

Equality Impact Assessment Record

Date of EIA December 2009
 Directorate Corporate Services

| | | Step |
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| Initial Screening Record | | 1/2 |
| Activity to be assessed | Maternity Provisions Policy | |
| What is the activity? | <input checked="" type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input type="checkbox"/> Service <input type="checkbox"/> Organisational change | |
| Is it a new or existing activity? | <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing | |
| Aim / objective / purpose of the activity – who is the activity designed to benefit/target? | The purpose of the activity is to: Provide guidance to employees who wish to take maternity leave The activity is designed for: All employees | |
| Who is responsible for the activity? | The person/section/team responsible for this policy/function is: Corporate Services HR | |
| Did Step 1: Initial Screening indicate that a full EIA was necessary? | <input type="checkbox"/> Yes – full EIA completed and recorded below. <input checked="" type="checkbox"/> No – full EIA not completed therefore record ends here. | |
| Full EIA Record | | |
| Who are the members of the EIA team? | Overwrite with names of individuals, section or team | |
| What evidence has been found to indicate that the activity might need to be amended? (Include any consultation undertaken) | Overwrite with the data, information or research that was used in the EIA | |
| With regard to the equalities themes, which groups might be impacted by the activity? Might any of these groups be impacted adversely ? | Groups Impacted <input type="checkbox"/> Race and ethnicity <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion or belief | Groups impacted adversely <input type="checkbox"/> Race and ethnicity <input type="checkbox"/> Disability <input type="checkbox"/> Gender <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Religion or belief |
| What evidence is there to suggest an impact/adverse impact? | | |
| On what grounds can impact or adverse impact be justified? | | |
| Is there any current action that addresses issues for any of the groups impacted/adversely impacted? | | |
| What changes will you make to the activity reduce or remove any differential/adverse impact? | <u>List the actions that you have planned as a result of the EIA.</u> | |
| Into which action plan/s will these actions be incorporated? | | |

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| Who is responsible for the action plan? | | 6 |
| Have any examples of good practise been identified as part of the EIA? | | |
| Has the EIA been published on the Council website? | Yes / No | |
| Who is the relevant Chief Officer and have they signed off the EIA? | Name Signature..... | |
| Which PMR will this EIA be reported in? | Note the service department and relevant quarter/date of PMR | |

