EQUALITY IMPACT ASSESSMENT

SCREENING DOCUMENT

Name of Proposal

Review of Welfare Rights Service

Lead Department/Service

People

What is the aim of the proposal?

Review how the Welfare Rights Service is provided.

Is this a new or a review of an existing policy, procedure, function or report?

Review of existing function

Screening Process

1. Has the proposal already been assessed for its impact on age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? If yes, go to 1 a. If no, go to 1 b. No

1 a. Unless there have been significant changes, no further action is required. **Please add your name, position and date below at 3.**

1 b. Does the proposal involve or have consequences for the people the council serves or employs? If yes, go to 2. If no, go to 1 c. Yes

1 c. Please state why not

The proposal is not relevant and no further action is required. Sign and date below at 3.

2. Is the proposal relevant to one or more of the protected characteristics? If yes, go to 2 a. If no, go to 2 b. No

2 a. Proceed to Step 1 of the Full Equality Impact Assessment on page 2.

2 b. Please state why not

Welfare Rights provides a service to all all adults regardless of age, disability etc.

The proposal not relevant and no further action is required. Add your name, position and date below at 3.

3.	Name:	Elaine Hughes
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Position: Service Manager Date: 05/01/14

FULL EQUALITY IMPACT ASSESSMENT

Step 1

Are there any statutory legal requirements affecting this proposal? If so please describe.

Step 2

What data/research is available to assess the likely impact of the proposal?

Step 3

Is there any reason to believe the proposal could affect people differently due to their protected characteristic ie age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? Please **place a cross** in each box that applies, and give details alongside.

Age	
Disability	
Gender	
Gender Re-assignment	
Pregnancy/maternity	□
Marriage and civil Partnership	□
Race	□
Religion and belief	□
Sexual orientation	

Step 4

Is there evidence to suggest that any part of the proposal could unlawfully discriminate against people? If so, how?

Step 5

Can the proposal be seen to favour one section of the community

Yes	No	\square
100	110	

or deny opportunities to another?

Yes 🗌 🛛 No	5 🗌
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If yes, please give details.

Step 6

Does the proposal advance or restrict equality?

Yes 🗌 No 🗌

If yes, give details

Step 7

Are there any other actions which could have been taken to enhance equality of opportunity? If so please state

Step 8 Based on the work you have done, rate the level of relevance being allocated to this proposal.
High 🗌 Medium 🔲 Low 🗌 Unknown 🗌
Step 9 If during Steps 3 - 6 there has been an adverse impact identified, consider whether this can be justified.
Yes No
If yes please give details.

If no, consider alternative ways of delivering the proposal to minimise negative impact or eliminate unlawful discrimination. Give details of the changes to be made to the proposal.

Step 10 Do you need to carry out a further impact assessment?
Yes 🗌 No 🗌
If yes, what actions do you need to take?

Step 11

Make arrangements to monitor and review the impact assessment.

Where will the Equality Impact Assessment be published?

Please state your name, position and date, and forward this pro forma either to your designated Equality Impact Assessment Co-ordinator, or if it refers to a committee report, it should be forwarded with the report to committee services.

Name:

Position:

Date:

For additional information and advice please contact: the Equalities Officer - Tel: 01307 476058 or E-mail: Equalities@angus.gov.uk