

EQUALITY IMPACT ASSESSMENT

Stage 1: Title and aims of the activity (“activity” is an umbrella term covering policies, procedures, guidance and decisions).	
Service	Education and Children’s Services
Section	Children’s Social Work
Title of the activity etc.	Children’ Social Work
Aims of the activity	The provision of Protection and support to children in need, children who are Looked After and children at risk of becoming Looked After.
Author(s) & Title(s)	Bob Driscoll

Stage 2: List the evidence that has been used in this assessment.	
Internal data (customer satisfaction surveys; equality monitoring data; customer complaints).	N/A
Internal consultation with staff and other services affected.	ECS Leadership Team Children’s Services Management Team
External consultation (partner organisations, community groups, and councils).	Public Consultation via Corporate mechanisms/surveys.
External data (census, available statistics).	N/A

Other (general information as appropriate).	
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Stage 3: Evidence Gaps.	
Are there any gaps in the information you currently hold?	N/A

Stage 4: Measures to fill the evidence gaps.		
What measures will be taken to fill the information gaps before the activity is implemented? These should be included in the action plan at the back of this form.	Measures:	Timescale:

Stage 5: Are there potential impacts on protected groups? Please complete for each protected group by inserting "yes" in the applicable box/boxes below.				
	Positive	Negative	Neutral	Unknown
Age – Younger		Yes		
Age – Older			Yes	
Disability		Yes		
Race – (includes Gypsy Travellers)		Yes		
Religion or Belief			Yes	
Gender – male/female			Yes	
Pregnancy and maternity		Yes		
Sexual orientation – (includes Lesbian/ Gay/Bisexual)			Yes	
Gender reassignment – (includes Transgender)			Yes	
Marriage and Civil Partnership			Yes	

Stage 6: What are the positive and negative impacts?

Impacts.	Positive (describe the impact for each of the protected characteristics affected)	Negative (describe the impact for each of the protected characteristics affected)
Please detail the potential positive and/or negative impacts on those with protected characteristics you have highlighted above. Detail the impacts and describe those affected.		Reduction in capacity to protect and support these with the characters overleaf.

Stage 7: Have any of the affected groups been consulted?

If yes, please give details of how this was done and what the results were. If no, how have you ensured that you can make an informed decision about mitigating steps?	No
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Stage 8: What mitigating steps will be taken to remove or reduce negative impacts?

These should be included in any action plan at the back of this form.	Mitigating Steps	Timescale
	Risk Assessment and Risk Management of the demand for Services by Team Managers.	Constant

Stage 9: What steps can be taken to promote good relations between various groups?

<p>These should be included in the action plan.</p>	<p>N/A</p>
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Stage 10: How does the policy/activity create opportunities for advancing equality of opportunity?

N/A

Stage 11: What equality monitoring arrangements will be put in place?

These should be included in any action plan (for example customer satisfaction questionnaires).

N/A

Stage 12: What is the outcome of the Assessment?

Please complete the appropriate box/boxes	1	No negative impacts have been identified –please explain.
	2	Negative Impacts have been identified, these can be mitigated - please explain. * Please fill in Stage 13 if this option is chosen.
	3	The activity will have negative impacts which cannot be mitigated fully – please explain. * Please fill in Stage 13 if this option is chosen
		not possible to provide the current level of support with fewer staff.

* Stage 13: Set out the justification that the activity can and should go ahead despite the negative impact.

Required because of Financial pressure

Stage 14: Sign off and authorisation.

Sign off and authorisation.	1) Service and Team	Children's Social Work		
	2) Title of Policy/Activity	Children's Social Work (if appropriate)		
	3) Authors: I/We have completed the equality impact assessment for this policy/activity.	Name: Bob Driscoll Position: Head of Children's Services Date: 17/01/18 Signature:	Name: Position: Date: Signature:	
		Name: Position: Date: Signature:	Name: Position: Date: Signature:	
	4) Consultation with Service Manager	Name: Date:		
	5) Authorisation by Director or Head of Service	Name: Position: Date:	Name: Position: Date:	
	6) If the EIA relates to a matter that has to go before a Committee, Committee report author sends the Committee Report and this form, and any supporting assessment documents, to the Officers responsible for monitoring and the Committee Officer of the relevant Committee. e.g. Social Work and Housing Committee.	Date:		
	7) EIA author sends a copy of the finalised form to: equalities@aberdeenshire.gov.uk	Date:		
(Equalities team to complete) Has the completed form been published on the website? YES/NO			Date:	

