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AMENDMENT RECORD SHEET

Remove and destroy old pages. Insert new pages as indicated.

Revision Number	Page Number	Date Revised	Description of Revision
	4	June 2026	Inclusion of PMO's role on Council's Transformation Programme, major Corporate Programmes and Corporate Priority Projects
	4-5	June 2026	Inclusion of Director and Senior Responsible Owner (SRO)
	5	June 2026	Provides an explanation of Appendix 2: reflects input directly onto the RISKS Platform.
	5	June 2026	Inclusion: Where a risk is required to be removed from the RISKS platform, the relevant Risk Owner should request removal in writing to the Risk & Business Continuity Officer or Improvement Manager.
	8	June 2026	The risk registers should be reviewed by officers/risk owners on a Quarterly basis or more often if required, via the Council's Risk Management software and updated accordingly, taking

			cognisance of the outcome of completed risk actions, the progress of Business Plan
	9	June 2026	Detailed assessment or 'deep dive' into the nature and management of specific risk within the Corporate Risk Register will be presented to the Performance & Audit Committee on a rolling basis annually
	9	June 2026	Ensure risks are aligned and linked to Council's annual business plans. Department/Service Management Teams reviewing and monitoring risk quarterly alongside Business Progress Reviews as part of QMS.
	10	June 2026	Inclusion of: All staff should be aware of Risk Management in particular: - Report to management if they notice risks or unsafe behaviours - Attend or undertake any mandatory risk management training provided by/arranged by Council.
	10	June 2026	Related Policies: Policies aligned to common risk categories, as outlined in Appendix 1. e.g. Fraud, Contract Management, Financial Regulations etc

CONTENTS

1. INTRODUCTION 3

2. PURPOSE 3

3. RISK MANAGEMENT PROCESS 4

RISK IDENTIFICATION 4
EVALUATION OF RISKS 5
RISK APPETITE 7
RISK MITIGATION (controls/treatment of risk) 7
RISK MONITORING, REVIEW & REPORTING 8

4. ROLES AND RESPONSIBILITIES 8

PERFORMANCE AND AUDIT COMMITTEE 8
SERVICE COMMITTEES 9
PROJECT/PROGRAMME BOARDS 9
THE EXECUTIVE MANAGEMENT TEAM (EMT) 9
HEADS OF DEPARTMENT/SERVICE MANAGERS 9
STRATEGY & PERFORMANCE DEPARTMENT 9
INTERNAL AUDIT 10
ALL STAFF 10

5. RELATED POLICIES 10

APPENDIX 1 *Common Risk Categories* 10

APPENDIX 2 *Risk Register Template* 12

APPENDIX 3 *Qualitative Measures of Impact* 13

APPENDIX 4 *Qualitative Measures of Likelihood* 14

APPENDIX 5 *Equality Screening Form* 15

APPENDIX 6 *Rural Needs Impact Assessment (RNIA)* 21

1. INTRODUCTION

Risk Management is about managing threats and opportunities so that the Council is in a stronger position to deliver its objectives and is an essential business tool that encourages innovation and enterprise, not risk adversity. Risk Management includes identifying and assessing risks and then responding to them to ensure effective controls are in place. Failure to manage risk effectively may result in financial losses, disruption to services, bad publicity or claims for compensation.

All organisations face risk or obstacles to achieving their objectives. In order for Armagh City, Banbridge and Craigavon Borough Council (ACBCBC) to deliver its objectives it is important to:

- Understand the nature of the risks we face.
- Be aware of the extent of these risks.
- Identify the level of risk that we are willing to accept.
- Assess our ability to control or reduce the risk; and
- Implement corrective actions.

Risk management should be explicitly linked to the business planning process to ensure it is embedded across the Council. For the risk management process to be effective, the following principles should be applied:

- Risk management should be an essential part of **governance and leadership**, and fundamental to how the organisation is directed, managed, and controlled at all levels.
- Risk Management should be an **integral** part of all organisational activities to support decision-making in achieving objectives.
- Risk management should be **collaborative and informed** by the best available information and expertise.
- Risk Management processes should be **structured** to include risk identification and assessment, risk treatment, risk monitoring and risk reporting.
- Risk Management should be **continually improved** through learning and experience.

2. PURPOSE

This document defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. It draws on the principles and approach set out in 'The Orange Book, Management of Risk – Principles and Concepts,' revised by HM Treasury in 2023 and Government Finance Function: Good Practice Guide - Risk Reporting, August 2021 and the NIAO 'Good Practice in Risk Management' (June 2011).

The Local Government Regulations (NI) 2006 (Accounts and Audit) requires the Council to have in place adequate and effective arrangements for the management of risk and to report on these arrangements within the annual governance statement, which forms part of the statutory accounts, and which must be considered and approved by Council.

