

Equality Impact Assessment Form

Please ensure that you refer to the **'Equality Impact Assessment Guidance'** while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team

Details
Name of Initiative to be assessed: Shared parental Leave Policy
Name of responsible officer: Lisa Jones
Group/Directorate: Human resources
Service Area: HR
Date: 7 April 2015

(a) WHAT ARE YOU ASSESSING FOR IMPACT ?

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

(b) Please name and describe below

Shared Parental Leave Policy which is a legal requirement.

**(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?**

Yes, legislation has defined this via Shared Parental Leave Regulations 2014

(d) Does the initiative directly affect service users, employees or the wider community?

Yes Continue assessment
 No No need to continue screening or carry out an EqIA

Screening/Relevance Test: Is an equality impact assessment required?

Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqIA. Please highlight the positive impact the decision will have on the protected characteristics.

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	No direct impact on age, although those in the workforce who are younger are more likely to have children and take the opportunity to take this time.
Disability	Not applicable
Gender Reassignment	Not applicable
Marriage & Civil Partnership	Not applicable
Pregnancy and Maternity	This gives a more equal treatment of both

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	men and women when caring for new babies or an adopted child. This is a positive effect.
Race	Not applicable
Religion or Belief	Not applicable
Sex	This gives equality to both male and female
Sexual orientation	Not applicable
Carers	Applicable in the context of caring for new babies
Welsh Language	Not applicable

If after completing the EqIA screening/relevance test you determine that this service/function/policy/project is not relevant for an EqIA you must provide adequate explanation below (Please use additional pages if necessary).

This is a policy that looks to make the time taken with new babies equal between both parents. There is no need to undertake the full EIA as this is set out in law and must be adhered to. It is also a positive step to equality.

YesX..... No

Signed _____ Position _____

N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqIA.

Full Equality Impact Assessment

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.

In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.

If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

Please highlight positive impacts and actions that have been identified as a result of the assessment process.

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Evidence Sources

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

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(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

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Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

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Decision Log – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

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Review

Date of Next Review:

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If review is not required, explain why.

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Approved by:

Signature:

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Job Title:

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Approval date:

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Date of Update:
Update recording