

EQUALITY IMPACT ASSESSMENT

Directorate/Service: People – Adult Services

What is the proposed budget saving? (Use same wording as in RB6).

Additional 1% Priority Ref 4

Change shift pattern at Cliffview Court night cover

Screening Process

Does the proposed saving involve or have consequences for the people the council serves or employs?

Yes No

If yes, proceed to Step 1 of the Full Equality Impact Assessment on page 2.

If No, please state why not.

If no, the budget saving is not relevant and no further action is required.

Impact Assessment Carried Out By: Hilary Paton _____

Date: 08/12/15

Please forward to Doreen Phillips (PhillipsD@angus.gov.uk)

**EQUALITY IMPACT ASSESSMENT
FULL ASSESSMENT**

Step 1

What data/research is available to assess the likely impact of the proposed saving?

Supported Housing review and options appraisal paper

Step 2

Is there any reason to believe the proposal could affect people differently due to their protected characteristic ie age; disability; gender; gender re-assignment; pregnancy/maternity; marriage and civil partnership; race; religion and belief; and sexual orientation? Please **place a cross** in each box that applies, and give details alongside.

- Age _____
- Disability _____
- Gender _____
- Gender Re-assignment _____
- Pregnancy/maternity _____
- Marriage and civil Partnership _____
- Race _____
- Religion and belief _____
- Sexual orientation _____

Step 3

Is there evidence to suggest that any part of the proposed saving could unlawfully discriminate against people?

Yes No

If Yes, please give details.

Step 4

Can the proposed saving be seen to favour one section of the community?

Yes No

or deny opportunities to another?

Yes No

If Yes, please give details.

Step 5

Does the proposed saving advance equality?

Yes No

Or restrict equality?

Yes No

If Yes, please give details.

Step 6

Based on the work you have done, rate the level of impact for any of the equality groups of the proposed saving.

High Medium Low Unknown

Step 7

If during **Steps 2 - 5** there has been an adverse impact identified, consider if any adverse impact can be justified.

Yes No

Please give details.

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Date: 09/12/15_____

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