

**EQUALITY IMPACT ASSESSMENT TOOL**

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

|           |  | Yes/No | Comments  |
|-----------|--|--------|---|
| <b>1.</b> | <b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>   |        | For each category describe how you have involved stakeholders including service users and employees |
|           |  |        |   |
|           | Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)                  | No     |   |
|           | Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)      | No     |   |
|           | Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)   | No     |   |
|           | Culture (consider dietary requirements and individual care needs)  | No     |   |
|           | Religion or belief (include dress, individual care needs and spiritual needs for consideration)  | No     |   |
|           | Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)                           | No     |   |
|           | Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist)  | No     |   |
| <b>2.</b> | <b>Is there any evidence that some groups are affected differently?</b>  | No     |   |
| <b>3.</b> | <b>If you have identified potential discrimination, for example, less than equal access, are any exceptions valid, legal and/or justifiable, for example a genuine occupational qualification?</b> | n/a    |   |

|                                       |                           |                            |                         |        |              |
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|    |  | Yes/No | Comments |
|----|--|--------|----------|
| 4. | Is the impact of the policy/guidance likely to be negative?                      | No     |          |
| 5. | If so can the impact be avoided?   | n/a    |          |
| 6. | What alternatives are there to achieving the policy/guidance without the impact? | n/a    |          |
| 7. | Can we reduce the impact by taking different action?                             | n/a    |          |

If you have identified a potential discriminatory impact of this policy, please refer it to the appropriate Action Group, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Maria Crosbie, HR Manager, on extension 2552.

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