Risks will be managed at one of three levels:

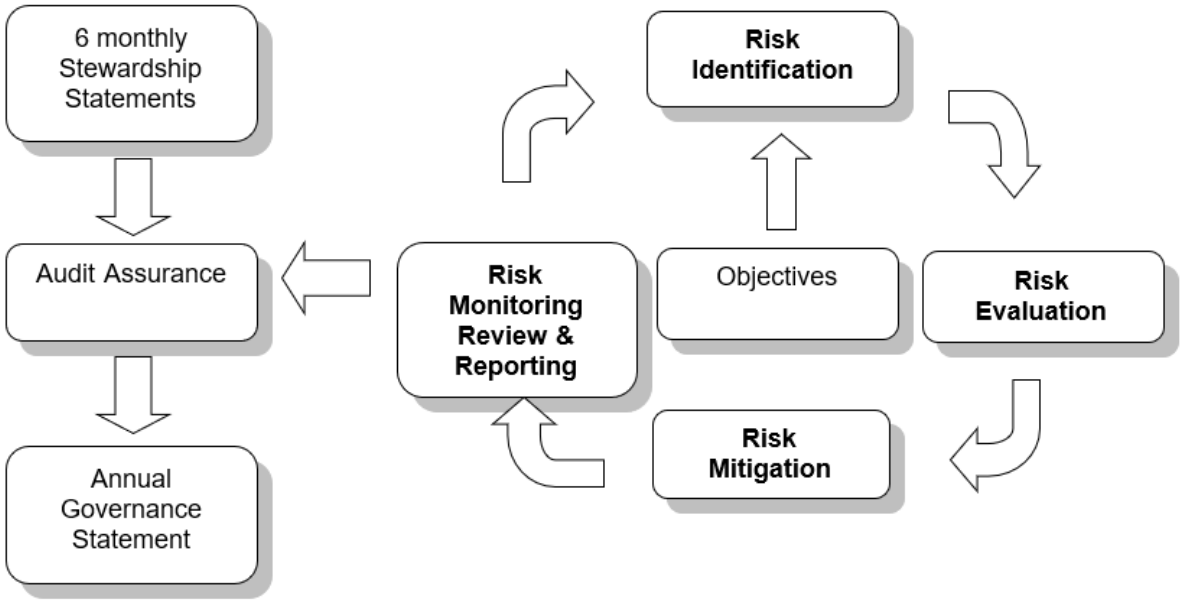
- **Corporate/Strategic Risks –** High level risks which could have a major impact on the Council's corporate plan objectives. These risks will be managed primarily by the Executive Management Team (EMT) and Heads of Department (HoD) and will be subject to challenge by the Performance and Audit Committee.

- **Departmental/Service –** Risks which could impact on the delivery or timescale of activities or deliverables at departmental/service level. These risks will be managed by the HoD and may be escalated to corporate level as appropriate.

- **Project Risks** will also exist, and these will be managed by the appropriate Project Officer(s). The mechanisms in place for monitoring and reporting risk will vary according to the size and complexity of the project, ranging from the use of a risk register to the appointment of a risk manager.
  The Programme Management Office provides support and assurance on Council's Transformation Programme, major Corporate Programmes and Corporate Priority Projects. These Programmes/ Projects are categorised on a case by case basis, by the Senior Responsible Officer and the PMO, to ensure appropriate Risks are identified and managed. The PMO's role is to develop and maintain a corporate approach to project management, providing guidance to managers engaged in project management. A PMO Project Management Toolkit is available as a guide. Where risks are identified as part of these Projects these will be captured as appropriate within Project Risk Registers.

3. RISK MANAGEMENT PROCESS

The diagram below shows the key elements of the risk management process.



RISK IDENTIFICATION

Risks should be related to objectives as set out in the Corporate, Departmental and Project Plans as appropriate. Some risks may be relevant to more than one objective. However, risk identification and assessment should not be confined to the process of drawing up Plans.
The following people are assigned Risk Owners:

Corporate	Risk Owners allocated by	CE/DCE/Director.
Departmental/Service	Risk Owners allocated by the	HoD/Director
Project	Risk Owners allocated by the	Project Director/SRO

Risk Owners will have authority to assign resources to manage key risks within defined approvals. They are responsible for managing assigned risks by ensuring controls are in place and properly actioned at all levels. They are also responsible for communicating progress, identifying control weaknesses, and recommending remedial actions and ensuring that a suitable system of internal control operates in their area of responsibility. Risk owners are required to review their assigned risks at least quarterly/more often if required.

In identifying risks, risk owners should not just consider threats to the achievement of their objectives but also consider, missed opportunities for improved performance and enhanced capacity. Examples of common risk categories are included at **Appendix 1**.

The standard format of a Risk Register is illustrated at **Appendix 2** and reflects input directly onto the RISKS Platform.

Where a risk is required to be removed from the RISKS platform, the relevant Risk Owner should request removal in writing to the Risk & Business Continuity Officer or Improvement Manager.

