

**Equality Impact Assessment
Level One Assessment Form
HR**

Service Area.....

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| 1. What is the name of the proposed policy, procedure, project etc to be assessed. | |
| Eye Test Guidelines | |
| 2. What are the aims or intended outcomes of the policy to be assessed. | |
| To ensure that the council complies with its legislative Health & Safety responsibilities and to compensate employees who may require corrective vision measures as a result of use of VDU within their duties. | |
| 3. Is there any potential public or staff concern that this function, policy or proposal may have a discriminatory impact | |
| PUBLIC No | STAFF No |
| 4. Is there any other evidence (results of consultations, monitoring data etc) to suggest that the proposals could have an adverse/differential impact on the grounds of | |
| a. Race No b. Religion No c. Gender No d. Disability No e. Sexual Orientation No f. Age No | |

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| 5. If there is no evidence are there any experts/ relevant groups who you can approach to explore their views on the issues | | | |
| Staff consultation (via trade unions), Corporate Safety & Emergency planning Officer, Health & Safety Executive | | | |
| 6. How will the views of these groups be obtained | | | |
| Through LJCC with trade unions, through staff consultation in the form of the staff survey (assessing satisfaction in terms of benefits offered), monitoring the service areas where benefits claimed and research/contact as issues arise | | | |
| 7. Please detail the outcomes of these consultations | | | |
| No dissatisfaction or inequity expressed through the above mechanisms | | | |
| 8. What are the risks (if any) associated with the policy in relation to the adverse/differential impact on the ETG's | | | |
| Eye Test Guidelines and vouchers are open to all employees of the council and are publicised through the induction process and the Hyntranet/Staff handbook which all staff receive. | | | |
| 9. Considering the evidence above what priority would you give this policy in relation to the Equality Target Groups. Please provide a rationale for your conclusions | | | |
| | High | Medium | Low |
| Disability | | | x |
| Race | | | x |
| Gender | | | x |
| Sexual Orientation | | | x |
| Age | | | x |
| Religion or Belief | | | x |

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| 10. If in your judgment the proposed service/policy etc does have an adverse impact? Can that impact be justified? | |
| N/A | |
| 11. What steps will you take to address any unjustified impact | |
| N/A | |
| 12. Are there any additional resource implications for the steps that need to be taken, both in terms of time and finances | |
| No additional | |
| 13. How will you monitor the effect of this function, policy etc on the equality target groups | |
| Ongoing Review / Monitoring of service areas and amounts claimed. | |
| 14. (HR Policies Only) Is the Policy consistent with employment Codes of Practice on Race, Gender and Disability? If not what else needs to be included | |
| Yes, this is a benefit which promotes supports the health and wellbeing of our employees | |
| 15. Does this Policy need to be fully impact assessed? Please give reasons | |
| No | |

Name Joanne Wolfendale
Signed

Service HR
Dated 30.01.07

Service Manager Signature

Approved by Corporate Equalities Planning and Scrutiny Group

Signed

Date