



Chiltern
District Council



South Bucks
District Council

Equality Impact Assessment Screening Tool – Step 1

To be completed for all policy, strategy or new service proposals to determine whether a full impact assessment is required, where the item has already been identified as not requiring an integrated impact assessment. (See IIA guidance)

| | | | |
|-------------------------------|---|---------------|---|
| Document/Policy Title | Chiltern and South Bucks Local Plan 2036 | | |
| Author or Lead Officer | David Waker | Date | 3/5/2019 |
| 1. | Does the policy/proposal have any negative effect on the basis of: | Yes/No | Reason |
| | • Age | no | Provision of housing would be to serve all age groups |
| | • Disability | no | Policies in the plan seek to provide adaptable homes for disabled users |
| | • Gender reassignment | no | The plan is gender neutral |
| | • Marriage or civil partnership | no | The plan is not relevant to marital status |
| | • Pregnancy or maternity status | no | Policies proposed in the plan would not impact on maternity status |
| | • Race | no | The plan has no negative effects on race |
| | • Religion or belief | no | The plan is written to be neutral in terms of religion and or beliefs |
| | • Sex | no | The plan is gender neutral |
| | • Sexual orientation | no | The plan is gender neutral |

If all responses to Section 1 are No, a full Impact Assessment is not required. If you have answered yes to any question, proceed to Section 2.

| | | | | |
|-----------|--|-----------------------|---------------------|---------------|
| 2. | In respect of any particular group, is the negative effect: | Unintentional? | High impact? | |
| | | Yes/No | Yes/No | Reason |
| | • Age | | | |
| | • Disability | | | |
| | • Gender reassignment | | | |

| | | | | |
|--|---------------------------------|--|--|--|
| | • Marriage or civil partnership | | | |
| | • Pregnancy or maternity status | | | |
| | • Race | | | |
| | • Religion or belief | | | |
| | • Sex | | | |
| | • Sexual orientation | | | |

If all responses to Section 2 are No, a full Impact Assessment is not required. If you have answered yes to any question in Section 2, proceed to Section 3.

| 3. | Are any negative effects listed in Section 2 illegal or potentially illegal?* | *i.e. contrary to anti-discriminatory legislation | |
|----|---|---|--------|
| | | Yes/No | Reason |
| | • Age | | |
| | • Disability | | |
| | • Gender reassignment | | |
| | • Marriage or civil partnership | | |
| | • Pregnancy or maternity status | | |
| | • Race | | |
| | • Religion or belief | | |
| | • Sex | | |
| | • Sexual orientation | | |

If all responses to Sections 1, 2 and 3 are No, a full Impact Assessment is not required.

If you have answered yes to any question in Section 3, or if any negative effect has a high impact on a particular equalities group, consider the following:

| 4. | Can any negative effect be avoided? | Yes/No | How? |
|----|--|--------|------|
| | | | |
| 5. | Can we reduce the impact by taking different action? | Yes/No | How? |
| | | | |

Now repeat this rapid assessment in the light of any new information.

If the outcome is the same, then you have identified a potential discriminatory impact of this policy/proposal, and you will need to complete a full Equalities Impact Assessment before it can be submitted for approval to the relevant committee or PAG.

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Full EIA to be now undertaken? ~~Yes~~ / No (delete as applicable)

| | | | |
|-------------------------|--------------------|-----------------------------------|--|
| Lead Officer | <i>David Waker</i> | Date Reviewed by Director | |
| Date of decision | <i>3/5/2019</i> | Outcome of Director Review | Agree/Not agree (delete as applicable) |

Please submit this completed form to Democratic Services along with your PAG or Committee papers for formal approval or, where a report is not involved, to the Chief Executive's office.

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