EVALUATION OF RISKS

A risk matrix is used to evaluate the risks so that there is an understanding of the risk exposure faced, which in turn influences the level of risk treatment that should be applied to manage/reduce/prevent the risk from occurring. The matrix used for evaluating risk is shown in the diagram below. Risk analysis is primarily concerned with quantifying risk in terms of frequency and severity.

The Council will adopt a consistent approach to evaluating the likelihood and impact of key risks in terms of both:

Likelihood - The chance of the risk materialising

Impact - The effect of the risk should it materialise

The likelihood and impact of each risk should be evaluated on a scale of 1 to 5 as set out at **Appendix 3 & 4** to arrive at the overall risk rating.

Two evaluations will be carried out for each risk:

Inherent Score Risk rating assumes no controls are in place
Residual Score Risk rating takes into account the controls

Impact						
	5 (Catastrophic)	5	10	15	20	25
	4 (Major)	4	8	12	16	20
	3 (Moderate)	3	6	9	12	15
	2 (Minor)	2	4	6	8	10
	1 (Insignificant)	1	2	3	4	5
	Likelihood	1 (Rare)	2 (Unlikely)	3 (Moderate)	4 (Likely)	5 (Almost Certain)

LOW	MEDIUM	HIGH	UNACCEPTABLE

RISK APPETITE

The risk evaluation should then be compared to the risk appetite for each risk type. While the Council deems any unacceptable risks intolerable it is envisaged that all other risks will be managed in accordance with the risk appetite.

The risk appetite sets out the level of risk that management is prepared to accept, tolerate, or be exposed to at any point in time. The risk appetite may vary depending on the category of risk. In some areas the Council may take more risk in order to support innovative thinking, in other areas the Council may take less risk to ensure legal compliance or to maintain public confidence.

Our approach to risk taking will be dependent upon the nature of the risk. Particular care is needed in taking action that could:

- Impact on the reputation of the Council
- Impact on performance
- Results in censure/fines by regulatory bodies
- Results in financial loss/fraud

The target level of risk score will depend on whether the Council is risk averse, risk neutral or risk open.

Risk Appetite	Definition
Risk Averse	Avoid/Mitigate its exposure to risk
Risk Neutral	Moderate appetite to accept exposure to risk
Risk Open	Accepts the impact of the potential risk in materialising

While the Council deems any unacceptable risks intolerable it is envisaged that high scoring risks will be actively managed

Any risk that has a residual risk score assessed to be low will be considered to be acceptable and will require no further action other than to ensure that the existing controls are operating effectively.

RISK MITIGATION (controls/treatment of risk)

Once a risk has been identified and evaluated consideration must be given to the appropriate action. The level and type of treatment for each risk will depend on the level of residual risk and the tolerance to the specific risk. The following options are available:

Treat the Risk
Treating the risk means identifying additional actions to be taken that will reduce the likelihood and/or the impact if the event occurred. It is anticipated that the greatest number of risks will fall into this category.

Transfer the Risk
Transfer the risk means using an insurer or third party to cover the cost or losses and share the risk should a risk materialise.

Tolerate the Risk
It may be appropriate to tolerate the risk without any further action for example due to either a limited ability to mitigate the risk or the cost of mitigation may be disproportionate to the benefit gained.

Terminate the Risk
Terminating the risk means ceasing the activity because modifying it or controlling it would not reduce the risk to an acceptable level.

The selected risk response will be captured in the additional action section of the risk register template. The Risk Owner should ensure that responsibility for each action in is assigned to a named individual along with realistic target dates. It is important that any action taken is proportional to the risk. Additional actions highlighted in the risk register templates should link with the actions set out in the individual business plans.

RISK MONITORING, REVIEW & REPORTING

The Council's Risk Registers are an integral part of the Assurance Process and reporting thereof is the means by which the Council, Performance and Audit Committee and service committees can assess the effectiveness of the controls and assurances given for the management of the risks identified. This is undertaken by Members through review of risk registers at the Performance & Audit Committee and consideration of risks identified in service committee reports by project/programme boards.

Risk management should be a continuous process which identifies new risks, changes in existing risks and risks which are no longer relevant.

The risk registers should be reviewed by officers/risk owners on a ***Quarterly*** basis or more often if required, via the Council's Risk Management software and updated accordingly, taking cognisance of the outcome of completed risk actions, the progress of Business Plan delivery and any resultant change in risk score or risk classification. Risk actions that have been completed should be transferred to controls.

Evidence to assess effectiveness of controls should be detailed in the risk register template. This enables an opinion on the adequacy and effectiveness of the control and provides assurance on the management of these risks by focussing on the three lines of defence.

These three lines of defence include:

- *Operational Management* - This comes direct from those responsible for delivering specific objectives or operations (i.e. direct management); it provides assurance that performance is monitored, risks identified are addressed and objectives are being achieved.

- *Management oversight* – separate from those involved in the operational delivery but who is actively involved in overseeing and managing risks.

