



Social Security Scotland
Tèarainteachd Shòisealta Alba

Social Security Scotland No Equality Impact Assessment Required Declaration

Intelligent Automation Project

Dignity,
fairness,
respect.

NO EQUALITY IMPACT ASSESSMENT REQUIRED DECLARATION

Only complete this section if, after carrying out and considering your [screening exercise](#), you have concluded and can demonstrate that no Equality Impact Assessment is required, and that people are not impacted by your policy directly or indirectly.

Please provide a copy of the completed screening exercise along with this declaration.

Please refer to the [Equality Impact Assessment guidance](#) before making a decision not to conduct an Equality Impact Assessment. If, after reading the guidance you are satisfied that an Equality Impact Assessment is not required, please confirm the following:

- ◆ Will individuals have access to, or be denied access to, a service or function as a result of your piece of work or the changes you propose to make?
Yes ☐ No ☒
- ◆ Will the implementation of your piece of work, directly or indirectly, result in: individuals being employed; a change in staffing levels, terms and conditions, employer or location?
Yes ☐ No ☒
- ◆ Is there a change in the size of budget, or an impact on resources, and will this change (potentially) impact on individuals? For example, will a service be withdrawn, changed or expanded?
Yes ☐ No ☒
- ◆ Will your piece of work impact on another that affects people?
Yes ☐ No ☒

If you have answered **yes** to any of these questions, your policy does affect people and you should undertake an Equality Impact Assessment.

If you have answered **no** to all these questions, considered the [Equality Impact Assessment guidance](#) and are completely satisfied you do not need to complete an Equality Impact Assessment, please complete and retain the Equality Impact Assessment not required form on the following page.

The form should be completed by the official responsible for the decision, and then authorised by the relevant Deputy Director.

Please record why you are not carrying out an Equality Impact Assessment and what your justification is for making that decision, referring to the results of your screening exercise.

This proposed activity will not adversely affect people with protected characteristics as it is an efficiency improvement to current benefit processing. Colleagues may notice improvements to workloads and Service users may be indirectly affected by a reduction in processing times.

By including your name below and providing this document to your Deputy Director for sign off, you are confirming the following:

- ◆ I have reviewed all available Equality Impact Assessment guidance to inform this decision
- ◆ I have consulted with the [Corporate Assurance team](#) in carrying out the screening exercise – **EQIA activity is no longer supported by the Corporate Assurance Team. The project has instead discussed this with the Diversity and Inclusion Team.**
- ◆ I completed the screening process at the beginning of my piece of work– **This work had been underway before Project involvement – EQIA has been completed retrospectively.**
- ◆ I am confident I am not placing the agency at risk by not carrying out an Equality Impact Assessment

Activity title	Intelligent Automation Project
Directorate: Division: team	CDO : Service Management and Service Development
Lead responsible for taking the decision	<div style="background-color: black; width: 100px; height: 20px; display: inline-block;"></div> - Project Lead

Deputy Directors

I am confident that this declaration sufficiently demonstrates:

- ◆ this activity will not affect people – directly or indirectly
- ◆ the decision not to carry out an Equality Impact Assessment is fully justified and supported.

Name and job title of Deputy Director	Date authorisation given

This authorised form and screening exercise must be sent to the [Corporate Assurance Team](#) and filed as a corporate record on eRDM.