

# Equality Impact Assessment (EIA) Preliminary assessment form

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
  - ◆ negative, positive or no impact on any of the equality groups
  - ◆ opportunity to promote equality for the equality groups
  - ◆ data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

**Service Area:**

Housing Services

**Title of policy, function or service:**

Domestic Abuse Policy

**Type of policy, function or service:**

Existing:

New/proposed

Changed

**Q1 - What is the aim of your policy or new service?**

The policy outlines SHPs commitment and intentions to protect its tenants from domestic abuse, and states what action will be taken when an incident occurs.

**Q2 - Who is the policy or service going to benefit?**

All stakeholders including residents, tenants, customers and partners.

**Q3 - Thinking about each group below, does, or could the policy, project, service have a negative impact on members of the equality groups below?**

Group	Yes Negative	No Positive/ No impact	Unclear
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion/ Belief	<input type="checkbox"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**If the answer is “yes” or “Unclear” consider doing a full EIA**

**Q4 - Does, or could, the policy, project or service help to promote equality for members of the equality groups**

Group	Yes	No	Unclear
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>

Religion/ Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/> ✓	<input type="checkbox"/>	<input type="checkbox"/>

If the answer is “no” or “Unclear” consider doing a full EIA

Q5 - Do you have any feedback data from the equality groups that influences, affects or shapes this policy, project or service?

Group	Yes	No	Unclear
Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Religion/ Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> ✓

If the answer is “No-” or “Unclear”, no-one knows or opinion is divided consider doing a full EIA

Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, project or service?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
-----	-------------------------------------	----	--------------------------

If you have to complete a full EIA use the easy to follow toolkit and form on the Wire

Q7 - How have you come to this decision?

There is no mention of the EIA or consultation conducted within the policy therefore it is unclear which groups views have been included.

Further analysis needs to be conducted to address any potential adverse impact on particular groups.

**Q8 - What is your priority for doing the full EIA?**

High	Medium	Low
✓		

**Q9 - Who was involved in the EIA, and how?**

The Equality Impact Assessment was conducted by the Corporate Projects Officer. As part of a rolling programme this policy will be reviewed by an EIA assessing group (once training is completed)

**This EIA has been approved by:**

Business Improvement

**Date:** 29/03/11

**Contact number:** 01472 572282

**Please send a copy of your completed EIA to the Business Improvement Team. We will contact you with any comments or queries about your preliminary EIA.**