

Equality Impact and Needs Assessment (INA) Form

Name of the policy, function or project Maternity, Paternity & Adoption Leave

Service: Performance & Organisational Development



Complete this form for any existing/proposed policy/function/project regardless of whether it is aimed at external customers or internal staff. Please also be aware that equality policy applies to staffing/human resources issues as much as to external service delivery issues. Please note that existing policies/functions will be assessed as per an agreed annual programme.

Answer every question – even if it is negative.

If you conclude that there is a negative impact you will need to review the policy/function/project to improve the equalities performance and minimise or remove the impact. This should be done using the 'Improvement Actions Planned' table. Where appropriate such actions should be included in your Service Plan for the following year.

If the Corporate Equalities Group (CEG) feels this impact assessment needs further consideration, **you will be asked to review your conclusions.**

As a result of this exercise, you will have checked that your policy/function/project does not have negative/adverse impacts in terms of Gender, Race, Disability, Age, Sexual Orientation, Religion or Belief (equality target groups) or if it does you will have identified relevant actions needed to minimise or remove such impact and their likely resource implications.

This is not simply a paper exercise – it is designed to make sure that your policy/function/project and service (development) is delivered fairly and effectively to all sections of our local community, and our employees!

Please note that the Council is required to publish the results of these assessments, and update; therefore **your completed form may be a public document.**

Once completed, please pass this form, together with documentation describing both the policy/function/project it concerns and any evidence relating to assessed impacts, to Alison Moran, Performance Manager in the first instance. *(If this is a new policy/service/procedure/function/project this form will also need to be attached to your Cabinet or Council report)*

To complete the form using 'check marks' in the boxes, position the cursor over the box you require, left double click, then select 'checked' in the 'check box form field options' box that appears on screen.

a. Preparation

The work on this section should be done in advance and be used as part of your INA. Please attach examples of available evidence, including monitoring information, research and consultation reports.

1a. Do you have relevant data available on the number of people within the scope of your policy/function/project? E.g. whole population of the district/ward or employee data.
In relation to:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| • Women and men | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Black and minority ethnic communities | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • People with disabilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Age groups | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Sexual orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Religion or belief | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

1b. Do you have relevant data available on the number of people subject to or impacted by your policy/function/project? E.g. numbers of disabled people using the service.
In relation to:

- | | Yes | No |
|---|-------------------------------------|-------------------------------------|
| • Women and men | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Black and minority ethnic communities | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • People with disabilities | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Age groups | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Sexual orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Religion or belief | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

2. If you have answered 'yes' to the above questions your monitoring data should be compared to the current available census data to see whether a proportionate number of people are taking up your service. Please make any comments regarding service take up if relevant:

Approximately 3-4 employees per year

If you have answered 'no' please explain reasons for lack of relevant data:

Not applicable

3. Are you aware of any relevant equality or diversity related consultation, research, or good practice guidance in relation to this area? If so then please list and attach here:

Yes

No

Blaby District Council's Policy has adopted a good practice approach in terms of occupational maternity pay and length of maternity leave. Recent legislative changes have caught up with Blaby's policy but have not overtaken it.

Further changes are anticipated in 2010 in terms of 12 months SMP and up to 6 months paternity leave with pay at the flat rate if the mother returns to work before taking the full entitlement to SMP/MA. Blaby will need to reconsider its policy in line with any legislation changes.

b. Your policy, service, function or project

1. What is the main aim or purpose of the policy/function/project?

To advise and support expectant mothers & fathers in line with best practice and the legislative framework.

2. List the areas of activity of the policy/function/project, e.g. the recruitment strategy might have advertising, interviewing, short listing etc. as activity areas.

Liaising with the employee to advise them of their entitlements and communicating with Payroll to ensure correct payments are made at the right time.

3. Who are the main intended beneficiaries of the policy/function/project?

Employees of Blaby District Council

4. Which people may be affected by the policy/function/project – whole population or particular groups?

Employees of BDC

5. Are you expecting to make any changes during the next year?

- Policy
- Function
- Project
- Procedure

Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

c. Impact Assessment

1. Complete the following tables for each equality target group, by inserting a check mark or tick in one of the 3 options columns - Positive impact, Negative impact, Neutral.

