

|  |
| --- |
| **INITIAL EQUALITY SCREENING FORM** |
|  |
| DIVISION**:** | City & Growth Deals | **TEAM:** | City & Growth Deals |
|  |
| **Name of Policy/Decision/Practice to be Equality Screened** |
| City & Growth Deals |
|  |
| **Is it New or Revised?** | New |
|  |
| **Who Does the Policy Effect, e.g Service Users/Staff:** | Staff |
|  |
| **Question 1** – Define the aim of the Programme or . What is it trying to achieve? (Intended aims/outcomes) |
|  |
| City and Growth Deals are an agreed NI Executive priority and represent an investment opportunity of £1.2 billion in capital support secured jointly through the UK Government and the NI Executive.Invest NI, working on behalf of the Department for the Economy, is now the recognised Investment Decision Maker (IDM) across the Innovation Projects under the City & Growth Deals Programme. The Invest NI role is to support and appraise these applications brought forward by the Deal Owners (local councils) and to ensure that projects offers VFM. |
|  |
| **Question 2** – Does the Programme or have the potential to have an impact on the promotion of equality impact for any of the Section 75 groupings? (See Question 4 for list of equality groups.) | **No** |
|  |
| If no go to Question 7 – Consultation | If yes please continue. |
|  |
|       |
|  |
| **Consideration of Available Date/Research** |
|  |
| **Question 3** – What  is there available – statistics or perception – to help you decide who the Programme or might affect the most? i.e. What evidence, qualitative or quantitative, have you gathered to inform your decision making process? |
|  |
|       |

|  |
| --- |
| **Assessment of Impact** |
|  |
| **Question 4** – Explain if what you plan to do is likely to be perceived as having a high, medium or low impact upon the 9 Equality groupings according to their needs. Also if what you are planning to do is likely to be perceived as having a positive or negative effect upon the 3 different groups in relation to the promotion of good relations. |
|  |
| **9 Equality Groups** | **Perceived Impact****High – (H)****Medium - (M)****Low – (L)** | **Why this rating?** | **Promotion of Good Relations****(Yes/No)** | **Why this rating?** |
| Religious Belief |       |       | - |       |
| Racial/Ethnic Group |       |       | - |       |
| Political Opinion |       |       | - |       |
| Age |       |       | - |       |
| Gender |       |       | - |       |
| Marital Status |       |       | - |       |
| Sexual Orientation |       |       | - |       |
| Disability |       |       | - |       |
| Dependants |       |       | - |       |
|  |
| **Opportunities to better promote Equality of Opportunity** |
|  |
| **Question 5** – Are there steps which could be taken to reduce any adverse impact upon the Section 75 groups as identified in Question 4? |
|  |
|       |
|  |
| **Good Relations** |
|  |
| **Question 6** – Is there an opportunity in what you are trying to do to better promote Good Relations between the 3 groupings as identified in Question 4? |
|  |
|       |

|  |
| --- |
| **Consultation** |
|  |
| **Question 7** – Tell us about who have talked to about your proposals internally or externally to help you decide if the needs further or no further equality investigation. |
|  |
| Invest NI Equality Manager |
|  |
| **Question 8** – In light of the above should the be |
|  |
| [ ]  | Screened Out – No Equality Issues – Please provide rationale for this decision. |
| No specific needs identified in relation to this programme. No impact on equality of opportunity has been identified that would require to be screened in for a deeper analysis of equality impact. |
| [ ]  | Screened Out with some adjustments. – What adjustments have you made? |
|       |
| [ ]  | Screened In for a deeper level of analysis of what is being considered or intended to be undertaken. (EQIA) – Please provide rationale for this decision. |
|       |
|  |
| Signed: | Gary Campbell | Date: | 25/01/23 |
|  | Policy /Programme Owner |  |  |
|  |
| Approved | Pamela Marron | Date: |  |
|  | Equality Manager |  |  |
|  |
|  |
| Modifications made. | Date: |       |
|  |
|  |
| Date: |       |
| Approved by Equality Manager |  |  |