

Equality Impact Assessment Template

The purpose of an Equality Impact Assessment (EqIA) is to improve the work of Orkney Islands Council by making sure it promotes equality and does not discriminate. This assessment records the likely impact of any changes to a function, policy or plan by anticipating the consequences, and making sure that any negative impacts are eliminated or minimised and positive impacts are maximised.

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| 1. IDENTIFICATION OF FUNCTION, POLICY OR PLAN | |
| Name of function/policy/plan to be assessed | Substance Misuse Policy |
| Service/service area responsible | HR and Performance |
| Name of person carrying out the assessment and contact details | Mike Lucas, Personnel Officer Ext 2252 mike.lucas@orkney.gov.uk |
| Date of assessment | 16.01.12 |
| Is the function/policy/plan new or existing? (Please indicate also if the service is to be deleted, reduced or changed significantly) | Revision of existing |

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| 2. INITIAL SCREENING | |
| What are the intended outcomes of the function/policy/plan? | To ensure that the Council has one consistent approach to issues related to substance misuse. |
| State who is, or may be affected by this function/policy/plan, and how | All employees, contractors and volunteers working for the Council. The policy provides guidance on preventing employees developing alcohol or substance misuse problems and helping those who do. It also sets out a "zero tolerance" approach to alcohol/substance misuse on all premises owned or occupied by the Council. |
| How have stakeholders been involved in the development of this function/policy/plan? | The draft policy has been considered by Corporate Management Team and the Trade Unions have been consulted. Their comments have been taken on board during preparation of the final document. The Health Promotion Manager and Local Healthy Working Lives Adviser at NHS Orkney have also had |

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| | input into the document. |
| <p>Is there any existing data and/or research relating to equalities issues in this policy area? Please summarise.</p> <p>e.g. consultations, national surveys, performance data, complaints, service user feedback, academic/consultants' reports, benchmarking (see equalities resources on OIC information portal)</p> | <p>The policy has been informed by research into:</p> <ul style="list-style-type: none"> • procedures in other local authorities • HR best practice from the Chartered Institute of Personnel and Professional Development (CIPD) and Xpert HR <p>and is legislatively compliant.</p> |
| Could the function/policy have a differential impact on any of the following equality strands? | (Please provide any evidence – positive impacts/benefits, negative impacts and reasons) |
| 1. Race: this includes ethnic or national groups, colour and nationality | No |
| 2. Sex: a man or a woman | No |
| 3. Sexual Orientation: whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes | No |
| 4. Gender Reassignment: the process of transitioning from one gender to another | No |
| 5. Pregnancy and maternity | No |
| 6. Age: people of different ages | No |
| 7. Religion or beliefs or none (atheists) | No |
| 8. Caring responsibilities | No |
| 9. Marriage and Civil Partnership | No |
| 10. Disability: people with disabilities (whether registered or not) | No |

| 3. IMPACT ASSESSMENT | |
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| Does the analysis above identify any differential impacts which need to be addressed? | No. The policy aims to provide structured support to all employees who may be struggling with alcohol or substance misuse. |
| How could you minimise or remove any potential negative | N/A |

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| impacts? | |
| Do you have enough information to make a judgement? If no, what information do you require? | Yes |

| 4. CONCLUSIONS AND PLANNED ACTION | |
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| Is further work required? | No |
| What action is to be taken? | N/A |
| Who will undertake it? | N/A |
| When will it be done? | N/A |
| How will it be monitored? (e.g. through service plans) | All HR policies and procedures are monitored on an ongoing basis by HR and Performance |

Signature

Date 16.01.12

Name MIKE LUCAS
(BLOCK CAPITALS)

Please sign and date this form, keep one copy and send a copy to Corporate and Community Strategy. It should also be emailed to Corporate and Community Strategy.