage & civil partnership	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and maternity	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Race	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion or belief	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual orientation	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Welsh language	→ <input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Q4(a) How visible is this service/function/policy/procedure/ project/strategy to the general public?

High visibility to general public <input type="checkbox"/> (H)	Medium visibility to general public <input checked="" type="checkbox"/> (M)	Low visibility to general public <input type="checkbox"/> (L)
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(b) What is the potential risk to the council's reputation? (Consider the following impacts – legal, financial, political, media, public perception etc...)

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High risk
to reputation
 (H)

Medium risk
to reputation
 (M)

Low risk
to reputation
X (L)

Q5 How did you score?
Please tick the relevant box

MOSTLY H and/or M → **HIGH PRIORITY** → **EIA to be completed**
Please go to Section 2

MOSTLY L → **LOW PRIORITY /** → **X Do not complete**
EIA **NOT RELEVANT** **Please go to Q6**
followed by Section 2

Q6 If after completing the EIA screening process you determine that this service/function/policy/project is not relevant for an EIA you must provide adequate explanation below (Please use additional pages if necessary).

The proposal to restructure the team will positively impact on direct service delivery by making the team more responsive to the needs of service users. The proposal affects only the staff in the team, with low/no impacts on the identified protected characteristics.

Section 2

Screener- This to be completed by the person responsible for completing this screening
Name: Kerry Jones
Location: The Quays
Telephone Number: 01639 686044
Date: 02.08.18
Approval by Head of Service
Name: Chris Millis
Position: Head of Participation
Date: 02.08.18

Please ensure this completed form is filed appropriately within your directorate because it may be required as evidence should a legal challenge be made regarding compliance with the Equality Act 2010.