EQUALITY SCREENING

Policy Control Document

Name of Po	licy, Procedure or Report	Fleet Replacement Programme	
Lead Depart	ment/Service		
What is the aim of the policy, procedure or report?			
	urement intentions for social w		
Is this a new	or a review of an existing police	cy, procedure or report?	
Review			
Screening P	Process		
Has the policy, procedure or report already been assessed for its impact on people from different racial backgrounds, people of different genders and people with disabilities.			
Yes 🛚	No 🗌		
If Yes, unless there have been significant changes, no further action is required. Please sign and date immediately below and retain for reference.			
If No, does the policy, procedure or report involve or have consequences for the people the council serves or employs?			
Yes 🗌	No 🗌		
If yes, proceed to Step 1 of the Full Impact Assessment on page 2.			
If no, please state why not			
If no, The policy, procedure or report is not relevant and no further action is required.			
Please sign and date immediately and keep for reference			
Name: Signature:	Elaine Hughes	_	
Date:	10/12/13	_	

FULL IMPACT ASSESSMENT

Step 1 Are there any statutory legal requirements affecting this policy, procedure or report? If so please describe.
Step 2 What data/research is available to assess the likely impact of the policy, procedure or report.
Step 3 Is there any reason to believe the policy, procedure or report could affect people differently due to their race or disability or gender? If so how?
Race
Disability
Gender
Step 4 Is there evidence to suggest that any part of the policy, procedure or report could unlawfully discriminate against people? If so, how?
Step 5 Can the policy, procedure or report be seen to favour one section of the community
Yes No No
or deny opportunities to another?
Yes No If yes, please give details.

Step 6 Does the policy, procedure or report advance equality?		
Yes No No		
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 policy, procedure or report.		
High		
Step 9 If during Steps 3 - 6 there has been an adverse impact identified, consider if any adverse impact can be justified.		
Yes No No		
If yes please give details.		
If no, consider alternative ways of delivering the policy, procedure or report to minimise negative impact or eliminate unlawful discrimination. Give details of the changes to be made to the policy, procedure or report.		

Step 10 Do you need to carry out a further impact assessment?
Yes No No
If yes, what actions do you need to take
Step 11 Make arrangements to manitar and review the impact acceptant
Make arrangements to monitor and review the impact assessment.
i) Who will be responsible for monitoring?
ii) How will it be monitored and analysed?
iii) How often will the policy, procedure or report be reviewed and by whom?
Step 12 Publish results of the Impact Assessment.
How will the results be recorded and reported?
Completion of impact assessment:
Please sign and date immediately and forward to your designated Policy Impact Assessment Co-ordinator.
Name:
Signature:
Date: