

Equality and Diversity - Policy Screening Checklist

Policy/Service Title:	Directorate:																																																												
Name of person/s auditing/developing/authoring a policy/service:																																																													
Aims/Objectives of policy/service:																																																													
Policy Content: <ul style="list-style-type: none"> For each of the following check the policy/service is sensitive to people of different age, ethnicity, gender, disability, religion or belief, and sexual orientation? The checklists below will help you to see any strengths and/or highlight improvements required to ensure that the policy/service is compliant with equality legislation. 																																																													
1. Check for DIRECT discrimination against any group of SERVICE USERS:																																																													
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3. Check for DIRECT discrimination against any group relating to EMPLOYEES:							
Question: Does your policy/service contain any statements which may exclude employees from implementing the service/policy under the grounds of:		<i>Response</i>		Action required		<i>Resource implication</i>	
		Yes	<i>No</i>	Yes	No	Yes	No
3.1	Age?						
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If yes is answered to any of the above items the policy/service may be considered discriminatory and requires review and further work to ensure compliance with legislation.							
4. Check for INDIRECT discrimination against any group relating to EMPLOYEES:							
Question: Does your policy/service contain any conditions or requirements which are applied equally to everyone, but disadvantage particular persons' because they cannot comply due to:		<i>Response</i>		Action required		<i>Resource implication</i>	
		Yes	<i>No</i>	Yes	No	Yes	No
4.1	Age?						
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TOTAL NUMBER OF ITEMS ANSWERED 'YES' INDICATING INDIRECT DISCRIMINATION =							

Signatures of authors / auditors:

Date of signing:

Equality Action Plan/Report

Directorate:

Service/Policy:

Responsible Manager:

Name of Person Developing the Action Plan:

Consultation Group(s):

Review Date:

The above service/policy has been reviewed and the following actions identified and prioritised. All identified actions must be completed by the date: _____

Action:	Lead:	Timescale:
Rewriting policies or procedures		
Stopping or introducing a new policy or service		
Improve /increased consultation		
A different approach to how that service is managed or delivered		
Increase in partnership working		
Monitoring		
Training/Awareness Raising/Learning		
Positive action		
Reviewing supplier profiles/procurement arrangements		
A rethink as to how things are publicised		
Review date of policy/service and EIA: this information will form part of the Governance Performance Reviews		
If risk identified, add to risk register. Complete an Incident Form where appropriate.		

When completed please return this action plan to the Trust Equality and Diversity Lead; Pamela Chandler or Jane Turvey. The plan will form part of the quarterly Governance Performance Reviews.

Signed by Responsible Manager: Date: