DUNDEE CITY COUNCIL

Equality and Diversity Rapid Impact Assessment Tool

<u>Part 1</u>

Date of assessment 22 September 2011	Title of document being assessed Closure of Rosebank Care Home		
1) This is a new policy, procedure, strategy or practice being assessed (If yes please tick box) √	This is an existing policy, procedure, strategy or practice being assessed? (If yes please tick box)		
2) Please give a brief description of the policy, procedure, strategy or practice being assessed.	The closure of Rosebank Care Home which is owned and managed by Four Seasons Health Care. The home provides care for 32 adults who have a learning disability, nine of whom are older people and three of whom are the responsibility of other local authorities. A multi-disciplinary coordinating group has been established in order to manage the closure effectively and in a planned way.		
3) What is the intended outcome of this policy, procedure, strategy or practice?	Following assessment and in consultation with families we aim to ensure that alternative accommodation and support pertinent to individual needs is sought for each resident.		
4) Please list any existing documents which have been used to inform this Equality and Diversity Impact Assessment.	None		
5) Has any consultation, involvement or research with protected characteristic communities informed this assessment? If yes please give details.	No		
6) Please give details of council officer involvement in this assessment. (E.g. names of officers consulted, dates of meetings etc)	Arlene Mitchell Arlene Hirons		
7) Is there a need to collect further evidence or to involve or consult protected characteristics communities on the impact of the proposed policy?	No		
(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?)			

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	Not Known
			Impact	
Ethnic Minority Communities including Gypsies and Travellers			V	
Gender			$\sqrt{}$	
Gender Reassignment			V	
Religion or Belief			√	
People with a disability	$\sqrt{}$	$\sqrt{}$		
Age	$\sqrt{}$	$\sqrt{}$		
Lesbian, Gay and Bisexual			√	
Socio-economic			V	
Pregnancy & Maternity			√	
Other (please state)				

If yes please give further details
National and local strategy for people with a learning disability identifies that where at all possible the best model for people is to live in the community, preferably in their own home. It is anticipated for some individuals based on assessed need that this will be achieved.
If yes please give further details It is acknowledged that for many individuals Rosebank has been their home for some time. Any change is likely to cause anxiety and concern for the future. Local housing pressures in terms of identifying suitable accommodation may also have an impact on opportunities for individuals.
Please give further details Carers and residents will be involved in ongoing discussions, assessment processes and planning for the future. A multi-disciplinary coordinating group has been established in order to manage the closure effectively.
If yes please give further details N/A
If yes please give further details No
Please give details Ongoing consultation and involvement during the process of closure and review of individuals following this.

Part 4

Name of Department or Partnership: Social Work - Community Care

Type of Document

	Type of Boodinoit		
Human F	Resource Policy		
General	Policy		
Strategy	/Service		
Change	Papers/Local Procedure		
Guidelin	es and Protocols		
Other			
	Contact Information		
Manage	r Responsible	Author Responsible	
Name A	arlene Mitchell	Name Arlene Mitchell	
Designa	tion Service Manager	Designation Service Manager	
Base CI	laverhouse	Base Claverhouse	
Telepho	ne 438338	Telephone 438338	
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	Signature of author of the policy: Ar	lene Mitchell Date 22 September 2011	
	Signature of Director / Head of Service area: Date		
Name of Director / Head of Service:			
	Date of next policy review:		