- The third line of defence relates to *independent* and more objective assurance, for example the provision of assurance by Internal Audit.

4. ROLES AND RESPONSIBILITIES

Clear ownership and accountability for risk is essential to an effective risk management process. To manage risk effectively in the Council, clear roles and responsibilities have been established.

PERFORMANCE AND AUDIT COMMITTEE

The Performance and Audit Committee will review the Council's approach to risk management and give independent assurance on the adequacy of the Council's Risk Management Policy and the associated control environment.

The Corporate Risk Register will be presented at each Performance and Audit Committee. In addition to this the Departmental Risk Registers of a Directorate will be presented on a rotational basis along with any relevant project risk registers

Detailed assessment or 'deep dive' into the nature and management of specific risk within the Corporate Risk Register will be presented to the Performance & Audit Committee on a rolling basis annually. By enabling in depth scrutiny, the deep dive process allows Members to assure themselves of the risk management approach. This will ensure a better understanding by Members of the corporate risks and the mitigations and follow up actions taken to reduce the impact of individual corporate risks.

SERVICE COMMITTEES

The role of the service committees is to consider risks identified within service committee reports and also consider risks aligned with business plans.

PROJECT/PROGRAMME BOARDS

- Ensure appropriate risk management arrangements are in place in accordance with this Policy
- Seek advice and support from the Strategy & Performance Department to ensure adequate, development, monitoring and reporting of project/programme risks.

THE EXECUTIVE MANAGEMENT TEAM (EMT)

EMT are responsible for ensuring that the risk management processes become embedded in the culture of the Council in the following ways:

- Contribute towards the identification and management of strategic and cross cutting risks aligned to corporate priorities and commitments.
- Review and update the Corporate Risk Register on a quarterly basis. Ensure corporate risks are up to date and appropriate and identify any new strategic risks or de-escalation of risks as appropriate.
- Promote the integration of risk management principles into the culture of the Council.
- Directorate Team review of risks through QMS reporting and monitoring.

HEADS OF DEPARTMENT/SERVICE MANAGERS

- Identify and analyse Departmental/Service risks.
- Ensure risks are aligned and linked to Council's annual business plans.
- Department/Service Management Teams reviewing and monitoring risk quarterly alongside Business Progress Reviews as part of QMS.
- Provide assurance on the effectiveness of controls in place to mitigate/reduce risks within their service areas.
- Review and update risks within the Corporate Risk Registers prior to quarterly updates to EMT.
- Remain aware of and promote the Risk Management Policy to all relevant staff.
- Include risk implications on all corporate reports including committee and full Council.

STRATEGY & PERFORMANCE DEPARTMENT

The Strategy & Performance Department provide guidance on how to identify new risks/risk registers and risk register review and use of the Risks Software through one to one meeting or facilitated workshops/group discussions.

For new risk registers the Strategy & Performance Department can facilitate the drafting of the risk register with the relevant Head of Department and or service managers. The identified risk owner is then responsible for keeping the risk register up to date and developing the related risk actions for assigned implementation and monitoring.

For existing risk registers, on a quarterly basis or as required the Strategy & Performance Department will meet/liaise with Risk Owners and provide advice and guidance on the risk registers and actions and prepare the quarterly Risk Management Reports for the Executive Management Team and the Performance and Audit Committee.

During the annual business planning process, the Strategy & Performance Department will encourage and support business plan owners to cross reference/align business plan actions with departmental/service, project and corporate risks.

INTERNAL AUDIT

The Internal Audit Manager will undertake the following in respect of risk management:

- Provide an annual independent, objective assessment/opinion of the effectiveness of the risk management and control processes operating within the Council which feeds into the Council's Annual Governance Statement.

- Ensure that the Internal Audit activity is focused on the key risks facing the Council; and

- Provide advice and guidance on risk and control to EMT and HoD through Internal Audit reports to ensure key actions to manage the identified risks are reflected in the relevant risk registers.

ALL STAFF

All staff should be aware of Risk Management in particular:
- Report to management if they notice risks or unsafe behaviours
- Attend or undertake any mandatory risk management training provided by/arranged by Council.

5. RELATED POLICIES

Policies aligned to common risk categories, as outlined in Appendix 1. e.g. Fraud, Contract Management, Financial Regulations etc

APPENDIX 1 ***Common Risk Categories***
(as per HM Treasury Orange Book)

Strategy	Risks arising from identifying and pursuing a strategy, which is poorly defined, is based on flawed or inaccurate data or fails to support the delivery of commitments, plans, or objectives due to a changing macro-environment.
Governance	Risks arising from unclear plans, priorities, authorities, and accountabilities, and/or ineffective or disproportionate oversight of decision-making and/or performance.

