

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:

Communications

Title of policy, function or service:

Social Media Policy

Type of policy, function or service:

Existing:

New/proposed

Changed

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

The policy outlines Shoreline Housing Partnerships stance on employee and Board member use of social media including; social networking sites, micro-blogging, blogs, video and photo sharing, forums and discussion boards, online encyclopedias.

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

The policy is intended to protect the reputation of Shoreline and its employees and Board members.

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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transgender	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Religion/ Belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input checked="" 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethnic Origin	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transgender	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Religion/ Belief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital Status/ Civil Partnership	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy and Maternity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other socially excluded groups	<input checked="" type="checkbox"/>	<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ethnic Origin	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transgender	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Religion/ Belief	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Marital Status/ Civil Partnership	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pregnancy and Maternity	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other socially excluded groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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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?

The policy does not discriminate against any groups. It will be consistently adopted throughout the organisation.

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

High	Medium	Low
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The Equality Impact Assessment was conducted by the Corporate Projects Officer.

This EIA has been approved by:

Business Improvement

Date: 20/05/2011

Contact number: 01472 572282

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.