

# INITIAL EQUALITY IMPACT ASSESSMENT (EIA) FORM

Name of policy / process / service / other	<b>CYP eating disorder - PAEDIATRICS</b>	Date applicable	08/10/2021
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Responsible Staff Member: Pascale Varley  
 EIA Assessor/s: Samantha Taylor  
 Directorate: Women and Children

## 1. FIELD / SUBJECT

Function   
  Policy   
  Procedure / practice   
  Service   
  Strategy   
  Document (if joint, state with whom)

Describe the main aim, objectives and intended outcomes of the above:

Need for a clear, safe and unified approach to management of anorexia nervosa.

An initial screening should be undertaken first. This helps to identify whether there is a possibility that people might have different experiences of the function/ policy / process/ strategy compared to others.

This initial EIA simply assesses whether different groups of people who use a service are affected by the intended function / policy/ practice / strategy more, less or in a different way than other groups of people. A differential impact occurs when a particular group has been affected differently by this in either a positive or negative/adverse way.

An assessment of whether there is a differential impact will be based on two factors – quantitative monitoring data and qualitative information, including the expert opinion from the EIA assessor who is normally the manager responsible for the delivery as well as someone with a different perspective. This would ideally be one or more service users or someone related to the service. There will be times when involving someone for their technical expertise or someone with specialist knowledge will be appropriate and EIA assessors should consider this. You must assess **each** of the 9 areas separately and consider how your document in section 1 may affect people's human rights.

## 2. ASSESSMENT OF POSSIBLE ADVERSE IMPACT AGAINST ANY MINORITY GROUP

	Could the policy / service / function / other in section 1 have a <b>significant negative impact</b> on equality in relation to each area below?	Response		If YES, please state why and the evidence used in your assessment
		Yes	No	
1	<b>Age</b>		N	
2	<b>Sex</b> (Male and Female)		N	
3	<b>Disability</b> (Learning Difficulties / Physical or Sensory Disability)		N	
4	<b>Race</b> or Ethnicity		N	
5	<b>Religion and Belief</b>		N	
6	<b>Sexual Orientation</b> (gay, lesbian or heterosexual)		N	
7	<b>Pregnancy and Maternity</b>		N	
8	<b>Gender Reassignment</b> (the process of transitioning from one gender to another)		N	
9	<b>Marriage and Civil Partnership</b>		N	

### You need to ask yourself:

- Will the policy / practice / service create any **problems** or **barriers** to any community or group?      Yes      **No**
- Will any group be **excluded** because of this?      Yes      **No**
- Will there be a negative impact on **community relations**?      Yes      **No**

If the answer to any of these questions is YES, you must complete a **FULL** Equality Impact Assessment. Contact the Corporate Governance Administrator and refer to the EIA Policy on the intranet.

### 3. POSITIVE IMPACT

Could the policy / practice / service / other have a <b>significant positive impact</b> on equality by reducing inequalities that already exist? Explain how will it meet our duty to:		Response		If YES, please state why and the evidence used in your assessment
		Yes	No	
1	Promote <b>equal opportunities</b>		N	
2	Get rid of <b>discrimination</b>		N	
3	Get rid of <b>harassment</b>		N	
4	Promote <b>good community relations</b>		N	
5	Promote <b>positive attitudes</b> towards disabled people		N	
6	Encourage <b>participation</b> by disabled people		N	
7	Consider <b>more favourable treatment</b> of disabled people		N	
8	Promote and protect <b>human rights</b>		N	

### 4. SUMMARY

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality?

POSITIVE			NEGATIVE			
High	Medium	<b>Low</b>	<b>Nil</b>	Low	Medium	High

Date Assessment completed:	Is a <u>full</u> Equality Impact Assessment required? YES / <b>NO</b>
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### COMPLETED BY

Name	Sam Taylor		
Job Title	Deputy Service Manager		
Date		Contact number/s: 2173	
Head of Service	Peter Stone		

### THIS EIA HAS BEEN APPROVED BY THE MANAGER / HEAD OF SERVICE

Name	Sam Taylor / Claire Murphy		
Job Title	Deputy Service Manager / Matron		
Date		Contact number/s: 2173	

Please send your completed EIA to the relevant committee / group for approval.  
Once approved, your EIA will be placed on the KHFT webpage for the public to view.