

DUNDEE CITY COUNCIL

Equality and Diversity Rapid Impact Assessment ToolPart 1

Date of assessment 6 September 2010	Title of document being assessed Social Work and Health Committee 581-10 Inspection Report
1) This is a new policy, procedure, strategy or practice being assessed (If yes please tick box) x	This is an existing policy, procedure, strategy or practice being assessed? (If yes please tick box) <input type="checkbox"/>
2) Please give a brief description of the policy, procedure, strategy or practice being assessed.	Care Commission Inspection report for Social Care and Support Services and Housing Support
3) What is the intended outcome of this policy, procedure, strategy or practice?	To notify the committee of the content of the report.
4) Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	n/a
5) Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	Older people and their carers are consulted and involved by the services covered in the report as part of the self-evaluation and inspection process.
6) Please give details of council officer involvement in this assessment. (E.g. names of officers consulted, dates of meetings etc)	Service Manager Older Peoples Services
7) Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy? (Example: if the impact on a community is not known what will you do to gather the information needed and when will you do this?)	No

Part 2

Which protected characteristics communities will be positively or negatively affected by this policy, procedure or strategy?

NB Please place an X in the box which best describes the "overall" impact. It is possible for an assessment to identify that a positive policy can have some negative impacts and visa versa. When this is the case please identify both positive and negative impacts in Part 3 of this form.

If the impact on a protected characteristic communities are not known please state how you will gather evidence of any potential negative impacts in box Part 1 section 7 above.

	Positively	Negatively	No Impact	Not Known
Ethnic Minority Communities including Gypsies and Travellers	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Gender Reassignment	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Religion or Belief	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
People with a disability	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Age	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Lesbian, Gay and Bisexual	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Socio-economic	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Pregnancy & Maternity	<input type="checkbox"/>	<input type="checkbox"/>	x	<input type="checkbox"/>
Other (please state)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3

<p>1) Have any positive impacts been identified? (We must ensure at this stage that we are not achieving equality for one strand of equality at the expense of another)</p>	<p>If yes please give further details n/a</p>
<p>2) Have any negative impacts been identified? (Based on direct knowledge, published research, community involvement, customer feedback etc. If unsure seek advice from your departmental Equality Champion.)</p>	<p>If yes please give further details n/a</p>
<p>3) What action is proposed to overcome any negative impacts? E.g. involving community groups in the development or delivery of the policy or practice, providing information in community languages etc. see Good Practice on DCC equalities web page</p>	<p>Please give further details n/a</p>
<p>4) Is there a justification for continuing with this policy even if it cannot be amended or changed to end or reduce inequality without compromising its intended outcome? (If the policy that shows actual or potential unlawful discrimination you must stop and seek legal advice)</p>	<p>If yes please give further details n/a</p>
<p>5) Has a 'Full' Equality Impact Assessment been recommended? (If the policy is a major one or is likely to have a major impact on protected characteristics communities a Full Equality Impact Assessment may be required) Seek advice from your departmental Equality Champion.</p>	<p>If yes please give further details No</p>
<p>6) How will the policy be monitored? (How will you know it is doing what it is intended to do? e.g. data collection, customer survey etc.</p>	<p>Please give details n/a</p>

Part 4**Name of Department or Partnership:****Type of Document**

Human Resource Policy	<input type="checkbox"/>
General Policy	<input type="checkbox"/>
Strategy/Service	<input type="checkbox"/>
Change Papers/Local Procedure	<input type="checkbox"/>
Guidelines and Protocols	<input type="checkbox"/>
Other	X

Contact Information

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Signature of author of the policy:	Date
Signature of Director / Head of Service area:	Date
Name of Director / Head of Service:	as above
Date of next policy review:	