

Title of proposed EIA *

Acceleration of City Housing Transformation to enable reduction in

Please provide the title of your policy or service area.

Reference No

EQUA813

Please do not amend. A reference number will automatically be applied once the form is saved.

EA is in support of *

New Strategy ▼

Review Frequency *

No preference ▼

Please select how regularly you plan to review the assessment.

Date of first review *

23/12/2021 

Based on the review frequency, please enter the date when your first review will take place.

Directorate *

Neighbourhoods ▼

Division

Housing Services

Service Area

Housing Solutions and Support

Please add if applicable

Responsible Officer(s) *

 [Bill Pickbourn](#) x

This is the person responsible for completing, submitting and reviewing the assessment. If you get the message 'The user does not exist or is not unique'. Please enter the full email address.

Quality Control Officer(s) *

 [Leroy Pearce](#) x

This is the person responsible for checking the quality of the assessment. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.

Accountable Officer(s) *

 [Gary Messenger](#) x

This is the person responsible for making the final decision on the EIA and the policy, plan, procedure etc. If you get the message 'The user does not exist or is not unique'. Please enter their full email address.

Purpose of proposal *

Additional Temporary Accommodation

Data sources

- ☐ Survey(s)
- ☐ Consultation Results
- ☐ Interviews
- ☒ relevant reports/strategies
- ☐ Statistical Database (please specify)
- ☐ relevant research
- ☐ Other (please specify)

What sources of data have been used to produce the screening of this policy/proposal? (Please tick all that apply)

Please include any other sources of data

Business Case

ASSESS THE IMPACT AGAINST THE PROTECTED CHARACTERISTICS

Include how any potential negative impact be removed or mitigated.

Protected characteristic: Age *

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Age details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristic: Disability *

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Disability details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristic: Sex *

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Gender details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Gender Reassignment *

- ☐ Service Users / Stakeholders
☐ Employees
☐ Wider Community
☒ Not Applicable

Please select those directly impacted or affected.

Gender reassignment details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Marriage and Civil Partnership *

- ☐ Service Users/ Stakeholders
☐ Employees
☐ Wider Community
☒ Not Applicable

Please select those directly impacted or affected.

Marriage and civil partnership details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated.

Protected characteristics: Pregnancy and Maternity *

- ☐ Service Users / Stakeholders
☐ Employees
☐ Wider Community
☒ Not Applicable

Please select those directly impacted or affected.

Pregnancy and maternity details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Race *

- ☐ Service Users / Stakeholders
☐ Employees
☐ Wider Community
☒ Not Applicable

Please select those directly impacted or affected.

Race details:

Protected characteristics: Religion or Beliefs *

Religion or beliefs details:

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

Protected characteristics: Sexual Orientation *

Sexual orientation details:

- ☐ Service Users / Stakeholders
- ☐ Employees
- ☐ Wider Community
- ☒ Not Applicable

Please select those directly impacted or affected.

Socio-economic impacts

For the selected characteristics, please add further details. Describe the potential positive and negative impact of the policy or service and how any negative impacts will be mitigated. Describe who is affected, how they are affected and any additional comments.

None

Please indicate any actions arising from completing this screening exercise.

None

Please indicate whether a full impact assessment is recommended

☐ NO ☐

If yes, please continue to complete the remaining questions. If no, please go to the quality control section below.

What data has been collected to facilitate the assessment of this policy/proposal?

Business Case

Consultation analysis

What are the main findings from the analysis of the data?

None

Who was consulted, what are the results of the consultation exercise?

Adverse impact on any people with protected characteristics.

None

Based on the analysis of the data does the policy/proposal have any adverse impact?

Could the policy/proposal be modified to reduce or eliminate any adverse impact?

No

Can the policy/proposal be modified to reduce or eliminate any adverse impact? on any particular group(s)?

How will the effect(s) of this policy/proposal on equality be monitored?

Not applicable

What data is required in the future?

Not applicable

Please describe the data needed to ensure effective monitoring of this policy/proposal?

Are there any adverse impacts on any particular group(s)

☐

If yes, please explain your reasons for going ahead.

No

Initial equality impact assessment of your proposal

Please give details on any initial assessment carried out. For a full assessment please complete the rest of the form. AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX.

Consulted People or Groups

AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX

Informed People or Groups

AS OF 29/11/2018 YOU ARE NO LONGER REQUIRED TO COMPLETE THIS BOX

Summary and evidence of findings from your EIA *

No groups are disproportionately affected by the procurement of the properties

Please add any documents including any consultation or engagement findings. Attach any source data using the attachment button above. Please include how you will mitigate against any negative impacts.

QUALITY CONTORL SECTION

Submit to the Quality Control Officer for reviewing?

Quality Control Officer comments

☐

Please tick this box and 'Save' the document once you have finished. Your nominated Quality Control Officer will be notified to review the assessment and decide whether it can proceed for approval or reject it.

Sent to the Accountable Officer for final approval.

Decision by Quality Control Officer

Proceed for final approval ☐

IMPORTANT: Quality Control Officer - Please untick the above box 'Submit to the Quality Control Officer for reviewing?' before providing your decision.

Submit draft to Accountable Officer?

☒

Quality Control Officers only - Please tick the box when you are happy for the assessment to be submitted for approval.

Decision by Accountable Officer

Approve ☐

IMPORTANT: Accountable Officer - Please untick the above box 'Submit draft to Accountable Officer' before providing your final decision.

Date approved / rejected by the Accountable Officer

23/12/2021



Reasons for approval or rejection

Please print and save a PDF copy for your records

☒

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Save

Cancel