



# EQUALITY IMPACT ASSESSMENT

## Partial Assessment Form

|   |                                |
|---|--------------------------------|
| <b>Policy, practice, function or project assessed</b> | Grievance Policy               |
| <b>Lead Officer</b>                                   | Niki Cater                     |
| <b>Team</b>   | Tara Crabtree                  |
| <b>Start date of assessment</b>                       | 25 <sup>th</sup> February 2011 |
| <b>Completion of assessment</b>                       |                                |

Please use this form to record your findings in relation to the assessment of an existing policy, function, service or practice.

| <b>A. POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ASSESSED</b>   |
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| <p><b>A1. Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function?</b><br/>“The council believes that its employees should be treated equally and with respect. The grievance procedure provides a means for dealing with any grievance, concern, problem or complaint, which you may have in the course of, and connected with, your employment. It is our policy to deal with grievances quickly and fairly, and in total confidence.”</p> |
| <p><b>A2. Is this policy or function associated with any other Council policy or priority?</b><br/>Disciplinary, Management of Sickness Absence, Capability, Management of Harassment &amp; Bullying, Performance Management, Code of Conduct, Grievance, Whistle-blowing, and Probation.</p>  |
| <p><b>A3. Who are the intended beneficiaries/stakeholders of the policy or function? How many people are affected and from what sections of the community?</b><br/>All employees, members, service-users and partners irrespective of grade, status, background or contract type.</p>  |
| <p><b>A4. Is the policy/function corporate and far-reaching?</b><br/>“Our grievance procedure follows all current statutory guidance and best practice. The council’s grievance policy and procedure forms part of our contract of employment and will always be applied fairly and consistently.”</p>   |
| <p><b>A5. Are you expecting to make any significant change to the policy or service in the near future? If so, please give details.</b><br/>No.</p>  |
| <p><b>A6. Is this a new or existing policy or function?</b><br/>Existing Policy</p>  |

**B. EVIDENCE/ DATA and CONSULTATION**

It is important to consider all information that is available in determining whether the policy or function could have a differential impact. Please attach examples of monitoring information, research or consultation reports.

**B1. What monitoring or other information do you have about relevant target groups, which will show the impact of the policy or function?**

The HR team record details of all disciplinary cases, and monitor the outcomes. The staff survey is also an indicator of staff satisfaction, and minimising incidents of disciplinary offences has a bearing on that. [What were the outcomes of the survey?](#) Going forward, it is our intention to establish a monitoring mechanism for all Grievances raised in terms of Equality and Diversity.

**B2. Have you compared the data you have with the equality profile of the local population? What does it show?**

Given that the term 'population' is here referring to the population of the Council staff, we will monitor this going forward as above.

**B3. Have you identified any improvements or other changes that could be made from monitoring the data?**

See above.

**B4. Have you consulted or involved external stakeholders about the policy or function? If so, what were their views?**

Trade Unions (when the policy was drafted – Oct 2008)

**B5. Have you undertaken any consultation with staff to assess their perception of any impacts of the policy or function? If so, what has been learnt from them?**

Through Trade Unions. [Any engagement with non unionised staff?](#)

**B6. Please provide information about any other consultation, research, or involvement undertaken in relation to this impact assessment.**

Best Practice research and legal guidance (when the policy was drafted – Oct 2008), such as CIPD, ACAS etc,

**C1. IMPACT OF THE POLICY OR FUNCTION**

Assess the potential impact on each of the following protected characteristics. The impact could be negative, positive or neutral. If you assess a negative impact for any of the groups then you will need to assess whether that impact is low, medium or high. Refer to the evidence you use.

| <b>DESCRIPTION OF IMPACT</b>  | <b>Nature of Impact</b><br>(Positive, Neutral, Adverse) | <b>Extent of Impact</b> (Low, Medium, High) |
|---|---|---|
| <b>AGE:</b> Identify the potential impact of the policy or function on different age groups.  |   |   |
| The policy applies to all employees regardless of their age and is not specific to age in its application.  | <b>Neutral</b>  |   |
| <b>DISABILITY:</b> Identify the potential impact of the policy or function on disabled people.  |   |   |
| The policy applies to all employees regardless of whether or not they have a disability under the EA 2010, and is not specific to whether or not someone has a disability it's application. | <b>Neutral</b>  |   |

