

# Equality Impact Assessment (EIA)

## Preliminary assessment form

The preliminary impact assessment is a quick and easy screening process. It should:

- identify those policies, projects, services, functions or strategies which require a full EIA by looking at:
  - ◆ negative, positive or no impact on any of the equality groups
  - ◆ opportunity to promote equality for the equality groups
  - ◆ data / feedback
- prioritise if and when a full EIA should be completed
- justify reasons for why a full EIA is not going to be completed

**Service Area:**

Company secretary

**Title of policy, function or service:**

Access to Information confidentiality and data protection policy

**Type of policy, function or service:**

Existing:

New/proposed

Changed

**Q1 - What is the aim of your policy or new service?**

To set out the statutory rights and obligations of SHP as a data processor and the rights and obligations of data subjects. Data subjects include tenants, employees and others who use our service including third party agencies sharing information. A principal aim is to raise awareness. The revised policy will be far more comprehensive in explaining the law.

**Q2 - Who is the policy or service going to benefit?**

Ensure SHP complies with legislation. Sets out rights of employees and tenants. Also affects Board members and partners

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

| Group                             | Yes Negative             | No Positive/ No impact   | Unclear                  |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Age                               | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability                        | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethnic Origin                     | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender                            | <input type="checkbox"/> | x                        |                          |
| Transgender                       | <input type="checkbox"/> | x                        | <input type="checkbox"/> |
| Religion/ Belief                  | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Sexual Orientation                | <input type="checkbox"/> | x                        | <input type="checkbox"/> |
| Marital Status/ Civil Partnership | <input type="checkbox"/> | x                        | <input type="checkbox"/> |
| Pregnancy and Maternity           | <input type="checkbox"/> | x                        | <input type="checkbox"/> |
| Other socially excluded groups    | x                        | <input type="checkbox"/> | <input type="checkbox"/> |

**If the answer is “yes” or “Unclear” consider doing a full EIA**

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

| Group                             | Yes                      | No                       | Unclear                  |
|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Age                               | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Disability                        | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Ethnic Origin                     | x                        | <input type="checkbox"/> | <input type="checkbox"/> |
| Gender                            | <input type="checkbox"/> | <input type="checkbox"/> | x                        |
| Transgender                       | <input type="checkbox"/> | <input type="checkbox"/> | x                        |
| Religion/ Belief                  | <input type="checkbox"/> | <input type="checkbox"/> | x                        |
| Sexual Orientation                | <input type="checkbox"/> | <input type="checkbox"/> | x                        |
| Marital Status/ Civil Partnership | <input type="checkbox"/> | <input type="checkbox"/> | x                        |
| Pregnancy and Maternity           | <input type="checkbox"/> | <input type="checkbox"/> | x                        |
| Other socially excluded groups    | x                        | <input type="checkbox"/> | <input type="checkbox"/> |

**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, project or service?**

| Group                             | Yes                      | No | Unclear                  |
|-----------------------------------|--------------------------|----|--------------------------|
| Age                               | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Disability                        | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Ethnic Origin                     | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Gender                            | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Transgender                       | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Religion/ Belief                  | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Sexual Orientation                | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Marital Status/ Civil Partnership | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Pregnancy and Maternity           | <input type="checkbox"/> | x  | <input type="checkbox"/> |
| Other socially excluded groups    | <input type="checkbox"/> | x  | <input type="checkbox"/> |

**If the answer is “No-” or “Unclear”, no-one knows or opinion is divided consider doing a full EIA**

**Q6 - Using the assessments in questions 3, 4 and 5 should a full assessment be carried out on this policy, project or service?**

|     |  |    |   |
|-----|--|----|---|
| Yes |  | No | x |
|-----|--|----|---|

**If you have to complete a full EIA use the easy to follow toolkit and form on the Wire**

**Q7 - How have you come to this decision?**

Access to information and confidentiality are important statutory rights. Guidance has been developed to sit alongside this policy which will enable equality of accessibility, reference will be made within the policy to this guidance and therefore a full EIA is not necessary.

**Q8 - What is your priority for doing the full EIA?**

| High | Medium | Low |
|------|--------|-----|
|      |        |     |

**Q9 - Who was involved in the EIA, and how?**

Company Secretary and Corporate Projects Officer

**This EIA has been approved by:**

Mike Walters

**Date:** 07/05/2011

**Contact number:** 2270

**Please send a copy of your completed EIA to the Business Improvement Team. We will contact you with any comments or queries about your preliminary EIA.**