

Stage 1 – Initial screening for Equality Impact Assessment

The information provided at this stage will determine whether a full impact assessment is required. The screening process will help to determine the potential for adverse impact on race and the other equality areas. Where a potential has been identified a full impact assessment will be required.

General information

| General information |
|--|
| Name of Lead Officer responsible for completing the screening: |
| 2. Name of policy: |
| New Existing |
| 3. What is the origin of the policy? |
| a. Internal MPA Management/organisational policy decision |
| b. Authority/Committee decision |
| c. MPS recommendation |
| d. MPS policy |
| e. Best value review |
| f. Evidential Scrutinies |
| g. Home Office/regulatory report |
| h. New regulation/legislation |
| i. Other (please indicate) |
| |
| 4. Please indicate whether you consider the policy to be: |
| MPA policy |
| Give reason for this answer: |
| |
| 5. If an MPS policy, please state what arrangements will be made to ensure that the MPS |
| carries out a race equality impact assesment. |
| |
| 6. Please give details of the policy lead/contact in the MPS who will be responsible for |
| this. |
| |



| Screening for Potential Impact | | No |
|---|--|-----|
| Is there evidence or reason to believe that the policy or proposed policy is likely to have higher or lower impact on different racial | □Н□∟ | |
| 8. Is there evidence or reason to believe that the policy or proposed policy is likely to have higher or lower impact on any of the different equality groups? Age People with Disabilities Faith and/or Religious belief Gender Sexual Orientation | H L H L H L H L | |
| 9. In meeting the General or Specific Duty of the Race Relations Act, is there evidence or other reason to believe that different racial groups have different needs and experiences that this policy is likely to address?a) If so, what is the evidence? | ∐Yes | □No |
| b) For which racial groups? | | |



| 10. Is there evidence or other reason to believe that the different equality groups have different needs and experiences that this policy is likely to address? | | No | |
|---|--|----|--|
| Age People with Disabilities Faith and/or Religious belief Gender Sexual Orientation | | | |
| a) If so, what is the evidence/reason? | | | |
| 11. Does the policy propose changes or alterations to another policy that has been known to impact differently on various racial groups? Yes Noa) If yes, which policies? | | | |
| b) If yes, please state how this policy will impact on other policies? | | | |
| 12. Does the policy propose changes or alterations to another policy that has been known to impact differently on various equality groups? Yes Noa) If yes, which policies? | | | |
| b) If yes, please state how this policy will impact on other policies? | | | |



| 13. Has prior consultation taken place with organisations, groups or individuals, which indicate a problem that the policy is likely to address? ☐Yes ☐No | | | |
|---|--|--|--|
| If Yes: a) Who was consulted? | | | |
| b) How was the consultation carried out? | | | |
| c) What was learnt from the consultation? | | | |
| d) What changes, if any, have been proposed to the policy as a result of the consultation? | | | |
| If no, please state the reason why no consultation was carried out. | | | |
| Note: Generally, the screening cannot be approved. The RRA and the ESLG both place a requirement on the MPA to consult. | | | |
| 14. From your assessment, do you think a full impact assessment is required? (Please provide a full reason for the answer given) | | | |
| 15. Please add any other information that you think is relevant to the initial assessment. | | | |
| To be completed once screening is completed and you are satisfied with the information provided. | | | |
| Screening form seen by Line Manager Date | | | |
| Form forwarded to Head Race and Diversity UnitDate | | | |
| Assessment signed off by ClerkDate | | | |
| Date forwarded to Comms for publication: | | | |
| Publication date:(To be agreed with Communications Unit) | | | |
| Date for reviewing policy:(to be agreed with R&D Unit) | | | |



Stage 2 – FULL IMPACT ASSESSMENT

A full EIA will be needed if the initial assessment has identified the potential for impact. It is suggested that the assessment should be carried out by at least three people and that at least one should be from the R&D Unit, to give any expert advice on the RES process. The completed assessments will be quality assured by a small team to include internal and external individuals from the criminal justice, public, statutory and voluntary sectors.

General Information

| Name of impact assessor: | Department/Section: | Doto EIA | completed: |
|---|--------------------------------|------------|------------|
| Name of impact assessor: | Department/Section: | Date EIA (| completed: |
| | | | |
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| 1. Name of Policy: | | | |
| | | | |
| 2. What is the origin of the po | liev? | | |
| 3 | | | |
| a. Internal MPA Management/o | organisational policy decision | Ш | |
| b. Authority/Committee decisi | on | | |
| c. MPS recommendation | | | |
| d. MPS policy | | | |
| e. Best value review | | | |
| f. Evidential Scrutinies | | | |
| g. Home Office/regulatory repo | ort | | |
| h. New regulation/legislation | | | |
| i. Other (please indicate) | | | |
| | | | |
| 3. a) Is this a new policy or an | existing policy? | New 🗌 | Existing |
| | | | |
| b) If existing, when was this policy developed or decision taken? | | | |
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| 4. | a) What is the aim and purpose of the policy? Aim: |
|-----|--|
| | Purpose: |
| | b) Who is the policy or proposed policy intended to benefit? |
| 5. | Who are the main stakeholders of the policy or proposed policy? (e.g., MPA, MPS, GLA, Staff, Home Office etc) |
| Sta | atutory Functions & Policy Obligations |
| 6. | How does this policy or proposed policy inform and contribute to the overall statutory functions and key objectives of the MPA? (Please see RES page 9 & 32) |
| • | How does the policy contribute to the race and diversity statutory requirements, objectives and performance of the MPA? |
| • | How does/would the policy contribute to the equality statutory obligations, objectives and performance of the MPA? |
| _ | Harris III (bits as Berlin frame as influence (by MDA assessment as and assessing of the MDO) |
| 7. | How will this policy inform or influence the MPA governance and overview of the MPS? |
| | |
| 8. | Please give any other comments you wish to make about this policy or proposed policy. |

