

Equality Impact Assessment (EIA) Form **'Knowing your customers needs'**

Background

An Equality Impact Assessment is an improvement tool. It will assist you in ensuring that you have thought about the needs and impacts of your service/policy/function in relation to the protected characteristics. It enables a systematic approach to identifying and recording gaps and actions.

Legislation - Equality duty

As a local authority who provides services to the public, Melton has a legal responsibility to ensure that we can demonstrate having paid due regard to the need to:

- Eliminate discrimination, harassment and victimisation
- Advance Equality of Opportunity
- Foster good relations

For the following protected characteristics:

1. Age
2. Disability
3. Gender reassignment
4. Marriage and civil partnership (when providing services)
5. Pregnancy and maternity (when providing services)
6. Race
7. Religion and belief
8. Sex
9. Sexual orientation

What is prohibited?

1. Direct discrimination, including by association and perception.
2. Indirect discrimination – now covers all characteristics.
3. Pregnancy and maternity discrimination.
4. Harassment.
5. Third party harassment.
6. Discrimination arising from disability.
7. Duty to make reasonable adjustments.

| | |
|---|-----------------------|
| Title of the policy | Work Equipment Policy |
| Is it new or exiting? | New |
| Date | 22.11.11 |
| Officer undertaking EIA | Victoria Clarke |
| Who else is involved in undertaking this assessment? | Sarah Burton |

1. Overview of policy/function being assessed

| |
|---|
| A. Outline: What is the purpose of this policy? (specify aims and objectives) |
| The aims of the policy are to ensure significant risks to the employees associated with provision and use of work equipment are assessed and minimised. |
| B. What specific groups is the policy designed to affect/impact? |
| Employees |
| C. Which groups have been consulted as part of the creation or review of the policy? |
| Safety Committee Will go to Joint Staff Working group |

2. What we already know and where there are gaps

| |
|--|
| A. What existing information/data do you have/monitor about different diverse groups in relation to this policy? This could consist of previous EIA's, reports, consultation, surveys, demographic profiles etc. |
| Ethnicity: Employees 94% white, 6% other ethnic group Religion: Not available Sexual Orientation: Not available Disability: Employees 3% Age: Not available Gender: Employees 67% female and 33% male Transgender: Not available Other (Civil partnerships/marriage, pregnancy and maternity, offenders, priority neighbourhoods): Not available |
| B. What does this information/data tell you about diverse groups? If you do not hold or have access to any data/information on certain/all diverse groups, what do you need to begin collating/monitoring? (please list) |
| |

3. Do we need to seek the views of others and if so, who?

| |
|---|
| A. In light of the answers you have given in question 2, do you need to consult with specific groups? If not please explain why. |
| The policy applies to all staff. |

4. Assessing the impacts

| In light of any data/consultation/information and your own knowledge and awareness, please identify whether the policy has a positive or negative on the groups specified and whether there is evidence of discrimination. Provide an explanation for your decisions. (please refer to the general duties on the front page) | | | | |
|---|--|--|--|--|
| <u>Diversity Groups</u> | <u>Positive impacts</u> Intentional / Unintentional | <u>Negative impacts</u> Intentional / Unintentional | Is there evidence of direct/indirect discrimination? | <u>Comments/explanation</u> Use data to evidence |
| Age | Intentional | | | Ensure that young persons do not use work equipment that they are prohibited by law from using |
| Disability (physical, visual, hearing, learning disability, mental health) | Intentional | | | The policy requires the making of reasonable adjustments for provision of equipment and use of equipment for particular groups |
| Gender / Sex | Unintentional | | No | |
| Religious Belief | Unintentional | | No | |
| Racial Group | Unintentional | | No | |
| Sexual Orientation | Unintentional | | No | |
| Transgender | Unintentional | | No | |
| Other protected groups (pregnancy & maternity, marriage & civil partnership) | Intentional | | | Make reasonable adjustments for provision of equipment and use of equipment for particular groups |
| Other socially excluded groups | Unintentional | | No | |

| | | | | |
|---|--|--|--|--|
| (low literacy, offenders, priority neighbourhoods, etc) | | | | |
| All | | | | |

5. Action Plan

| Please include any identified concerns/actions/issues in this action plan: <i>The issues identified should inform your Service Plan and, if appropriate, your Consultation Plan</i> | | | |
|---|--------|---------------------|-------------|
| Question Number (Ref) | Action | Responsible Officer | Target Date |
| N/A | | | |
| | | | |
| | | | |

6. Who needs to know about the outcomes of this assessment and how they will they be informed

| | Who needs to know (Please tick) | How they will be informed (we have a legal duty to publish EIA's) |
|---|------------------------------------|--|
| Internally (employees & EIA Scrutiny group) | Employees | Through internal training & dissemination of policy. |
| Externally (service users, stakeholders etc) | | |
| Others | | |
| To ensure ease of access, what other communication needs/concerns are there? | | |

7. Conclusion (to be completed and signed by the [Head of Service](#))

| |
|--|
| Please delete as appropriate |
| I agree / disagree with this assessment / action plan |
| If <i>disagree</i> , state action/s required, reasons and details of who is to carry them out with timescales: |
| Signed (Head of Service): J Worley |
| Date: 23.11.2011 |

8. Internal Scrutiny (to be completed and signed by an independent [member of the third tier manager group](#))

| |
|---|
| Please delete as appropriate |
| I agree / disagree with this assessment |

If *disagree*, state action/s required, reasons and details of who is to carry them out with timescales:

Signed (third tier manager):

Date:

[Please ensure that this EIA is publicised on the Internet](#)