

EQUALITIES IMPACT ASSESSMENT

WHAT IS BEING ASSESSED FOR IMPACT?
BRIEF DESCRIPTION
IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE? If so, please identify what and how?

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?	
What will be the effect on?	
<i>PROTECTED CHARACTERISTIC</i>	<i>IMPACT</i>
Age	
Disability	
Gender Reassignment	
Marriage & Civil Partnership	
Pregnancy and Maternity	
Race	
Religion or Belief	
Sex	
Sexual orientation	

Welsh Language	
Carers	

If after completing the EIA screening/relevance test you determine that this initiative is not relevant for an EIA you must provide adequate explanation below

I can confirm that I have identified sufficient evidence to justify my decision

Signed:

Agency:

Please note: 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 EqlA.

FULL EQUALITIES IMPACT ASSESSMENT

<p>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.</p>
<p>If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.</p>
<p>EVIDENCE SOURCES</p>
<p>(i) Give details of any data or research that has led to your reasoning above, in</p>

particular, the sources used for establishing the demographics of service users.
(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.
DECISION LOG - Please detail how Elected/Board Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

REVIEW DATE:	
IF REVIEW IS NOT REQUIRED PLEASE EXPLAIN WHY:	

COMPLETED BY:		DATE:	
APPROVED BY:		DATE:	

Please return a copy to:

Nicola Kingham, Cwm Taf Safeguarding Board Business Manager

Ty Catrin

Maritime Industrial Estate

Pontypridd

CF37 1NY