Screening/Scoping Pro Forma

Section	ICT Services		Officer responsible for the screening/scoping	Chris Mackie	
Name of Policy to be assessed	ICT @ GBC		**Date of Assessment** 15/07/2008	**Is this a proposed new or existing policy/procedure/practice?**	Existing policy
1. Briefly describe the aims, objectives and purpose of the policy/procedure/practice?			The ICT @ GBC document outlines what ICT services covers. It highlights the available procedures and policies that need to be adhered to and where they are located. It outlines what the different teams within the service cover and who to contact regarding certain IT related queries.		
2. Are there any associated or specific objectives of the policy/procedure/practice? Please explain.			The objectives associated with this document are to provide all GBC IT users with the necessary information to be confident in what ICT services delivers.		
3. Who is intended to benefit from this policy and in what way?			All GBC staff who have access to ICT systems. This document is currently present to all new starts during the ICT induction program.		
4. What outcomes are wanted from this policy/procedures/practice?			To provide GBC staff with the necessary information needed to operate ICT equipment, access policies, guidelines and help safely and effectively		
5. What factors/forces could contribute/detract from the outcomes?			Staff not reading the information document Staff not getting the necessary induction programme		
6. Who are the main stakeholders in relation to the policy?	The Council, ICT		**7. Who implements the policy, and who is responsible for the policy?**	ICT,	
8. Are there concerns that the policy <u>could</u> have a differential impact on racial groups?	Y	**N**	**Please explain** Is it unlikely that there will be employees, who are regular IT users, for whom English is not their first language?		

What existing evidence (either presumed or otherwise) do you have for this?			
9. Are there concerns that the policy could have a differential impact due to gender?	Y	**N**	
What existing evidence (either presumed or otherwise) do you have for this?			
10. Are there concerns that the policy could have a differential impact due to disability?	**Y**	N	(a) Visually impaired (b) Employees within certain disability groups
What existing evidence (either presumed or otherwise) do you have for this?			(a) The policy is available on the intranet and can be printed on request. It would need to be checked that the policy is written using the correct font and font size. This document also contains some small text and organisational charts at the back that may be difficult to read as the documents are printed in a5 format. (b) There is no information in the policy on how GBC will provide ICT information for those with disabilities. There may be requests for particular pieces of ICT equipment or software needed by employees within certain disability groups to enable them to use certain ICT equipment and software.
11. Are there concerns that the policy could have a differential impact due to sexual orientation?	Y	**N**	
What existing evidence (either presumed or otherwise) do you have for this?			
12. Are there concerns that the policy could have a differential impact due to their age?	Y	**N**	Same demographics as organisation
What existing evidence (either presumed or otherwise) do you have for this?			

13. Are there concerns that the policy <u>could</u> have a differential impact due to their religious belief?	**Y**	**N**	
What existing evidence (either presumed or otherwise) do you have for this?			
14. Are there concerns that the policy <u>could</u> have a differential impact due to them having dependants/caring responsibilities?	**Y**	**N**	
What existing evidence (either presumed or otherwise) do you have for this?			
15. Are there concerns that the policy <u>could</u> have a differential impact due to them have an offending past?	**Y**	**N**	
What existing evidence (either presumed or otherwise) do you have for this?			
16. Are there concerns that the policy <u>could</u> have a differential impact due to them being Transgender or transsexual?	**Y**	**N**	
What existing evidence (either presumed or otherwise) do you have for this?			

17. Could the differential impact identified in 8-16 amount to there being the potential for adverse impact in this policy/procedure/practice?	Y	**N**	**Please explain**
18. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Or any other reason?	Y	**N**	**Please explain for each heading (questions 8-16) on a separate piece of paper.**
Business improvement **19. Is there any concern that there are unmet needs in relation to any of the above groups?**	Y	**N**	**Please explain**
20. Does differential impact or unmet need cut across the equality strands (e.g. elder BME groups)?	Y	**N**	**Please explain**
21. If yes, should the full EIA be conducted jointly with another service area/contractor/partner/agency?	Y	**N**	**Please explain**

22. Is there a missed opportunity to improve your business in relation to any of the policies, procedures or practices to promote racial, gender, disability, age, sexual orientation, religion or belief equality?	Y	**N**	*Use of I.T. to support other services to achieve their equality objectives.*
23. Should the policy proceed to a full equality impact assessment?	Y	**N**	
24. If No, are there any changes required to the policy to improve it around the equality agenda?	Y	**N**	
24. If No, are there any changes required to the policy to improve it around the equality agenda?	**Y**	**N**	

Yes – some minor changes to the document will be requested to provide the necessary information in the documentation to ensure that anyone with certain disabilities is able to get the necessary advice to support their needs.

This document will also be made available in a larger font on request.

Signed
(completing officer) …………………………………………………….. Date ………………………….

Signed
(Head of Section) ……………………………………………….. Date …………………………..

Countersigned
(Corporate Diversity/Diversity/Policy Team) ………………………….…… Date ………………………….