

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:

Finance

Title of policy, function or service:

Service Charge 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 Shoreline Housing Partnership (SHP) commitment to ensuring that service charges are fair and transparent, and the approach SHP will take when calculating them.

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

The policy is intended to benefit tenants, residents and leaseholders. It will also assist staff in undertaking their duties and enable Board members to have the knowledge to approve appropriate service charges

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

The policy does not discriminate against any groups. It will be consistently adopted throughout the organisation.

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

High	Medium	Low
<input 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.