

INITIAL EQUALITY IMPACT ASSESSMENT

| Directorate | | Department/Section | | Manager | | Telephone No. | |
|--|---------------------------|--------------------|--|--|----------|--|--|
| | | | | | | e-mail | |
| Name of Policy/Service to be assessed | Employee Wellbeing Policy | | | Date of Assessment | 14/12/06 | Is this a new or existing policy? | Replacement for SOP's HS0048 & ADM0107 |
| 1. Briefly describe the aims, objectives and purpose of the policy/service. | | | | This Policy sets out the support services for employees who may be experiencing difficult times with stress, depression or anxiety. This Policy informs staff on the ICAS Employee Assistance Programme, and the pastoral case facility of the Service Chaplain. This Policy replaces and updates the services detailed in HS0048 Counselling Services and ADM0107 Welfare Policy. | | | |
| 2. Who is intended to benefit from this policy/service, and in what way? | | | | The Policy is applicable to all employees, as are the support services. | | | |
| 3. What outcomes are wanted from this policy/service? | | | | The Policy will better equip the Service to deal with employees who require assistance. | | | |
| 4. Who are the main stakeholders in relation to the policy/service? | | | | Occupational Health | | 5. Who implements the policy/service, and who is responsible? | |
| | | | | | | All employees have a responsibility under Health and Safety. Occupational Health is the principle supporting function. | |
| 6. Are there concerns that the policy/service has/could have a differential impact on the following groups and what existing evidence (either presumed or otherwise) do you have for this? | | | | Y | N | Please explain | |
| | | | | | | No | |
| Race | | | | Y | N | No | |
| Gender | | | | Y | N | No | |
| | | | | | | No | |

**APPENDIX B
(CFO/82/07)**

| | | | |
|--|----------|----------|---|
| Disability | Y | N | |
| Religion or Belief | Y | N | No |
| Sexuality | Y | N | No |
| Age | Y | N | No |
| 7. Could the differential impact identified in 6 amount to there being the potential for adverse impact in this policy/service? | Y | N | Please explain N/A |
| 8. Can this adverse impact be justified on the grounds of promoting equality of opportunity for one group? Have you consulted those who are likely to be affected by the policy/service? | Y | N | Please explain for each equality heading (questions 6) on a separate piece of paper. N/A |
| 9. Should the policy/service proceed to a full impact assessment? N/A | Y | N | 10. Date on which Full assessment to be completed by. |
| | | | 1 Date N/A |

I am satisfied that this policy has been successfully impact assessed.

I understand the Impact assessment of this policy is a statutory obligation and that, as owners of this policy, we take responsibility for the completion and quality of this process.

Signed (completing officer) Paul Blanchard-Flett..... Date...14/12/06.....

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

PLEASE NOTE – THIS IMPACT ASSESSMENT WILL BE SCRUTINISED BY THE EQUALITY AND DIVERSITY SECTION WHO REPORT TO THE DEPUTY CHIEF FIRE OFFICER/DEPUTY CHIEF EXECUTIVE.