

# Equality Impact Assessment Screening Form

Please ensure that you refer to the 'Screening Form Guidance' while completing this form. If you would like further guidance please contact the Equalities Officer – Dionne Llewellyn.

<b>Section 1</b>
What service area and directorate are you from?
Service Area: Adult Social Services - Supporting People
Directorate: Community Services

**Q1(a) WHAT ARE YOU SCREENING FOR RELEVANCE?**

Service/ Function	Policy/ Procedure	Project	Strategy	Plan	Proposal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**(b) Please name and describe below**  
Local Commissioning Plan

**Q2(a) WHAT DOES Q1a RELATE TO?**

Direct front line service delivery	Indirect front line service delivery	Indirect back room service delivery
<input checked="" type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (L)

**(b) DO YOUR CUSTOMERS/CLIENTS ACCESS THIS SERVICE...?**

Because they need to	Because they want to	Because it is automatically provided to everyone in Merthyr Tydfil	On an internal basis i.e. Staff
<input checked="" type="checkbox"/> (H)	<input type="checkbox"/> (M)	<input type="checkbox"/> (M)	<input type="checkbox"/> (L)

**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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 (non-)belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sex	<input checked="" 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	Medium visibility to general public	Low visibility to general public
<input type="checkbox"/> (H)	<input checked="" type="checkbox"/> (M)	<input type="checkbox"/> (L)

## Equality Impact Assessment Screening Form

**(b) WHAT IS THE POTENTIAL RISK TO THE COUNCIL'S REPUTATION?**  
*(Consider the following impacts – legal, financial, political, media, public perception etc...)*

High risk  
to reputation

(H)

Medium risk  
to reputation

(M)

Low risk  
to reputation

(L)

**Q5 HOW DID YOU SCORE?**

*Please tick the relevant box*

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

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

**Q6 If after completing the EQIA screening process you determine that this service/function/policy/project is not relevant for an EQIA you must provide a brief concise explanation below.**

The Local Commissioning plan has a positive impact on Age, Disability and Sex (Women) through the creation and maintenance of projects to support these specific client groups. The Supporting People Programme does not discriminate against any other group with protected characteristics. There will be an impact on the following characteristics due to a reduction in service provision to meet the budget deficit; Age, Sex (women) and Disability

### Section 2

NB: Please send this completed form to the Equalities Officer for agreement before obtaining email approval from your Head of Service.

Screener- This to be completed by the person responsible for completing this screening
Name: Lowri Rees
Location: Unint 5
Telephone Number: 01685 724636
Date: 03/12/2014
Approval by Head of Service
Name:

## Equality Impact Assessment Screening Form

Position:
Date:

**Please return the completed form to the Equalities Officer.**