

**Appendix 4
EQUALITY IMPACT ASSESSMENT Part 1 & 2 – pro-forma**

Directorate		Service	Assessment carried out by	
Area being assessed		Date of Assessment		Is this a new or existing service/policy?

PART 1 – INITIAL ASSESSMENT	
1. What is the aim/ objective of the area being assessed?	
2. Who is intended to benefit from it and how?	
3. If your service uses contractors, do you ensure that they comply with the Council's equal opportunities policy and relevant legislation?	
4. Do you know who your service users are by age/ race/ disability/gender etc? (This could be obtained from results of recent consultation or surveys, equality monitoring data, demographic and other statistics).	

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<p>4. a)How are service users views gathered? (This could be through results of recent consultations or surveys, information from groups and agencies directly in touch with particular groups or analysis of complaints)</p> <p>b) How do you use this information?</p> <p>C) Do you publish the results, and where?</p>			
<p>5. Could the area being assessed have a differential impact on racial groups?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>6. Could the area being assessed have a differential impact on people due to their gender?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>7. Could the area being assessed have a differential impact on people due to their disability?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>8. Could the area being assessed have a differential impact on people due to their sexual orientation?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>

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<p>9. Could the area being assessed have a differential impact on people due to their age?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>10. Could the area being assessed have a differential impact on people due to their religious or other belief?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>11. Could the area being assessed have a differential impact on people due to them having dependants/ caring responsibilities?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>12. Could the area being assessed have a differential impact on people due to them being transgendered or transsexual?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>13. Is there any evidence that people from different groups may have different expectations of the areas being assessed?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>14. Is the policy likely to affect relations between certain groups, for example because it is seen as favouring a particular group or denying opportunities to another?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>15. Is the policy likely to damage relations between any particular groups and the Council?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>

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<p>16. Could the differential impact identified in 5-12 amount to there being the potential for adverse impact in this strategy/policy/service/procedure?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>17. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain and provide any existing evidence (either presumed or otherwise):</p>
<p>18. Do your staff know who the contact is for equalities issues within your directorate?</p>	<p>YES</p>	<p>NO</p>	<p>Please provide evidence- what methods are used to make staff aware?</p>
<p>19. Have all your staff attended an equality awareness training session?</p>	<p>YES</p>	<p>NO</p>	<p>Please signpost evidence of this? What was the feedback from this training? Please list those who have not.</p>
<p>20. Have you set any equality performance indicators or objectives for your service?</p>	<p>YES</p>	<p>NO</p>	<p>Please explain.</p>
<p>21. Actions arising from Part 1 of the Initial Assessment</p>			

22. Should this Initial Assessment proceed to Part 2?	YES (please go to question 25)	NO			
23a. As a result of Part 1, is a Full Assessment necessary?	YES	NO (please sign below)	23b. If Yes, on what evidence should this assessment proceed to a Full Assessment?		
24a. Date on which Full Assessment to be started by			24b. Date on which Full Assessment to be completed by		

Signed (Completing Officer): _____ Signed (Lead Officer): _____ Date: _____

PART 2 - INITIAL CONSULTATION AND RISK ASSESSMENT					
25. In what areas are there concerns that the strategy/policy/procedure <u>could</u> have a differential impact?	Race	Gender	Disability	Sexual Orientation	Age
	Religion or Belief	Dependants/ caring responsibility	Transgendered or Transsexual		

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<p>26. What concerns are there that the area being assessed could have a differential impact on relevant groups? Please explain (continue on a separate sheet if necessary).</p>					
<p>27. What are the risks associated with the area being assessed in relation to differential impact?</p>					
<p>28. Are there any experts/relevant groups who you can approach to explore their views on the issues?</p>	<p>YES</p>	<p>NO (please go to question 33)</p>	<p>29. Please list the relevant groups/experts</p>		
<p>30. How will the views of these groups be obtained?</p>	<p>Letter <input type="checkbox"/></p> <p>Meetings <input type="checkbox"/></p> <p>Interviews <input type="checkbox"/></p> <p>Telephone <input type="checkbox"/></p> <p>Workshops <input type="checkbox"/></p> <p>Fora <input type="checkbox"/></p> <p>Questionnaires <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>			<p>35. Date on which each group/expert was contacted</p>	

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31. Please explain in detail the views of the relevant groups/experts on the issues involved (continue on a separate sheet if necessary).						
32. Taking into account the views of the groups/experts and/or the available evidence, please clearly state the risks associated with the strategy/policy/procedure weighed against its benefits (continue on a separate sheet if necessary).						
33. Actions arising from Part 2 of the Initial Assessment						
34. As a result of Part 2, is a Full Assessment necessary?	YES	NO (please sign below)	34a. Date on which Full Assessment to be started		34b. Date on which Full Assessment to be completed	

Signed (Completing Officer): _____ Signed (Lead Officer): _____ Date: _____