


Equalities Screening Record Form

Date of Screening:	Directorate: Corporate Services	Section: Insurance	
1. Activity to be assessed	Procurement of Liability insurance and claims handling service for the Council		
2. What is the activity?	<input type="checkbox"/> Policy/strategy <input type="checkbox"/> Function/procedure <input type="checkbox"/> Project <input type="checkbox"/> Review <input checked="" type="checkbox"/> Service <input type="checkbox"/> Organisational change		
3. Is it a new or existing activity?	<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		
4. Officer responsible for the screening	Helen Rogers		
5. Who are the members of the EIA team?	Helen Rogers		
6. What is the purpose of the activity?	To protect the Council's assets and liabilities in the event of injury, loss or damage		
7. Who is the activity designed to benefit/target?	To meet the Council's requirements under Section 4.2 of Financial Regulations		
Protected Characteristics	Please tick yes or no	Is there an impact? What kind of equality impact may there be? Is the impact positive or adverse or is there a potential for both? If the impact is neutral please give a reason.	What evidence do you have to support this? E.g equality monitoring data, consultation results, customer satisfaction information etc Please add a narrative to justify your claims around impacts and describe the analysis and interpretation of evidence to support your conclusion as this will inform members decision making, include consultation results/satisfaction information/equality monitoring data
8. Disability Equality	Y ✓	N	Potentially a visually impaired insurance claimant may have difficulty completing an incident form as these are not supplied in braile
9. Racial equality	Y	N ✓	None at present as this has not arisen to date
10. Gender equality	Y	N ✓	This information is not given on an incident form and hence there would be no scope for discrimination
11. Sexual orientation equality	Y	N ✓	This information is not given on an incident form and hence there would be no scope for discrimination

12. Gender re-assignment	Y	N ✓		This information is not given on an incident form and hence there would be no scope for discrimination
13. Age equality	Y	N ✓		The age of claimants is not relevant to the claims process
14. Religion and belief equality	Y	N ✓		This information is not noted on the incident forms and hence there is no scope for discrimination
15. Pregnancy and maternity equality	Y	N ✓		This information is not noted on the incident forms and hence there is no scope for discrimination
16. Marriage and civil partnership equality	Y	N ✓		This information is not noted on the incident forms and hence there is no scope for discrimination
17. Please give details of any other potential impacts on any other group (e.g. those on lower incomes/carer's/ex-offenders) and on promoting good community relations.	None			
18. If an adverse/negative impact has been identified can it be justified on grounds of promoting equality of opportunity for one group or for any other reason?	No			
19. If there is any difference in the impact of the activity when considered for each of the equality groups listed in 8 – 14 above; how significant is the difference in terms of its nature and the number of people likely to be affected?	Negligible. We have had no such case to date			
20. Could the impact constitute unlawful discrimination in relation to any of the Equality Duties?	Y	N ✓	Please explain for each equality group	
21. What further information or data is required to better understand the impact? Where and how can that information be obtained?	None			
22. On the basis of sections 7 – 17 above is a full impact assessment required?	Y	N ✓	Please explain your decision. If you are not proceeding to a full equality impact assessment make sure you have the evidence to justify this decision should you be challenged. If you are proceeding to a full equality impact assessment please contact Abby Thomas.	

23. If a full impact assessment is not required; what actions will you take to reduce or remove any potential differential/adverse impact, to further promote equality of opportunity through this activity or to obtain further information or data? Please complete the action plan in full, adding more rows as needed.

Action	Timescale	Person Responsible	Milestone/Success Criteria
In the event of a visually impaired claimant highlighting they are unable to complete an incident form, the Insurance Section would request that Customer Services work with the claimant to complete this form.	Ongoing	Helen Rogers	Not applicable
In the event that a claimant whose first language was not English could not complete an incident form and they were unable to find a friend or family member to assist them, we would look to identify staff at the Council who could help with translating	Ongoing	Helen Rogers	Not applicable
24. Which service, business or work plan will these actions be included in?	Insurance Manual		
25. Please list the current actions undertaken to advance equality or examples of good practice identified as part of the screening?	Not applicable		
26. Chief Officers signature.	Signature:  Date:		
	7/8/19		