

Equality Impact Assessment Form

Please ensure that you refer to the 'Equality Impact Assessment Guidance' while completing this form. If you would like further guidance please contact the Equalities Officer or Equalities Team

Details
Name of Initiative to be assessed: Housing Renewals - Renewal Areas Tenants Contribution Earmarked Reserve
Name of responsible officer: Julian Pike
Group/Directorate: Place and Transformation
Service Area: Housing Renewals
Date: April 2016

(a) WHAT ARE YOU ASSESSING FOR IMPACT?

Service/ Function <input type="checkbox"/>	Policy/ Procedure <input type="checkbox"/>	Project <input type="checkbox"/>	Strategy <input type="checkbox"/>	Plan <input type="checkbox"/>	Proposal <input checked="" type="checkbox"/>	Information/ Position statement <input type="checkbox"/>
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(b) Please name and describe below

Housing Renewals - Renewal Areas Tenants Contribution Earmarked Reserve

Recipients/households in receipt of works financed by renewal area funding were subject to an assessed contribution towards the work undertaken. Over the years of renewal area funding being provided within MTCBC the income has been held over year on year with a view to ensuring limited financial liability to address legacy issues when the funding finally ceases in March 2017.

Part of the fund will be required to pay for a member of staff post March 2017 – to issue loans and continue large scale energy projects in the Borough, attracting £Ms of inward investment per annum.

**(c) IS THE DELIVERY OF THIS INITIATIVE AFFECTED BY LEGISLATION OR OTHER DRIVERS SUCH AS CODES OF PRACTICE?
If so, please identify what and how?**

No – it is anticipated that the contributions proposed within the MTFP will allow sufficient funding to deal with the legacy issues.

(d) Does the initiative directly affect service users, employees or the wider community?

Yes Continue assessment
 No No need to continue screening or carry out an EqIA

Screening/Relevance Test: Is an equality impact assessment required?

Screening is used to decide whether the initiative you are responsible for has a high or medium negative impact on any of the protected groups and will require a full EqIA. Please highlight the positive impact the decision will have on the protected characteristics.

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What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	Neutral
Disability	Neutral
Gender Reassignment	Neutral
Marriage & Civil Partnership	Neutral
Pregnancy and Maternity	Neutral
Race	Neutral
Religion or Belief	Neutral
Sex	Neutral
Sexual orientation	Neutral
Carers	Neutral
Welsh Language	Neutral

If after completing the EqlA screening/relevance test you determine that this service/function/policy/project is not relevant for an EqlA you must provide adequate explanation below (Please use additional pages if necessary).

Are you happy that you have sufficient evidence to justify your decision?

Yes

Signed: Ellis Cooper

Position: Corporate Director

N.B. If the initial screening process has identified actual or potential high or medium negative impact on a particular group or groups then you MUST carry out a full EqlA.

Full Equality Impact Assessment

You should use the information gathered at the screening stage to assist you in identifying possible negative/adverse impact, including positive impact, and clearly identify which protected groups are affected.

In terms of any disproportionate / negative / adverse impact that the proposal may have on a protected group, what steps (if any) could be taken to reduce that impact

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for each group identified. Attach a separate action plan if necessary.

If ways of reducing the impact have been identified but are not possible, please explain why they are not possible.

Please highlight positive impacts and actions that have been identified as a result of the assessment process.

Evidence Sources

(i) Give details of any data or research that has led to your reasoning above, in particular, the sources used for establishing the demographics of service users.

(ii) Give details of how you have engaged with service users on the proposals and steps to avoid any disproportionate impact on a protected group and how you have used any feedback to influence your decision.

Are you satisfied that the engagement process complies with the requirements of the Statutory Equality duties?

Decision Log – (detail how Elected Members and Senior Managers have been involved in the decision process (give dates of key meetings and decisions made)

Review

Date of Next Review:

If review is not required, explain why.

Approved by:

Signature:

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Job Title:
Approval date:

Date of Update:
Update recording