

EQUALITY IMPACT ASSESSMENT – INITIAL SCREENING TEMPLATE (IST)

Initial screening needs to take place for all new/revised Council policies. The word ‘policy’, in this context, includes the different things that the Council does. It includes any policy, procedure or practice - both in employment and service delivery. It also includes proposals for restructuring, redundancies and changes to service provision. This stage must be completed at the earliest opportunity to determine whether it is necessary to undertake an EIA for this activity.

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|----------------------------------------------------------------------------------|--------------------------------------------|
| Name of Policy: | Contaminated Land Inspection Strategy 2017 |
| Lead Officer (responsible for assessment): | Karen See |
| Department: | Env Services |
| Others Involved in the Assessment (i.e. peer review, external challenge): | |
| Date Initial Screening Completed: | 7 th April 2017 |

(a) **What is the policy trying to achieve?** i.e. What is the aim/purpose of the policy? Is it affected by external drivers for change? What outcomes do we want to achieve from the policy? How will the policy be put into practice?

Purpose of this policy is to clearly set out how the Council will approach the issue of the identification and control of contaminated land. The original policy was developed in 2001, and this is the 2nd update since that time.

(b) **Who are its main beneficiaries?** i.e. who will be affected by the policy?

The public, businesses and other interested parties as the policy will demonstrate the measures the Council will take in the protection of human health and the environment through the identification and control of contaminated land.

(c) **Is this assessment informed by any information or background data?** i.e. consultations, complaints, applications received, allocations/take-up, satisfaction rates, performance indicators, access audits, census data, benchmarking, workforce profile etc.

This policy update is required as a result of updates to government guidance and regulations. The actual focus of the legislation remain the same, so the focus of the policy remains as previous.

(d) Does this policy have the potential to cause a positive or negative impact on different groups in the community, on the grounds of any of the protected characteristics (please tick all that apply):

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|----------------------------------|--------------------------|-----------------------------------------|--------------------------|
| Ethnicity | <input type="checkbox"/> | Age | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Religion or Belief | <input type="checkbox"/> |
| Disability | <input type="checkbox"/> | Sexual Orientation | <input type="checkbox"/> |
| Gender Reassignment | <input type="checkbox"/> | Marriage & Civil Partnership | <input type="checkbox"/> |
| Pregnancy & Maternity | <input type="checkbox"/> | Caring Responsibilities | <input type="checkbox"/> |

Please explain any impact identified: i.e. What do you already know about equality impact or need? Is there any evidence that there is a higher or lower take-up by particular groups? Have there been any demographic changes or trends locally? Are there any barriers to accessing the policy or service?

None

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| (e) Does the policy affect service users or the wider community? | NO |
| (f) Does the policy have a significant effect on how services are delivered? | NO |
| (g) Will it have a significant effect on how other organisations operate? | NO |
| (h) Does it involve a significant commitment of resources? | NO |
| (i) Does it relate to an area where there are known inequalities, e.g. disabled people's access to public transport etc? | NO |

If you have answered **YES** to any of the questions above, then it is necessary to proceed with a full equality impact assessment (EIA). If the answer is **NO**, then this judgement and your response to the above questions will need to be countersigned by your Head of Service and then referred to the Council's Equal Opportunities Working Group (EOWG) for scrutiny and verification. Please forward completed and signed forms to the Principal HR Officer.

Signatures:

Completing Officer: _____ **Date:** _____

Head of Service: _____ **Date:** _____