

## Equality Impact and Needs Assessment (INA) Form



Name of the policy, function or project::

- **Anti Fraud and Corruption Strategy and Procedure**
- **Whistle Blowing Policy & Procedure**
- **Anti Money Laundering Policy & Procedure**
- **Benefit Fraud Prosecution Policy & Procedure**

Service: **Internal Audit**

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 & Access Group (CEAG) 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 and/or when your corresponding report is submitted to Management Board – Cabinet, 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. ***If this is a new policy/service/procedure/function/project this form will also need to be attached to your draft report for approval by your Director prior to its first submission to Management Board. Reports cannot be considered by Management Board unless both they & this EINA have had prior approval by the relevant Director***

***For further details please see separate Guidance Note on process for completion of EINA's***

**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	x	<input type="checkbox"/>
• Black and minority ethnic communities	x	<input type="checkbox"/>
• People with disabilities	x	<input type="checkbox"/>
• Age groups	x	<input type="checkbox"/>
• Sexual orientation	<input type="checkbox"/>	x
• Religion or belief	x	<input 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	x	<input type="checkbox"/>
• Black and minority ethnic communities	x	<input type="checkbox"/>
• People with disabilities	x	<input type="checkbox"/>
• Age groups	x	<input type="checkbox"/>
• Sexual orientation	<input type="checkbox"/>	x

- Religion or belief

x

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::

3.

This service applies equally to everyone and applies to all staff and the population of the district. We do not however, have data for those people that we have contracts with or procure goods and services from.

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

We have not got accurate data regarding sexual orientation

4. 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

x

**b. Your policy, service, function or project**

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

Provide clear consistent approach to anti-fraud and corruption, benefits fraud prosecution, whistle blowing and money laundering

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.

Investigations, prosecutions, disciplinary,

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

Blaby District Council as a whole

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

whole

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

- Policy

Yes

No

- Function
- Project
- Procedure

Yes  No x  
 Yes  No x  
 Yes  No x

### 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"/>	X	
Female	<input type="checkbox"/>	<input type="checkbox"/>	x	

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"/>	X	
Mixed (White & Asian)	<input type="checkbox"/>	<input type="checkbox"/>	X	
Asian	<input type="checkbox"/>	<input type="checkbox"/>	X	
Black	<input type="checkbox"/>	<input type="checkbox"/>	X	
Other ethnic group	<input type="checkbox"/>	<input type="checkbox"/>	x	

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"/>	X	
Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	X	
Physically disabled	<input type="checkbox"/>	<input type="checkbox"/>	X	
Learning difficulty	<input type="checkbox"/>	<input type="checkbox"/>	X	
Mental health problem	<input type="checkbox"/>	<input type="checkbox"/>	X	
Other longstanding health problem which limits day to day activities	<input type="checkbox"/>	<input type="checkbox"/>	x	

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"/>	X	
(16 to 29)	<input type="checkbox"/>	<input type="checkbox"/>	X	
(30 – 44)	<input type="checkbox"/>	<input type="checkbox"/>	X	
(45 – 59)	<input type="checkbox"/>	<input type="checkbox"/>	X	
(26 to 55)	<input type="checkbox"/>	<input type="checkbox"/>	X	
(60 – 74)	<input type="checkbox"/>	<input type="checkbox"/>	X	
Older (over 75)	<input type="checkbox"/>	<input type="checkbox"/>	x	

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"/>	X	
Gay or Lesbian	<input type="checkbox"/>	<input type="checkbox"/>	X	
Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	X	

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"/>	X	
Hindu	<input type="checkbox"/>	<input type="checkbox"/>	X	
Muslim	<input type="checkbox"/>	<input type="checkbox"/>	X	
Sikh	<input type="checkbox"/>	<input type="checkbox"/>	X	
Jewish	<input type="checkbox"/>	<input type="checkbox"/>	X	
Other	<input type="checkbox"/>	<input type="checkbox"/>	X	
None believer	<input type="checkbox"/>	<input type="checkbox"/>	X	

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

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

**NAME:** \_\_\_\_\_ (Please print name)

Signed: \_\_\_\_\_  
(Corporate/Group/Service Manager)

Date: \_\_\_\_\_

**NAME:** \_\_\_\_\_ (Please print name)

Signed: \_\_\_\_\_  
(Completing Officer)

Date: \_\_\_\_\_

Please keep a copy on record to which the public could have full access. Also send or e-mail a copy of this completed form along with documentation describing the policy/function/project it concerns to:

Alison Moran, Performance & Audit Manager