

Equality Impact Assessment

Preliminary assessment form v5 / 2013

Existing

Changed

New / proposed

	www.portsmouth.gov.uk
The preliminary impa	act assessment is a quick and easy screening process. It should:
identify those po	olicies, projects, services, functions or strategies which require a full EIA by
negative, po	sitive or no impact on any of the equality groups
opportunity t	o promote equality for the equality groups
data / feedb	ack
prioritise if and	when a full EIA should be completed
justify reasons f	or why a full EIA is not going to be completed
Directorate:	Director of Housing, Neighbourhood and Building Services
Function e.g. HR, IS, carers:	Clean City
Title of policy, serv	vice, function, project or strategy (new or old) :
Community Warden	team
Type of policy, serv	vice, function, project or strategy:

To deliver the purpose of 'to help keep the City safe, clean and tidy and provide advice and support when needed'. To increase the number of CWs by 8 ftes

Q2 - Who is this policy, service, function, project or strategy going to benefit or have a detrimental effect on and how?

Q1 - What is the aim of your policy, service, function, project or strategy?

This will benefit the residents and visitors to the City by improving our response to issues which imapet on the safety and cleanliness of the City.

It will increase the numbers of staff required to deliver the service.

Q3 - Thinking about each group below, does, or could the policy, service, function, project or strategy have a negative impact on members of the equality groups below?

Group	Negative	Positive / no impact	Unclear
Age		*	
Disability		*	
Race		*	
Gender		*	
Transgender		*	
Sexual orientation		*	
Religion or belief		*	
Pregnancy and maternity		*	
Other excluded groups		*	

If the answer is "negative" or "unclear" consider doing a full EIA

Q4 - Does, or could the policy, service, function, project or strategy help to promote equality for members of the equality groups?

Group	Yes	No	Unclear
Age	*		
Disability	*		
Race	*		
Gender	*		
Transgender	*		
Sexual orientation	*		
Religion or belief	*		
Pregnancy or maternity	*		
Other excluded groups	*		

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, service, function, project or strategy?

Group	Yes	No	Unclear
Age			*
Disability			*
Race			*
Gender			*
Transgender			*
Sexual orientation			*
Religion or belief			*

Pregnancy and mate	rnity			*	
Other excluded group	os			*	
If the answer is "no	" or "unclear"	' consider doin	g a full EIA		
Q6 - Using the asse this policy, service,			nd 5 should a	full assessment	be carried out on
yes ★	No				
Q7 - How have you	come to this	decision?			
The data collected and demands that are plate This increase in staff receive.	aced on these	teams regardles	s of the groups	s shown above.	
If you have to comple Tel: 023 9283 4789 o	or email:equalit	ties@portsmoutl		d diversity team i	if you require help
Colette Hill	ved iii tile Lir	1 :			
This EIA has been a	approved by:	James Hill, Dire	ector for Housii	ng, Neighbourho	ods and Building Sery
Contact number:	023 9283 4	872			
Date:	26/09/2018	3			
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Please email a copy of your completed EIA to the Equality and diversity team. We will contact you with any comments or queries about your preliminary EIA.

Telephone: 023 9283 4789

Email: equalities@portsmouthcc.gov.uk