

# Equality Impact Assessment Form

Please ensure that you refer to the **'Equality Impact Assessment Guidance'** while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team

<b>Details</b>
Name of Initiative to be assessed: <b>MTCBC Safeguarding Review – Outcome of the Task and Finish Group Self Assessment Process</b>
Name of responsible officer: <b>Annabel Lloyd</b>
Group/Directorate: <b>People and Performance</b>
Service Area: <b>Children's Services</b>
Date: <b>30 July 2015</b>

**(a) WHAT ARE YOU ASSESSING FOR IMPACT ?**

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input checked="" type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input type="checkbox"/>	Information/ Position statement <input type="checkbox"/>
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**(b) Please name and describe below**

The report provides a summary of the work carried out to date by the MTCBC Safeguarding Review Task and Finish Group and contains a proposed Improvement Action Plan to address the issues for MTCBC in light of the reports on Rotherham MBC.

**(c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?  
If so, please identify what and how?**

Social Services and Wellbeing Act 2014

**(d) Does the initiative directly affect service users, employees or the wider community?**

Yes  Continue assessment  
 No  No need to continue screening or carry out an EqlA

**Screening/Relevance Test: Is an equality impact assessment required?**

*Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqlA. Please highlight the positive impact the decision will have on the protected characteristics.*

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	
Disability	
Gender Reassignment	

## Equality Impact Assessment Form

Marriage & Civil Partnership	
Pregnancy and Maternity	
Race	
Religion or Belief	
Sex	
Sexual orientation	
Carers	
Welsh Language	

**If after completing the EqlA screening/relevance test you determine that this service/function/policy/project is not relevant for an EqlA you must provide adequate explanation below (Please use additional pages if necessary).**

**Are you happy that you have sufficient evidence to justify your decision?**

**Yes** ..... **No** .....

**Signed** \_\_\_\_\_ **Position** \_\_\_\_\_

**N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqlA.**

### **Full Equality Impact Assessment**

*You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.*

In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact for each group identified. Attach a separate action plan if necessary.
If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.
Please highlight positive impacts and actions that have been identified as a result of the assessment process.

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## Evidence Sources

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

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(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

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Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

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**Decision Log** – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

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## Review

**Date of Next Review:**

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**If review is not required, explain why.**

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**Approved by:**

**Signature:**

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**Job Title:**

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**Approval date:**

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# Equality Impact Assessment Form

<b>Date of Update:</b>
<b>Update recording</b>