

**EQUALITY IMPACT ASSESSMENT – INITIAL SCREENING TEMPLATE (IST)**

Initial screening needs to take place for all new/revised Council policies. The word ‘policy’, in this context, includes the different things that the Council does. It includes any policy, procedure or practice - both in employment and service delivery. It also includes proposals for restructuring, redundancies and changes to service provision. This stage must be completed at the earliest opportunity to determine whether it is necessary to undertake an EIA for this activity.

<b>Name of Policy:</b>	The introduction of the Smoke and Carbon Monoxide Alarm (England) Regulations 2015
<b>Lead Officer (responsible for assessment):</b>	Karen See
<b>Department:</b>	Environmental Services
<b>Others Involved in the Assessment (i.e. peer review, external challenge):</b>	
<b>Date Initial Screening Completed:</b>	12.8.16

(a) **What is the policy trying to achieve?** i.e. What is the aim/purpose of the policy? Is it affected by external drivers for change? What outcomes do we want to achieve from the policy? How will the policy be put into practice?

The Regulations require private sector landlords to install and maintain smoke alarms and carbon monoxide alarms in domestic rented properties. It recommends enforcement actions for non compliance and the purpose of this policy (or ‘Statement of Reasons’ as termed by the regulations), is to formally adopt and publish for all interested parties the measures the LA will take and the charges they will employ in enforcement of the regulations. Private sector house inspections by the Domestic Team, under the Housing Health and Safety Rating System will continue to address all areas of concern raised by tenants. The new Regulations will complement existing powers and require all private sector properties to have these specific safety features installed.

(b) **Who are its main beneficiaries?** i.e. who will be affected by the policy?

Private sector tenants will be protected from non compliant landlords and landlords will have clear transparent information as to the procedures the LA will follow and the penalties to be charged for continued non compliance with the Regulations.

(c) **Is this assessment informed by any information or background data?** i.e. consultations, complaints, applications received, allocations/take-up, satisfaction rates, performance indicators, access audits, census data, benchmarking, workforce profile etc.

Statutory requirement to adopt and publish a statement of reasons under these Regulations.

(d) Does this policy have the potential to cause a positive or negative impact on different groups in the community, on the grounds of any of the protected characteristics (please tick all that apply):

**Ethnicity**  
**Gender**


**Age**  
**Religion or Belief**


Disability   
 Gender Reassignment   
 Pregnancy & Maternity

Sexual Orientation   
 Marriage & Civil Partnership   
 Caring Responsibilities

**Please explain any impact identified:** i.e. What do you already know about equality impact or need? Is there any evidence that there is a higher or lower take-up by particular groups? Have there been any demographic changes or trends locally? Are there any barriers to accessing the policy or service?

No identified impact on different groups.

<b>(e) Does the policy affect service users or the wider community?</b>	<b>NO</b>
<b>(f) Does the policy have a significant effect on how services are delivered?</b>	<b>NO</b>
<b>(g) Will it have a significant effect on how other organisations operate?</b>	<b>NO</b>
<b>(h) Does it involve a significant commitment of resources?</b>	<b>NO</b>
<b>(i) Does it relate to an area where there are known inequalities, e.g. disabled people’s access to public transport etc?</b>	<b>NO</b>

If you have answered **YES** to any of the questions above, then it is necessary to proceed with a full equality impact assessment (EIA). If the answer is **NO**, then this judgement and your response to the above questions will need to be countersigned by your Head of Service and then referred to the Council’s Equal Opportunities Working Group (EOWG) for scrutiny and verification. Please forward completed and signed forms to the Principal HR Officer.

**Signatures:**

**Completing Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Head of Service:** \_\_\_\_\_ **Date:** \_\_\_\_\_