

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.

Section 1

What service area and directorate are you from?

Service Area: Schools

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"/> |

(b) Please name and describe below

Proposal to fund part-time nursery places with effect from September 2015

Q2(a) WHAT DOES Q1a RELATE TO?

Direct front line
service delivery

Indirect front line
service delivery

Indirect back room
service delivery

√ (H)

(M)

(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

On an internal
basis
i.e. Staff

(H)

√ (M)

(M)

(L)

Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING...

| | High Impact (H) | Medium Impact (M) | Low Impact (L) | Don't know (H) |
|------------------------------|---------------------------------------|--------------------------|-------------------|--------------------------|
| Age | → <input checked="" type="checkbox"/> | | | <input type="checkbox"/> |
| Disability | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Gender reassignment | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Marriage & civil partnership | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Pregnancy and maternity | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Race | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Religion or (non-)belief | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Sex | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Sexual Orientation | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Welsh Language | → <input type="checkbox"/> | √ | | <input type="checkbox"/> |
| Poverty/social exclusion | → <input type="checkbox"/> | √ | √ | <input type="checkbox"/> |
| Carers | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |
| Community cohesion | → <input type="checkbox"/> | <input type="checkbox"/> | √ | <input type="checkbox"/> |

Q4 Have you / will you undertake any public consultation and engagement relating to the initiative?

√ Yes

No

(If no, you need to consider whether you should be undertaking consultation and engagement – please see the guidance)

If yes, please provide details below

Public Consultation took place between 3rd November – 1st December 2014

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Q5(a) HOW VISIBLE IS THIS SERVICE/FUNCTION/POLICY/PROCEDURE/ PROJECT/ STRATEGY TO THE GENERAL PUBLIC?

High visibility
to general public
 (H)

Medium visibility
to general public
 (M)

Low visibility
to general public
 (L)

**(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)

**c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?
If so, please identify what and how?**

Affected by legislation covering nursery education; duty to ensure adequate childcare provision; the authority's duty in respect of children in need; eradicating child poverty and the United Nations' Convention on the rights of the child; and the public sector equality duty.

Q6 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 / NOT RELEVANT → Do not complete EIA
Please go to Q7 followed by Section 2**

Q7 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).

Not applicable

Section 2

NB: Please send this completed form to obtain email approval from your Head of Service.

| | |
|--|--|
| Screener- This to be completed by the person responsible for completing this screening | |
| Name: Joyce Slack | |
| Location: Schools Department | |
| Telephone Number: x 5127 | |
| Date: 6 th January 2015 | |
| Approval by Head of Service | |
| Name: Lorraine Buck | |
| Position: Chief Education Officer | |
| Date: 16 th January, 2015 | |