

Assessing Equality – The Equality Act 2010

Customer Impact Assessment

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Relocation Policy

This policy sets out Fenland District Councils approach to Housing and Relocation Assistance.

The following notes provide details of who may claim, what may be claimed and how claims should be made under the Council's Relocation Scheme.

Information used for customer analysis

The policy itself, best practice, ACAS guidelines, XpertHR, appropriate legislation, consultation with MTSP, CMT, colleagues and HR team. Where appropriate Staff Committee.

	Could particularly benefit	Neutral	May adversely impact	Explanations	Is action possible or required?	Details of actions or explanations if actions are not possible Please note details of any actions to be placed in your Service Plan
Race				This policy is aimed at helping employee's who are moving closer to a Fenland	N	
Sex				District Council office.	N	
Gender reassignment				The policy sets out how it can help a range of employees with different options	N	
Disability				to suit their needs.	N	
Age				The policy is based on the employees current residential situation and not any of	N	
Sexual orientation				the protected characteristics.	N	
Religion or belief					N	
Pregnancy & maternity					N	
Marriage & civil partnership					N	





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Human Rights				No known impact	N			
Socio Economic				No known impact	N			
Multiple/ Cross Cutting				No known impact	N			
Outcome(s) of customer analysis								
a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative \Box neutral \blacksquare positive \Box								
No major change needed ■	Adjust the policy ☐ Adve		Adverse impact but continue \square	Stop	and remove / reconsider policy \Box			
Arrangements for future monitoring:								
Review with service managers as and when required for advice to ensure no negative impacts.								
Details of any data/ Research used (both FDC & Partners):								
Completed by:								
Name: Ross Potter								
Position: HR, Payroll & Learning Admin Apprentice								
Approved by (manager signature	re):			Date published:	Date published:			
Details of any Committee appr	oved by (if ap	plicable):		Date endorsed by Members if a	Date endorsed by Members if applicable:			