

# 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: INFO REPORT FOR LIVING MERTHYR TYDFIL
Name of responsible officer: Julian Pike
Group/Directorate: Place and Transformation
Service Area: Housing & Community Safety
Date: 25 <sup>th</sup> January 2018

**(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 type="checkbox"/>	Information/ Position statement <input checked="" type="checkbox"/>
--	--	-------------------------------------	--------------------------------------	----------------------------------	--------------------------------------	---

**(b) Please name and describe below**

**Assessing whether the information report to Councillors requires a full EQIA**

**(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 – the actual policy itself was approved in March 2017 and an EQIA undertaken for that at that time.

**(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

This screening test relates to the info report only – which is to brief members and keep them updated only.

**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.*

What will be the effect on :-

Protected Characteristic	Impact? <i>Include Positive and Negative</i>
Age	
Disability	
Gender Reassignment	
Marriage & Civil Partnership	

## Equality Impact Assessment Form

Pregnancy and Maternity	
Race	
Religion or Belief	
Sex	
Sexual orientation	
Carers	
Welsh Language	

**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: *J Pike* Position: Housing & Community Safety Manager**

**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.**

---