

DRAFT IMPACT NEEDS REQUIREMENT ASSESSMENT TEMPLATE

Lead Officer:		Service/Policy/Unit:								
Assessment team: (Consider including disabled users/potential users)										
New or existing area of work?					Area of work to be assessed:					
1	Briefly describe the aims, objectives and purpose of this service/policy or area of work, (what are we trying to achieve and why?)									
Outline Assessment										
2	Please assess the relevance of the service/policy to the promotion of equality of any of the six equality strands - race/ethnicity, gender, disability, age, sexual orientation, religion or belief, (equality groups)									
	Add a tick \checkmark for YES, where relevant	Race/ Ethnicity	Gender	Disability				Age	Sexual orientation	Religion /Belief
				Physical	Sensory	Mental illness	Learning			
2i	Does the service/policy have a direct impact on staff or public?									
2ii	Have complaints been received about the service/policy?									
2iii	Are you aware of any potential issue of adverse impact?									
2iv	Will/Does the service/policy have an influence on community relations?									
2v	Does the service/policy affect how other services are provided?									
2vi	Does the service/policy affect staff, the recruitment and/or development									
2vii	Is the service/policy particularly significant in budget terms?									
<p>If the answer to <u>any</u> of the above questions is 'YES', then that service or policy is relevant for Equality Impact Assessment – PLEASE CONTINUE WITH THE FULL ASSESSMENT. If your answer is 'NO' to all of the above questions, please go to end of the form, sign and date it, identify a review date, and file this form for audit purposes.</p>										

Full Assessment

3	<p>Stakeholders/Beneficiaries Which groups are intended to benefit from this service/policy?</p> <p>The Disability Duty requires user/stakeholder involvement; some services will need to create user groups; seek views as well as starting the process</p>	Staff	
		Users	
		Stakeholders	
		Public	
		Others	
4	<p>Commissioned/Partner Services If your service/policy is partly or wholly provided by external organisations/agencies on behalf of HCC, please list any activity you plan to ensure that the function/service monitors and promotes equality. Include this in your improvement plan on the back page.</p>		
5	<p>Data What information, (either documented or anecdotal) do you have/ need in relation to this area of work? Include service users, take-up, comments, complaints, consultations, census & other community data, staff profile, L & D, internal/external research/reports. See guidance notes.</p>		

6	<p>Assessment of the impact on different equality groups All the boxes need to be filled and evidence given for each equality group. Consider issues related to: Access to services (i.e. how do people obtain a service – are there any barriers?) Service delivery (i.e. how is the service provided once people have access to it? Who is receiving the service– are there any gaps?) Staff issues (i.e. what L & D do staff need to deliver the service effectively? What is your staff profile? What are the needs of disabled staff?) Note: The Disability Duty is based on ‘the social model of disability’. This means that the disadvantage and social exclusion experienced by many disabled people is not the result of their impairment or medical condition but from attitudinal and environmental barriers.</p>				
	Does the service/policy have a positive or negative impact in relation to:	Positive Effect Yes/No/NA	Negative Effect Yes/No/NA	Evidence: give key findings Signpost where evidence is located	Proposed action/ action in hand to address issues raised
6i	Physical disability? e.g. Mobility Wheelchair user Stroke Parkinson’s Medical conditions such as Cancer				
6ii	Sensory disability? e.g. Sight Hearing Speech				
6iii	Mental illness? e.g. Depression Stress Addiction				
6iv	Learning disability? e.g. Dyslexia Autism				
6v	Does the service function comply with the requirements of the DDA? e.g. accessible information/buildings				

	Does the Policy have a positive or negative impact in relation to:	Positive Effect Yes/No/NA		Negative Effect Yes/No/NA	Evidence: give summary findings Signpost where evidence is located	Proposed action or action in hand
6vi	Race/ethnicity?					
6vii	Gender?					
6viii	Sexual orientation and/or transsexual/transgender issues?					
6ix	Age? Consider all age bands					
6x	Religious belief?					
		Yes	No	N/A	Evidence	Proposed action/Action in hand
7i	Have you identified a differential impact?					
7ii	Will this impact adversely affect any equality groups?					

Proposed
to add

		Yes	No	N/A	Evidence: give summary findings Signpost where full evidence is located	Proposed action or action in hand
7iii	Can this impact be justified on the grounds of promoting equality of opportunity for one group, or as part of a wider strategy of positive action in relation to particular groups?					
7iv	Does this impact amount to unlawful discrimination?					
8	Are there any other issues/unmet need which we need to address as part of this process? e.g. cross-cutting issues not identified in section 6					
9	Further user/staff/stakeholder involvement If there is insufficient data or knowledge about the equalities target groups' needs, you will need to undertake further consultation (include details of any future consultation planned, or improvements as a result of consultation, in your Improvement Plan attached). The extent of the consultation exercise should be proportionate to the effect that the service/policy is likely to have, and may not need to be detailed.	Comments				
10	Monitoring How do you plan to monitor/carry out regular checks on the effects this service/policy has on disabled and other equality target groups?	Comments				
11	Learning and Development List any staff training issues on equalities, and demonstrate how you plan to share the learning arising from this assessment. (Include this in your improvement plan attached)	Comments				
Signed (Completing Officer): (Completing Officer will implement this area of work) Date:				Signed (Lead Officer): (Lead Officer responsible for the effective working of this service/policy) Date:		Date due for Review: (This will need to be within the next 3-years - please ensure that this is noted in your action plan).

Department/section	Date	Service/policy	Responsible officer:

EQUALITIES IMPACT ASSESSMENT IMPROVEMENT PLAN

As part of the improvement plan, consider the need to:

- √ Promote equality of opportunity
- √ Promote good relations between groups
- √ Promote positive attitudes and images
- √ Encourage participation in public life

KEY FINDINGS	ACTION REQUIRED	LEAD OFFICER	TIMESCALE

(Continue on another sheet if necessary).