|   |                |  |
|---|----------------|--|
| <b>GENDER REASSIGNMENT:</b> Identify the potential impact of the policy or function on people that have changed gender identity.  |                |  |
| The policy applies to all employees regardless of their gender status and is not specific to gender or gender reassignment in its application.                                | <b>Neutral</b> |  |
| <b>MARRIAGE AND CIVIL PARTNERSHIPS:</b> Identify the potential impact of the policy or function on people who are married or in a civil partnership.                          |                |  |
| The policy applies to all employees regardless of their marital or civil-partnership status and is not specific to marriage or civil partnership status its application.      | <b>Neutral</b> |  |
| <b>PREGNANCY AND MATERNITY:</b> Identify the potential impact of the policy or function on pregnant or maternal mothers and those women who wish to breastfeed.               |                |  |
| The policy applies to all employees regardless of whether or not they may be pregnant or on maternity leave and is not specific to pregnancy or maternity in its application. | <b>Neutral</b> |  |
| <b>RACE:</b> Identify the potential impact of the policy or function on different ethnic groups, including national origins, colour and nationality.                          |                |  |
| The policy applies to all employees regardless of their race and is not specific to race in its application.  | <b>Neutral</b> |  |
| <b>RELIGION/BELIEF:</b> Identify the potential impact the policy or function on different religious/faith groups.   |                |  |
| The policy applies to all employees regardless of their religion or beliefs and is not specific to religion or belief in its application.                                     | <b>Neutral</b> |  |
| <b>SEX:</b> Identify the potential impact of the policy or function on men and women.   |                |  |
| The policy applies to all employees regardless of their gender and is not specific to sex in its application.   | <b>Neutral</b> |  |

|  |                |  |
|--|----------------|--|
| <b>SEXUAL ORIENTATION:</b> Identify the potential impact of the policy or function on lesbian, gay men, bisexual or heterosexual people.                             |                |  |
| The policy applies to all employees regardless of their sexual orientation and is not specific to sexual orientation in its application.                             | <b>Neutral</b> |  |
| <b>OTHER CHARACTERISTIC SPECIFIC TO SOUTH CAMBRIDGESHIRE – RURALITY:</b> Identify the potential impact of the policy or function on people who are rurally isolated. |                |  |
| The policy applies to all employees regardless of rurality and is not specific to rurality in its application.   | <b>Neutral</b> |  |

**PLEASE NOTE:** Following completion of the section above, if the nature of the impact is adverse then you may need to proceed to a full equality impact assessment.

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| <p><b>C2. Could you minimise or remove any adverse or potential impact that is high, medium or low significance, in advance of a full impact assessment? Explain how.</b><br/>n/a</p>  |
| <p><b>C3. Does the policy or function actively promote equal opportunities and good community relations? Or could changes be made so that it does so?</b><br/>The policy forms part of our contract of employment and will always be applied fairly and consistently to all staff.<br/>The policy contributes to a culture of good employee relations as it enables staff to pursue grievances through a formal and equitable procedure.</p> |
| <p><b>C4. Please provide any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this assessment.</b><br/>n/a</p>  |

| <b>D. CONCLUSIONS</b>   |      |                                     |  |
|---|------|-------------------------------------|--|
| <b>D1. Was there sufficient data to complete the partial assessment?</b>  | Yes? | <input checked="" type="checkbox"/> | <b>If “NO”, what arrangements are in place for evidence gathering and continuing with the assessment?</b>  |
|   | No?  | <input type="checkbox"/>            |  |
| <b>D2. Is the outcome of the partial assessment that the policy or function would have an adverse impact (medium or high impact) on one or more target group?</b> | Yes? | <input type="checkbox"/>            | <b>If “YES”, will you proceed to a full assessment? If so, what arrangements are in place to carry out the full assessment?</b>  |
|   | No?  | <input checked="" type="checkbox"/> |  |
| <b>D3. Is the outcome of the partial assessment that the policy or function would have a neutral or positive impact on equalities?</b>                            | Yes? | <input checked="" type="checkbox"/> | <p><b>If “YES”, have you included proposals in the Action Plan to further improve the impact of the policy or function on equalities?</b><br/>Neutral – yes through more E&amp;D monitoring</p> <p><b>Do you plan to review the service or policy again in future to assess whether there has been any change? If so, when?</b><br/>The policy is reviewed periodically in line with all other HR policies, in addition we will undertake ad-hoc reviews in line with statutory changes.</p> |
|   | No?  | <input type="checkbox"/>            | <p><b>Has the Equalities Steering Group and the Consultative Forum reviewed the assessment? If so what were their comments?</b><br/>No.</p>  |
| <b>D4. Do you have any other conclusions/outcomes from the partial assessment?</b>  |      |                                     |  |

**ACTION PLAN for enhancing existing practice**

| Recommendation/ issue to be addressed   | Planned Milestone | Planned completion of milestone (date) | Officer Responsible | Progress                            |
|---|-------------------|--|---------------------|-------------------------------------|
| Introduce monitoring mechanism for E&D criteria against grievances lodged.          |                   | To commence within next quarter        | Niki Cater          |                                     |
| Add 'accessibility statement' to policy regarding assistance with written materials |                   | ASAP                                   | Niki Cater          | <del>Done</del><br><u>Completed</u> |
|   |                   |  |                     |                                     |
|   |                   |  |                     |                                     |

**RESOURCES**

**Does the above action plan require any additional resources?**

No – this falls within normal HR tasks and workloads.

**ARRANGEMENTS FOR MONITORING**

**Please give your plans for monitoring the achievement of the above actions.**



**SIGN OFF: The officers below confirm that this partial assessment has been completed in accordance with the Council's guidance**

**Signature of Lead Officer**

**Date:**

**Signature of Corporate Manager or Chief Officer:**

**Date:**

**Please retain the original form on your service area and return a copy of the completed form to the Equality & Diversity Officer.**