Operations	Risks arising from inadequate, poorly designed, or ineffective/inefficient internal processes resulting in fraud, error, impaired customer service (quality and/or quantity of service), non-compliance and/or poor value for money.
Legal	Risks arising from a defective transaction, a claim being made (including a defence to a claim or a counterclaim) or some other legal event occurring that results in a liability or other loss, or a failure to take appropriate measures to meet legal or regulatory requirements or to protect assets (for example, intellectual property).
Property	Risks arising from property deficiencies or poorly designed or ineffective/ inefficient safety management resulting in non-compliance and/or harm and suffering to employees, contractors, service users or the public.
Financial	Risks arising from not managing finances in accordance with requirements and financial constraints resulting in poor returns from investments, failure to manage assets/liabilities or to obtain value for money from the resources deployed, and/or non-compliant financial reporting.
Commercial	Risks arising from weaknesses in the management of commercial partnerships, supply chains and contractual requirements, resulting in poor performance, inefficiency, poor value for money, fraud, and /or failure to meet business requirements/objectives.
People	Risks arising from ineffective leadership and engagement, suboptimal culture, inappropriate behaviours, the unavailability of sufficient capacity and capability, industrial action and/or non-compliance with relevant employment legislation/HR policies resulting in negative impact on performance.
Technology	Risks arising from technology not delivering the expected services due to inadequate or deficient system/process development and performance or inadequate resilience.
Information	Risks arising from a failure to produce robust, suitable, and appropriate data/information and to exploit data/information to its full potential.
Security	Risks arising from a failure to prevent unauthorised and/or inappropriate access to the estate and information, including cyber security and non-compliance with General Data Protection Regulation requirements.
Project / Programme	Risks that change programmes and projects are not aligned with strategic priorities and do not successfully and safely deliver requirements and intended benefits to time, cost and quality.
Reputational	Risks arising from adverse events, including ethical violations, a lack of sustainability, systemic or repeated failures or poor quality or a lack of innovation, leading to damages to reputation and or destruction of trust and relations.

Failure to manage risks in any of these categories may lead to financial, reputational, legal, regulatory, safety, security, environmental, employee, customer, and operational consequences.

APPENDIX 2 *Risk Register Template*

Ref:		**Risk Register:**		**Risk Owner:**	
Objective:		**Risk:**		**Potential Consequences:**	

Current Mitigations

Risk Causes	MITIGATIONS How risk is currently managed	Evidence to assess effectiveness and date of last review	Officer responsible

Additional Actions

Additional ACTIONS	Responsibility	Due date	Current status / comments

Overall Assessment	Impact	Likelihood
Inherent Risk		

Mitigations

Residual Risk		

Further Action

Target Risk		

Risk Appetite	

APPENDIX 3 *Qualitative Measures of Impact*

Impact	*Score*	*Description and Action Needed*	*Impact on individual(s) – staff or public.*	*Statutory Duty.*	*Business / Operational*	*Buildings/ Engineering/ Environmental*	*Quality of Service*	*Finance*
Catastrophic (Very High)	***5***	*This is above the Council's defined tolerance level. Comprehensive action required immediately to mitigate the risk.*	• *Death*	• *Multiple breach of statutory legislation and prosecution.*	• *Litigation > £500k expected.* • *National Media Interest* • *Severe loss of confidence and reputation*	• *Critical Environmental Impact.* • *Service closed for unacceptable period.*	• *Severe impact on customer satisfaction.* • *Gross failure to meet professional / national standards*	• *Significant financial impact (over 5% of total directorate budget)* • *Theft / loss >£250k*
Major (High)	***4***	*Consequences are severe but not disastrous. Some immediate action may be required. Development of a comprehensive action plan may be required.*	• *Major injury/ill health (reportable)* • *Major clinical intervention* • *Permanent incapacity*	• *Multiple breach of statutory legislation and improvement notice issued.*	• *Litigation >£250k to <£500k expected.* • *Adverse publicity* • *Impact on reputation*	• *Major/significant environmental impact* • *Severe disruption to service*	• *Major impact on customer satisfaction.* • *Failure to meet professional / national standards*	• *Major financial impact (between 2% - 5% of total directorate budget.* • *Theft / loss between £100k - £250k*
Moderate (Medium)	***3***	*Some immediate action may be required. Development of action plan may be required. Risk status should be monitored regularly.*	• *Temporary Incapacity* • *Short term monitoring* • *Additional medical treatment up to 1 year* • *Extended hospital stays.*	• *Single breach of statutory legislation and Improvement Notice issued.*	• *Litigation >£50k - <£250k possible.* • *Potential for adverse publicity, avoidable with careful handling* • *Potential to impact on reputation.*	• *Moderate environmental impact* • *Moderate disruption to services*	• *Formal complaint expected.* • *Failure to meet internal standard*	• *Moderate financial impact (between 1% and 2% of total directorate budget)* • *Fraud/Theft / loss between £50k - £100k*
Minor (Low)	***2***	*No immediate action required. Action plan should be considered. Risk status to be monitored periodically.*	• *First Aid/ self-treatment* • *Minor injury* • *Minor ill health up to 1 month* • *Near miss (small cluster)*	• *Breach of statutory legislation.*	• *Litigation <£50k* • *Impact on reputation – internal awareness,*	• *Localised environmental impact* • *Disruption to service perceived as inconvenient*	• *Possible complaint.* • *Single failure to meet internal standard.*	• *Minor financial impact (up to 1% of total directorate budget)* • *Fraud/Theft / loss between £1k - £50k*
Insignificant (Very Low)	***1***	*Risk status to be reviewed occasionally.*	• *Near miss (single)* • *No adverse outcome* • *No injury or ill health*	• *Near breach of statutory legislation.* • *Minor breach of guidance or legislation.*	• *Possible litigation due to settlement is <£5k.*	• *Minimal impact to environment.* • *Minimal disruption.*	• *Customer initially unhappy.* • *Minor non-compliance with internal standard.*	• *Theft / loss up to £1k.*

