BOROUGH COUNCIL OF KING'S LYNN AND WEST NORFOLK

RECORD OF DECISION TAKEN BY OFFICERS UNDER DELEGATED POWERS

This is a record of a decision taken by an officers under delegated powers and where necessary taken in consultation with members and officers.

Pre-Screening Equality Impact Assessment

Borough Council of King's Lynn & West Norfolk



Name of policy/service/function		24					
Is this a new or existing policy/ service/function?	New / Existing (delete as appropriate)						
Brief summary/description of the main aims of the policy/service/function being screened. Please state if this policy/service rigidly constrained by statutory obligations							
Question	Answer						
1. Is there any reason to believe that the policy/service/function could have a specific impact on people from one or more of the following groups according to their different protected characteristic, for example, because they have	7.II.OWO.		Positive	Negative	Neutral	Unsure	
particular needs, experiences, issues or priorities or	Age						
in terms of ability to access the service?	Disability						
	Gender	92 1 1 1 1 1 1 1 1					
Please tick the relevant box for each group.	Gender Re-assignment						
	Marriage/civil p						
NB. Equality neutral means no negative impact on any group.	Pregnancy & maternity						
any group.	Race						
	Religion or beli						
	Sexual oriental						
		eg low income)					
Question	Answer	Comments					
2. Is the proposed policy/service likely to affect relations between certain equality communities or to damage relations between the equality communities and the Council, for example because it is seen as favouring a particular community or denying opportunities to another?	Yes / No						
3. Could this policy/service be perceived as impacting on communities differently?	Yes / No		70 mg				
4. Is the policy/service specifically designed to tackle evidence of disadvantage or potential discrimination?	Yes / No						
5. Are any impacts identified above minor and if so, can these be eliminated or reduced by minor actions? If yes, please agree actions with a member of the Corporate Equalities Working Group and list agreed actions in the comments section	Yes / No	Actions: Actions agreed by EWG member: Name					
Assessment completed by: Name	37~G	or de	ł.				
Job title	Date						

Please Note: If there are any positive or negative impacts identified in question 1, or there any 'yes' responses to questions 2-4 a full impact assessment will be required.