- ★ Consider the information gathered in Section (a) of this form, compare monitoring information with census data, and considering any other evidence, research or consultations, identify any instances where you believe people in different equality groups could be impacted differentially.
- ★ This is particularly important where you think that the policy/function/project could have a **negative impact** on any of the equality target groups, i.e. it could disadvantage them, but also
- Where you think that the policy/function/project could have a **positive impact** on any of the equality target groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups
- Otherwise, if you think that neither negative nor positive apply, then choose **neutral impact**
- Note that only **one** type of impact can be applicable for any particular equality group category e.g. male or female.
- **In all cases, please state briefly the reason/rationale for your assessment.**

a) How will the policy/function/project/procedure impact on men and women? e.g. flexible working arrangements might have a positive impact on women with caring responsibilities

Gender	Positive impact	Negative impact	Neutral	Reason/Rationale for Assessment
Male	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Female	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

b) How will the policy/function/project/procedure impact on people from different or minority ethnic communities? This may involve using Council services differently, e.g. will Muslim women use the Council's swimming pool more often if separate sex swimming arrangements are in place?

Ethnicity	Positive impact	Negative impact	Neutral	Reason/Rationale for Assessment
White	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Mixed (White & Asian)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Asian	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Black	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

c) How will the policy/function/project/procedure impact on people with disabilities, e.g. if information about Council Tax benefits are not made available in large print or alternative formats, access to such benefits might be denied to people with a visual impairment or learning disability.

Disability/Health	Positive impact	Negative impact	Neutral	Reason/Rationale for Assessment
Visually impaired	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Policy available in large print if requested
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Physically disabled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other longstanding health problem which limits day to day activities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

d) Does the policy/function/project/procedure impact on people differently based on their age, e.g. a job advertisement that requires at least ten years post qualification experience would clearly prevent people in their twenties from applying

Age Group	Positive impact	Negative impact	Neutral	Reason/Rationale for Assessment
Children (under 16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable
(16 to 29)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(30 – 44)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(45 – 59)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(26 to 55)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
(60 – 74)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Older (over 75)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not applicable

e) Does the policy/function/project/procedure impact on people differently based on their sexual orientation, e.g. if housing policy is only to offer temporary accommodation to couples of different sex a gay or lesbian couple would be unable to be housed

Sexual Orientation	Positive impact	Negative impact	Neutral	Reason/Rationale for Assessment
Heterosexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Gay or Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

f) Does the policy/function/project/procedure impact on people differently based on their religion or belief e.g. would a person of the Hindu religion be able to give a binding affirmation if a procedure requires the swearing of an oath on the Bible?

Religion or Belief	Positive impact	Negative impact	Neutral	Reason/Rationale for Assessment
Christian	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
None believer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

If you conclude that there is a **negative impact** in one or more of the target groups you will need to **amend the policy/function/project and/or take further action, to minimise or remove the impact** This should be done using the 'Improvement Actions Plan' table overleaf. If you think that other actions could be taken **to increase any positive impacts**, please include these too. Where appropriate, such actions should be included in your current/proposed Service Plan.

Impact & Needs Assessment: Improvement Actions Plan

Please list below any recommendations for action to improve the equalities performance of the policy/function/project that you plan to take as a result of this impact assessment. This could be to change the policy itself or involve other initiatives. Where appropriate, these actions should also be included in your current/proposed Service Plan.

Issue/Link to INA question number	Action Required	Lead Officer	Time-scale	Resource implications	Comments
5.	Update policy in line with legislative changes Clarify on: paternity entitlements, sickness absence whilst pregnant, benefits (ie childcare vouchers).	Amanda Barron	June 2009	Minimal, policy amendments have been done in draft.	

Please ensure that the section below is completed and signed by one or both NAMED officers as applicable:

NAME: _____

Signed: _____
(Corporate/Group/Service Manager)

Date: _____

NAME: _____

Signed: _____
(Completing Officer)

Date: _____