APPENDIX 4 *Qualitative Measures of Likelihood*

Likelihood of Event or Incident occurring

Likelihood Descriptor	Score	**Probability / Likelihood** (of event or incident occurring over lifetime of Corporate Plan).
Almost Certain	**5**	• The event is more likely than not to occur.
Likely	**4**	• The event is likely to occur.
Possible	**3**	• There is a reasonable chance of the event occurring.
Unlikely	**2**	• The event is unlikely to occur.
Rare	**1**	• The event will occur only in exceptional circumstances.

Appendix 5

Equality Screening Form

Policy Scoping

Policy Title: **Risk Management Policy**

Brief Description of Policy (please attach copy if available). Please state if it is a new, existing or amended policy.

This is an existing policy which focusses on managing threats and opportunities so that the Council is in a stronger position to deliver its objectives and is an essential business tool that encourages innovation and enterprise, not risk adversity. Risk Management includes identifying and assessing risks and then responding to them to ensure effective controls are in place. Failure to manage risk effectively may result in financial losses, disruption to services, bad publicity or claims for compensation.

Intended aims/outcomes. What is the policy trying to achieve?

This document defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. It draws on the principles and approach set out in 'The Orange Book, Management of Risk – Principles and Concepts,' revised by HM Treasury in 2023 and Government Finance Function: Good Practice Guide - Risk Reporting, August 2021 and the NIAO 'Good Practice in Risk Management' (June 2011).

Policy Framework

Has the policy been developed in response to statutory requirements, legal advice or on the basis of any other professional advice? Does this affect the discretion available to The Council to amend the policy?

The Local Government Regulations (NI) 2006 (Accounts and Audit) requires the Council to have in place adequate and effective arrangements for the management of risk and to report on these arrangements within the annual governance statement, which forms part of the statutory accounts, and which must be considered and approved by Council.

Are there any Section 75 categories which might be expected to benefit from the policy? If so, please outline.

No

Who initiated or wrote the policy (if The Council decision, please state). Who is responsible for implementing the policy?

Who initiated or wrote the policy?	Martina McNulty, Head of Department, Strategy & Performance & Denise Girvan, Improvement Manager
Who is responsible for implementation?	The Council

Are there any factors which might contribute to or detract from the implementation of the policy (e.g. financial, legislative, other)?

None that we are aware of.

Main stakeholders in relation to the policy

Please list main stakeholders affected by the policy (e.g. staff, customers, other statutory bodies, community or voluntary sector, private sector)

Members and Staff, Rate payers

Are there any other policies with a bearing on this policy? If so, please identify them and how they impact on this policy.

Policies aligned to common risk categories, as outlined in Appendix 1. e.g. Fraud, Contract Management, Financial Regulations etc

Available Evidence

The Council should ensure that its screening decisions are informed by relevant data. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for each of the Section 75 categories. For up to date S75 Borough Statistics

Section 75 category	Evidence
Religious belief	We do not have any available data/evidence that is relevant to inform this policy.
Political opinion	As Above
Racial group	As Above
Age	As Above
Marital status	As Above
Sexual orientation	As Above
Men and women generally	As Above
Disability	As Above
Dependants	As Above

Needs, experiences and priorities

Taking into account the information gathered above, what are the different needs, experiences and priorities of each of the following categories in relation to this particular policy/decision?

Section 75 category	Needs, experiences and priorities
Religious belief	There are no particular needs, experiences and priorities as the policy will have no direct effect and no adverse impact on any section 75 category. The policy is a technical document relating to risk management
Political opinion	None
Racial group	None
Age	None
Marital status	None
Sexual orientation	None

Men and women generally	None
Disability	None
Dependants	None

Screening Questions

1. What is the likely impact on equality of opportunity for those affected by this policy for each of the Section 75 categories?

Category	Policy Impact	Level of impact (Major/minor/none)
Religious belief		This is a technical policy relating to risk management and no likely impact on equality of opportunity for anyone in the S75 categories.
Political opinion		None
Racial group		None
Age		None
Marital status		None
Sexual orientation		None
Men and women generally		None
Disability		None
Dependants		None

2. Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?