Assessing for Impact



| or be differently affected by this policy/function if so, what is it? |
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| (Please be aware that discrimination may be compounded and is therefore likely to have more adverse impact on some discriminated groups than others). |
| a. Would people be differently affected by nature of their racial group? (Please explain) |
| b. Would people be differently affected by nature of their age (children, young people, older people etc)? (Please explain) |
| c. Would people with disabilities be differently affected by the policy? (Please explain) |
| d. Would people of different faith and/or religious beliefs be differently affected by the policy? (Please explain) |
| e. Would people who are lesbian , gay , bisexual or transgender be differently affected by the policy? (Please explain) |
| f. Would women or men be differently affected by the policy? (Please explain) |
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| 10. a) What qualitative or quantitive research findings, reports or other data or information have you used to inform your assessment of the differentially impact on particular racial equality groups? |
|---|
| b) What qualitative or quantitive research findings, reports or other data or information have you used to inform your assessment of the differentially impact on particular equality groups? |
| |
| 11. If the differential impact is an adverse one, please indicate for which racial or equality groups? (You will need to support your answer by reference to research or data evidence) |
| |
| 12. Would the policy or proposed policy result in indirect discrimination against any group? (Please specify by providing data or research evidence to support your answer) |
| |
| 13. Where the EIA process has assessed the policy as being indirectly discriminatory, please indicate: |
| a) Whether the policy can be changed |
| b) Whether the identified discrimination in the policy can be justified under the RRA or the equalities legislation and policies. (Please give detailed reason for answer) |
| |
| 14. Where the policy has been assessed as indirectly discriminatory, what amendments would you propose to ensure that amendments are made to the policy to eliminate discrimination or promote equality of opportunity? (Please list the proposed amendments) |
| |



- 15. a) How would the suggested amendment promote the General Duty of the Act and meet the requirements under the Specific Duty of the Act? (Please specify)
 - b) How would the suggested amendment promote the requirements of the Equality Standard for Local Government and contribute to achieve of Level 5 of the standard? (Please specify)

Access and Publication

- 16. a) What measures and performance indicators would you use, or expect others to use to assess the success of this policy in meeting the General Duty of the Act? (Please specify)
 - b) What measures and performance indicators would you use, or expect others to use to assess the success of this policy in meeting the Equality Standard for Local Government? (Please specify)
 - c) How do you propose to communicate this information to the relevant committee?
 - d) How do you propose to communicate this information to the public?
- 17. a) What are the assessed consequences for the affected racial groups, and for the Authority, for adopting a policy that has been assessed as being discriminatory?
 - b) List the plans that have been/will be put in place for communicating this decision to the racial groups assessed as being most affected?
 - c) Indicate the plans that have been/will be put in place for communicating this decision to the equality group(s) assessed as being most affected?
 - d) How will members of the public access this information?
- 18. a) What arrangements will you make publishing the results of this EIA?



| b) Will the relevant committee be involved in approving the EIA before it is published? ☐Yes ☐No | | |
|--|--|--|
| c) If Yes, What is the timescale for doing this? (Please give proposed committee / management meeting date) | | |
| d) If no, How will the committee (where appropriate) be informed on the information that will be placed in the public domain? | | |
| e) How will members of the public access this information? | | |
| Resource Implication | | |
| 19. a) What are the financial costs of implementing the outcomes of this EIA? | | |
| b) Have budgetary arrangements been made for this implementation, including making the information accessible to the public? ☐ Yes ☐No | | |
| | | |
| c) If no, how will this information be communicated to the: | | |
| c) If no, how will this information be communicated to the: i) Relevant committee/management structure? | | |
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Monitoring and Review



| 20. a) Please outline the specific arrangements that have been / will be made for monitoring the outcomes of this EIA. |
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| the outcomes of this Lia. |
| b) Please indicate proposed timescales for reviewing this policy and EIA outcomes. |
| (Note: There is a requirement by the Commission for Racial Equality for annual progress of all policies etc. Policy including the Committee or internal structure (e.g. SMT/ R&DU) that quality assures the outcomes of the monitoring arrangements and success measures.) |
| 21. When will the policy or proposed policy be implemented (if this is a retrospective assessment, please indicate when the policy was implemented)? |
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| 22. Please give the name of the individual/committee that will be responsible for the monitoring and reviewing arrangements for this policy and EIA outcomes. |
| Name of individual: |
| Line Manager: |
| Committee and Committee Chair: |
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| FORM ROUTE PROCESS |
| Date forwarded to Line Manager: |



| Date forwarded the Head of | Race and Diversity: | | |
|------------------------------|---------------------------|----------------------------|--------------------------|
| Date to be Quality Assured: | | (please insert date a | greed) |
| Date Outcomes of QA proce | ess forwarded to SMT | | _ (for R&DU to complete) |
| Date Forwarded to the Clerk | k for approval: | | |
| Schedule for publication and | d committee information w | rill be agreed with indivi | dual Policy Leads. |
| For further information and | assistance please contact | : | |
| Julia Smith | Ext: 57226 | | |
| Karina Horsham-Maynard | Ext: 57227 | | |
| Kim Webster | | | |