

## Appendix 1

### EQUALITY IMPACT: SCREENING AND ASSESSMENT FORM

This form is to be used in conjunction with the Equality Impact Assessment Guidelines. Please refer to these before starting; if you require further guidance contact [equalities@west-dunbarton.gov.uk](mailto:equalities@west-dunbarton.gov.uk)

| <b>Section 1: Policy/Function/Decision (PFD) Details</b>  |   |
|---|---|
| A <b>PFD</b> is understood in the broad sense including the full range of functions, activities and decisions the council is responsible for. |   |
| Name of PFD:  | <b>Increase cost of food export certificates by £40 per certificate</b>               |
| Lead Department & other departments/ partners involved:   | <b>Regulatory Services</b>  |
| Responsible Officer   | <b>Graham Pollock</b>   |
| Impact Assessment Team  | <b>Graham Pollock</b>   |
| Is this a new or existing PFD?  | <b>New</b>  |
| Start date of EIA 29/01/2018  | End date of EIA: 29/01/2018   |
| Who are the main target groups/ who will be affected by the <b>PFD</b> ?  | <b>Any business within WDC who intends to export food outwith the European Union.</b> |
|   | no  |
|   | If <b>YES</b> , complete all sections, 2-9  |
|   | If <b>NO</b> , complete only sections 8-9   |
|   | If don't know, complete sections 2 & 3 to help assess relevance                       |

**Section 2: Evidence**

Please list the available evidence used to assess the impact of this PFD, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.

**Available evidence:**

|  |  |
|--|--|
| Consultation/<br>Involvement with<br>community, including<br>individuals or groups or<br>staff as relevant |  |
| Research and relevant<br>information   |  |
| Officer knowledge  |  |
| Equality Monitoring<br>information – including<br>service and employee<br>monitoring                       |  |
| Feedback from service<br>users, partner or other<br>organisation as relevant                               |  |
| Other  |  |

**Are there any gaps in evidence?** Please indicate how these will be addressed

|                             |  |
|-----------------------------|--|
| Gaps identified             |  |
| Measure to address<br>these |  |

*Note: Link to Section 6 below Action Plan to address any gaps in evidence*

### Section 3: Involvement and Consultation

Include involvement and consultation relevant to this PFD, including what has already been done and what is required to be done, how this will be taken and results of the consultation.

Please outline details of any involvement or consultation, including dates carried out, protected characteristics. Also include involvement or consultation to be carried out as part of the developing and implementing the policy.

| Details of consultations | Dates | Findings | Characteristics             |
|--------------------------|-------|----------|-----------------------------|
|                          |       |          | Race                        |
|                          |       |          | Sex                         |
|                          |       |          | Gender Reassignment         |
|                          |       |          | Disability                  |
|                          |       |          | Age                         |
|                          |       |          | Religion/ Belief            |
|                          |       |          | Sexual Orientation          |
|                          |       |          | Civil Partnership/ Marriage |
|                          |       |          | Pregnancy/ Maternity        |
|                          |       |          | Cross cutting               |

*Note: Link to Section 6 below Action Plan*

**Section 4: Analysis of positive and Negative Impacts**

| Protected Characteristic  | Positive Impact | Negative Impact | No impact |
|---|-----------------|-----------------|-----------|
| Race  |                 |                 |           |
| Sex   |                 |                 |           |
| Gender Re-assignment  |                 |                 |           |
| Disability  |                 |                 |           |
| Age   |                 |                 |           |
| Religion/ Belief  |                 |                 |           |
| Sexual Orientation  |                 |                 |           |
| Civil Partnership/ Marriage; this PC is not listed as relevant for Specific Duties; however under the General Duty we are required to eliminate any discrimination for this PC. |                 |                 |           |

*Note: Link to Section 6 below Action Plan in terms of addressing impacts*

**Section 5: Addressing impacts**

Select which of the following apply (use can choose more than one) and give a brief explanation – to be expanded in Section 6: Action Plan

|                            |  |
|----------------------------|--|
| 1. No major change         |  |
| 2. Continue the PFD        |  |
| 3. Adjust the PFD          |  |
| 4. Stop and remove the PFD |  |


Give reasons:

*Note: Link to Section 6 below Action Plan*

**Section 6: Action Plan** describe action which will be taken following the assessment in order to; reduce or remove any negative impacts, promote any positive impacts, or gather further information or evidence or further consultation

| Action | Responsible person | Intended outcome | Date | Protected Characteristic    |
|--------|--------------------|------------------|------|-----------------------------|
|        |                    |                  |      | Disability                  |
|        |                    |                  |      | Gender                      |
|        |                    |                  |      | Gender Reassignment         |
|        |                    |                  |      | Race                        |
|        |                    |                  |      | Age                         |
|        |                    |                  |      | Religion/ Belief            |
|        |                    |                  |      | Sexual Orientation          |
|        |                    |                  |      | Civil Partnership/ Marriage |
|        |                    |                  |      | Pregnancy/ Maternity        |
|        |                    |                  |      | Cross cutting               |

**Are there any negative impacts which cannot be reduced or removed?** please outline the reasons for continuing the PFD

|  |   |                  |
|--|---|------------------|
| <b>Section 7: Monitoring and review</b>  |   |                  |
| Please detail the arrangements for review and monitoring of the policy   |   |                  |
| How will the PFD be monitored?<br>What equalities monitoring will be put in place?   |   |                  |
| When will the PFD be reviewed?   |   |                  |
| Is there any procurement involved in this PFD? If yes please confirm that you have read the WDC Equality and Diversity guidance on procurement |   |                  |
| <b>Section 8: Signatures</b>   |   |                  |
| The following signatures are required:   |   |                  |
| Lead/ Responsible Officer:   | Signature:  | Date: 29/01/2018 |
| EIA Trained Officer:   | Signature:  | Date:            |
| <b>Section 9: Follow up action</b>   |   |                  |
| <b>Publishing:</b> Forward to community Planning and Policy for inclusion on intranet/internet pages   | Signature:  | Date:            |
| <b>Service planning:</b> Link to service planning/ covalent – update your service plan/ covalent actions accordingly                           | Signature:  | Date:            |
| Give details, insert name and number of covalent action and or related PI:   |   |                  |
| <b>Committee Reporting:</b> complete relevant paragraph on committee report and provide further information as necessary                       | Signature:  | Date:            |
| <b>Completed form:</b> completed forms retained within department and copy passed to Policy Development Officer (Equality) within the CPP team | Signature:  | Date:            |