Category	If yes, provide details	If no, provide reasons
Religious belief		No this is a technical policy and Council do not see any opportunities to better promote equality of opportunity for people within the S75 categories.
Political opinion		No
Racial group		No
Age		No
Marital status		No
Sexual orientation		No
Men and women generally		No
Disability		No
Dependants		No

3. To what extent is the policy likely to impact on good relations between people of different religious belief, political opinion, or racial group?

Category	Details of Policy Impact	Level of impact (major/minor/none)
Religious belief	None	None
Political opinion	None	None
Racial group	None	None

4. **Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?**

Category	If yes, provide details	If no, provide reasons
Religious belief		No this is a technical policy and Council do not see any opportunities to better promote good relations between people of different religious belief, political opinion or racial group.
Political opinion		As Above
Racial group		As Above

Multiple Identity

Generally speaking, people fall into more than one Section 75 category (for example: disabled minority ethnic people; disabled women; young Protestant men; young lesbian, gay and bisexual people). Provide details of data on the impact of the policy on people with multiple identities. Specify relevant s75 categories concerned.

N/A this policy will not impact on people with multiple identities.

Disability Discrimination (NI) Order 2006

Is there an opportunity for the policy to promote positive attitudes towards disabled people?

No

Is there an opportunity for the policy to encourage participation by disabled people in public life?

No

Screening Decision

A: NO IMPACT IDENTIFIED ON ANY CATEGORY – EQIA UNNECESSARY

Please identify reasons for this below

This is a technical policy, and we do not see any impact on people belonging to S75 categories.

B: MINOR IMPACT IDENTIFIED – EQIA NOT CONSIDERED NECESSARY AS IMPACT CAN BE ELIMINATED OR MITIGATED

Where the impact is likely to be minor, you should consider if the policy can be mitigated, or an alternative policy introduced. If so, an EQIA may not be considered necessary. You must indicate the reasons for this decision below, together with details of measures to mitigate the adverse impact or the alternative policy proposed.

N/A

C: MAJOR IMPACT IDENTIFIED – EQIA REQUIRED

If the decision is to conduct an equality impact assessment, please provide details of the reasons.

N/A

Timetabling and Prioritising

If the policy has been screened in for equality impact assessment, please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3 with 1 being the lowest priority and 3 being the highest, assess the policy in terms of its priority for equality impact assessment.

Policy Criterion	**Rating (1-3)**
Effect on equality of opportunity and good relations	
Social need	
Effect on people's daily lives	

The total rating score should be used to prioritise the policy in rank order with other policies screened in for equality impact assessment. This list of priorities will assist the Council in timetabling its EQIAs.

Is the policy affected by timetables established by other relevant public authorities? If yes, please give details.

Monitoring

Effective monitoring will help the authority identify any future adverse impact arising from the policy. It is recommended that where a policy has been amended or an alternative policy introduced to mitigate adverse impact, monitoring be undertaken on a broader basis to identify any impact (positive or adverse).

Further information on monitoring is available in the Equality Commission's guidance on monitoring (www.equalityni.org).

Identify how the impact of the policy is to be monitored

This policy will be monitored in line with the Policy review cycle as noted on cover page (3yrs).

Approval and Authorisation

A copy of the screening form for each policy screened should be signed off by the senior manager responsible for that policy. The screening recommendation should be reported to the relevant Committee/The Council when the policy is submitted for approval.

Screened by	Position/Job title	Date
Denise Girvan	Improvement Manager	18/09/2026
Approved by	Position/Job Title	Date
Martina McNulty	Head of Department, Strategy & Performance	18/09/2026

A copy of the completed screening form should be signed off and approved by the senior manager responsible for that policy. The completed screening form should be attached to the relevant Committee paper when the policy is submitted for approval.

Following approval by Council please forward a copy of the completed approved policy and screening form to:

Equality@armaghbanbridgecraigavon.gov.uk

The policy and completed screening form will be made available on the Council's website.

Appendix 6

Rural Needs Impact Assessment (RNIA)

SECTION 1
Defining the activity subject to Section 1(1) of the Rural Needs Act (NI) 2016

1A. Name of Public Authority: Armagh City, Banbridge & Craigavon Borough The Council

1B. Please provide a short title which describes the activity being undertaken by the Public Authority that is subject to Section 1(1) of the Rural Needs Act (NI) 2016.

Risk Management Policy

1C Please indicate which category the activity specified in Section 1B above relates to:

Developing a
Adopting a
Implementing a
Revising a **Policy**
Designing a Public Service
Delivering a Public Service

1D. Please provide the official title (if any) of the Policy, Strategy, Plan or Public Service document or initiative relating to the category indicated in Section 1C above

Risk Management Policy

1E. Please provide details of the aims and/or objectives of the Policy, Strategy, Plan or Public Service

This document defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. It draws on the principles and approach set out in 'The Orange Book, Management of Risk – Principles and Concepts,' revised by HM Treasury in 2023 and Government Finance Function: Good Practice Guide - Risk Reporting, August 2021 and the NIAO 'Good Practice in Risk Management' (June 2011).

