



# EQUALITY IMPACT ASSESSMENT

## Partial Assessment Form

<b>Policy, practice, function or project assessed</b>	<b>Environmental Control / Complaints</b>
<b>Lead Officer</b>	<b>Geoff Keerie</b>
<b>Team</b>	<b>Brian Hefferman, Iain Green, Paul Williams</b>
<b>Start date of assessment</b>	<b>02/02/10</b>
<b>Completion of assessment</b>	

Please use this form to record your findings in relation to the assessment of an existing policy, function, service or practice.

## A. POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ASSESSED

### A1. Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function?

Effectual enforcement of duties.

- Service plans

### A2. Is this policy or function associated with any other Council policy or priority?

Aims & approaches.

Links with the council's Enforcement Policy.

### A3. Who are the intended beneficiaries/stakeholders of the policy or function? How many people are affected and from what sections of the community?

Residents of the District. 62,000 households and businesses & neighbouring authorities.

Travellers appear to get more complaints than other groups.

\* Planning apps will be separate.

### A4. Is the policy/function corporate and far-reaching?

Yes. Far reaching as affects all in the District. Refer to priorities.

### A5. Are you expecting to make any significant change to the policy or service in the near future? If so, please give details.

Driven by legislations – amendments/additions.

### A6. Is this a new or existing policy or function?

Existing

**B. EVIDENCE/ DATA and CONSULTATION**

It is important to consider all information that is available in determining whether the policy or function could have a differential impact. Please attach examples of monitoring information, research or consultation reports.

**B1. What monitoring or other information do you have about relevant target groups, which will show the impact of the policy or function?**

Complete satisfaction survey. Post-complaint process (45% return rate).

\* Self selecting. 99%, 50/50 M/F.

**B2. Have you compared the data you have with the equality profile of the local population? What does it show?**

Yes – fits in with profile of SC.

**B3. Have you identified any improvements or other changes that could be made from monitoring the data?**

Need to check other EqIAs.

**B4. Have you consulted or involved external stakeholders about the policy or function? If so, what were their views?**

Pollution Group – opportunity to discuss

**B5. Have you undertaken any consultation with staff to assess their perception of any impacts of the policy or function? If so, what has been learnt from them?**

Team meetings. Away day. Nis (182). Each complaint is different in terms of timescales.

**B6. Please provide information about any other consultation, research, or involvement undertaken in relation to this impact assessment.**

None.

**C1. IMPACT OF THE POLICY OR FUNCTION**

Assess the potential impact on each of the equality strands/groups. The impact could be negative, positive or neutral. If you assess a negative impact for any of the groups then you will need to assess whether that impact is low, medium or high. Refer to the evidence you use.

<b>DESCRIPTION OF IMPACT</b>	<b>Nature of Impact</b> (Positive, Neutral, Adverse)	<b>Extent of Impact</b> (Low, Medium, High)
<b>GENDER:</b> Identify the potential impact of the policy or function on men and women		
	<b>Neutral</b>	
<b>RACE:</b> Identify the potential impact of the policy or function on different race/ethnic groups		
	<b>Neutral</b>	
<b>DISABILITY:</b> Identify the potential impact of the policy or function on disabled people		
	<b>Neutral</b>	
<b>AGE:</b> Identify the potential impact of the policy or function on different age groups		
	<b>Neutral</b>	
<b>SEXUAL ORIENTATION:</b> potential impact of the policy on lesbian, gay men, bisexual or heterosexual people		
	<b>Neutral</b>	
<b>RELIGION/FAITH:</b> Identify the potential impact the policy on different religious/faith groups		
	<b>Neutral</b>	
<b>OTHER</b>		

**PLEASE NOTE:** Following completion of the section above, if the nature of the impact is adverse then you may need to proceed to a full equality impact assessment.

**C2. Could you minimise or remove any adverse or potential impact that is high, medium or low significance, in advance of a full impact assessment? Explain how.**

N/A

**C3. Does the policy or function actively promote equal opportunities and good community relations? Or could changes be made so that it does so?**

Yes. Refer to mediation service to help build relationships with wider community.

**C4. Please provide any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this assessment.**

No.

<b>D. CONCLUSIONS</b>			
<b>D1. Was there sufficient data to complete the partial assessment?</b>	Yes?	• <input type="checkbox"/>	<b>If “NO”, what arrangements are in place for evidence gathering and continuing with the assessment?</b>
	No?	<input type="checkbox"/>	
<b>D2. Is the outcome of the partial assessment that the policy or function would have an adverse impact (medium or high impact) on one or more target group?</b>	Yes?	<input type="checkbox"/>	<b>If “YES”, will you proceed to a full assessment? If so, what arrangements are in place to carry out the full assessment?</b>
	No?	• <input type="checkbox"/>	
<b>D3. Is the outcome of the partial assessment that the policy or function would have a neutral or positive impact on equalities?</b>	Yes?	• <input type="checkbox"/>	<b>If “YES”, have you included proposals in the Action Plan to further improve the impact of the policy or function on equalities?</b>
	No?	<input type="checkbox"/>	<b>Do you plan to review the service or policy again in future to assess whether there has been any change? If so, when?</b>  <b>Has the Equalities Steering Group and the Consultative Forum reviewed the assessment? If so what were their comments?</b>

**D4. Do you have any other conclusions/outcomes from the partial assessment?**

No.

**ACTION PLAN for enhancing existing practice**

<b>Recommendation/ issue to be addressed</b>	<b>Planned Milestone</b>	<b>Planned completion of milestone (date)</b>	<b>Officer Responsible</b>	<b>Progress</b>

**RESOURCES**

Does the above action plan require any additional resources?

**ARRANGEMENTS FOR MONITORING**

Please give your plans for monitoring the achievement of the above actions.



**SIGN OFF: The officers below confirm that this partial assessment has been completed in accordance with the Council's guidance**

**Signature of Lead Officer**

**Date:**

**Signature of Corporate Manager or Chief Officer:**

**Date:**

**Please retain the original form on your service area and return a copy of the completed form to the Equality & Diversity Officer.**