

# 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:**

Human Resources

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

Retirement Policy

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

Existing:

New/proposed

Changed

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

This policy outlines the procedure for employees to follow that are approaching retirement age and specifies Shoreline Housing Partnership (SHP) approach with regard to retirement age.

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

The policy is intended to benefit all SHP employees.

**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 checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion/ Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion/ Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion/ Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
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**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?**

It is unclear whether some groups may be adversely affected by this policy and therefore it is recommended that an evidence based full Equality Impact Assessment be conducted.

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

High	Medium	Low
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The Equality Impact Assessment was conducted by the Corporate Projects Officer.

**This EIA has been approved by:**

Business Improvement

**Date:** 23/05/2011

**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.**