1F. What definition of 'rural' is the Public Authority using in respect of the Policy, Strategy, Plan or Public Service?

Population Settlements of less than 5,000 (Default definition ☐
Other Definition (Provide details and the rationale below) ☐
A definition of 'rural' is not applicable ☒

Details of alternative definition of 'rural' used

Rationale for using alternative definition of 'rural'.

Reasons why a definition of 'rural' is not applicable.

This is a technical policy which defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. This policy will not have an impact on people living or working in rural areas.

SECTION 2
Understanding the impact of the Policy, Strategy, Plan or Public Service

2A. Is the Policy, Strategy, Plan or Public Service likely to impact on people in rural areas?

Yes ☐ **No** ☒ **If response is No go to 2E**

2B. Please explain how the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas.

2C. If the Policy, Strategy, Plan or Public Service is likely to impact on people in rural areas *differently* from people in urban areas, please explain how it is likely to impact on people in rural areas differently.

2D. Please indicate which of the following rural policy areas the Policy, Strategy, Plan or Public Service is likely to primarily impact on.

Rural Businesses	☐
Rural Tourism	☐
Rural Housing	☐
Jobs or Employment in Rural Areas	☐
Education or Training in Rural Areas	☐
Broadband or Mobile Communications in Rural Areas	☐
Transport Services or Infrastructure in Rural Areas	☐
Health or Social Care Services in Rural Areas	☐
Poverty in Rural Areas	☐
Deprivation in Rural Areas	☐
Rural Crime or Community Safety	☐
Rural Development	☐
Agri-Environment	☐

Other (Please state)

If the response to Section 2A was YES GO TO Section 3A.

2E. Please explain why the Policy, Strategy, Plan or Public Service is NOT likely to impact on people in rural areas.

This is a technical policy which defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. This policy will not have an impact on people living or working in rural areas.

SECTION 3
Identifying the Social and Economic Needs of Persons in Rural Areas

3A. Has the Public Authority taken steps to identify the social and economic needs of people in rural areas that are relevant to the Policy, Strategy, Plan or Public Service?

Yes ☐ **No** ☒ **If response is No go to 3E**

3B. Please indicate which of the following methods or information sources were used by the Public Authority to identify the social and economic needs of people in rural areas.

Consultation with Rural Stakeholders	☐
Consultation with Other organisations	☐
Published Statistics	☐
Research Papers	☐
Surveys or Questionnaires	☐
Other Publications	☐
Other Methods or Information Sources (include details in Question 3C below)	☐

3C. Please provide details of the methods and information sources used to identify the social and economic needs of people in rural areas including relevant dates, names of organisations, titles of publications, website references, details of surveys or consultations undertaken etc.

3D. Please provide details of the social and economic needs of people in rural areas which have been identified by the Public Authority?

If the response to Section 3A was YES GO TO Section 4A.

3E. Please explain why no steps were taken by the Public Authority to identify the social and economic needs of people in rural areas?

This is a technical policy which defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. This policy will not have an impact on people living or working in rural areas.

SECTION 4
Considering the Social and Economic Needs of Persons in Rural Areas

4A. Please provide details of the issues considered in relation to the social and economic needs of people in rural areas.

N/A

SECTION 5
Influencing the Policy, Strategy, Plan or Public Service

5A. Has the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, been influenced by the rural needs identified?

Yes ☐ **No** ☒ **If response is No go to 5C**

5B. Please explain how the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or delivery of the Public Service, has been influenced by the rural needs identified.

If the response to Section 5A was YES go to 6A.

5C. Please explain why the development, adoption, implementation or revising of the Policy, Strategy or Plan, or the design or the delivery of the Public Service, has NOT been influenced by the rural needs identified.

This is a technical policy which defines Armagh City, Banbridge and Craigavon Borough Council's Risk Management Policy and describes the process for identifying and managing risk within the Council. This policy will not have an impact on people living or working in rural areas.

SECTION 6
Documenting and Recording

6A. Please tick below to confirm that the RNIA Template will be retained by the Public Authority and relevant information on the Section 1 activity compiled in accordance with paragraph 6.7 of the guidance.

I confirm that the RNIA Template will be retained, and relevant information compiled. ☒

Rural Needs Impact Assessment undertaken by: Denise Girvan

Position: Improvement Manager

Department / Directorate: Strategy & Performance

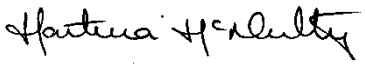
Signature: 

Date: 18/06/2026

Rural Needs Impact Assessment approved by: Martina McNulty

Position: Head of Department, Strategy & Performance

Department / Directorate: Strategy & Performance Department

Signature: 

Date: 18/06/2026