	his form. If	you would li	ke further g	guidance ple	Guidance while ease contact th
Section 1					
Which service	e area and dire	ectorate are y	ou from?		
Service Area:		ormation			
Directorate: R	esources				
Q1(a) WHAT		CREENING F	OR RELEV	ANCE?	
Service/	Policy/				
Function	Procedure	Project	Strategy	Plan	Proposal
(b) Please	name and <u>d</u>	<u>escribe</u> here	:	,	'
Cabinet res	ponse to the	e Scrutiny Ir	nquiry into	Equalities	
after the Equa	alities Scrutiny to the recom e contents of tions made ar	Inquiry Pane mendations a the scrutiny ro nd gained adv	el completed are contained eport, looking	a detailed ind I in the report g at each of t	Cabinet have he specific
service delivery service		Indirect service	t front line Indirect back room service delivery		
	∐ (H)	<u> </u>	△ (M)	<u> </u>	△ (L)
(b) DO YO	UR CUSTON	MERS/CLIEN	TS ACCESS	THIS?	
Because they		ause they	Becau		On an internal
need to	Wa	ant to	automatically	•	basis
			everyone in S		i.e. Staff
(H)		⊠ (M)		(M)	⊠ (L)
Q3 WHAT	IS THE POT	ENTIAL IMP	ACT ON THE	FOLLOWIN	IG
		High Impact	Medium Impac	t Low Impact	Don't know
		(H)	(M)	(L)	(H)
Children/young p		→ □	\boxtimes		
Older people (50)+)	→ □	\boxtimes		
Any other age gr	oup	→ □	\boxtimes		
Disability	_	→ ∐	\boxtimes	Ц	
Race (including	refugees) ====	→ ∐	\boxtimes	Ц	
Asylum seekers		→ ∐	\boxtimes	Ц	
Gypsies & travel		→ ∐	\boxtimes	Ц	
Religion or (non-	·)belief	→ ∐	\boxtimes	Ц	
Sex	_	→ ∐			
Sexual Orientation		→ ∐		Ц	
Gender reassignment		\bowtie	\sqsubseteq		
Welsh Language		₹	\bowtie	\sqsubseteq	
Poverty/social ex			\bowtie		
Carers (inc. your			\bowtie	\sqsubseteq	
Community cohe		?	\bowtie	\sqsubseteq	
Marriage & civil	partnership ===	—	\bowtie		

Pregna	ncy and maternity	$\rightarrow \Box$	\boxtimes		
Q4 Pleas	WHAT ENGAGEN APPROACHES We be provide details to reasons for not u	ILL YOU UNDI pelow – either o	ERTAKE? of your plar		
engag Cound Cound	of the recommenda gement / co-product cillors and staff. The cil meets the equalit dual EIAs will be un egy.	ion activities with actions are rel by duty as oppos	th equality for ated to impr sed to being	orums or internovements to the specifically ab	ally with e way the out one service
	ot visible to all resid ed in equality forum		olve those r	members of the	public
The a	ction plan is being p	oresented at Ca	binet and wi	ill be a public d	ocument.
Q5(a)	HOW VISIBLE IS High visibility (H)	Medium	'E TO THE (visibility ☑ (M)	Low vis	
(b)	WHAT IS THE PO (Consider the follo perception etc)	_	_		
	High risk ☐ (H)	Medium	risk (M)	Low ris	k ' L)
Q6	Will this initiative Council service?	have an impa	ct (however	minor) on an	y other
[☐ Yes ⊠	No If yes	please pro	vide details b	elow
Q7	HOW DID YOU SO	_			
MOST	ΓLY H and/or M [—]	→ HIGH PRIO	$RITY \longrightarrow$	☐ EIA to be Please go to	completed Section 2
MOST		OW PRIORITY		⊠ Do not co Please go followed by	to Q8

Equality Impact Assessment Screening Form

Appendix B

Q8 If you determine that this initiative is not relevant for an EIA report, you must provide a full explanation here. Please ensure that you cover all of the relevant protected groups.

Individual projects within the action plan may be subject to full EIA once those screenings have been completed. However the overall plan is to improve the Council's performance and adopt good practice around equalities.

Section 2

NB: Please email this completed form to the Access to Services Team for agreement before obtaining approval from your Head of Service. Head of Service approval is only required via email – no electronic signatures or paper copies are needed.

needed.		
Screening completed by:		
Name: Sarah Lackenby		
Job title: Chief Transformation Officer		
Date: 25/10/2019		
Approval by Head of Service:		
Name: Adam Hill		
Position: Deputy Chief Executive & Director of Resources		
Date: 28/10/2019		

Please return the completed form to accesstoservices@swansea.gov.uk