Rosehill Housing Co-operative Equality Impact Assessment

Name of policy to be assessed	Membership Policy	Is this a new policy or a review	Review
Person completing the assessment	Linda Chelton	Date of Assessment	29.7.21

Briefly describe the aims, objectives and purpose of the policy	This policy describes the requirement of all tenants to be members of the Co-operative when signing for a tenancy and remaining members throughout the length of the tenancy. The policy also outlines reasons memberships may be refused or cancelled.
2. Who is intended to benefit from the policy? (eg staff, applicant tenants, staff, contractors)	
What outcomes are wanted fro this policy? (e.g. benefits to customers)	Rosehill Housing Co-operative Limited is a fully Mutual Housing Co-operative registered under the Co-operative and Community Benefit Societies Act 2014 with the Financial Conduct Authority and the Scottish Housing Regulator. We are required by paragraph 7.1 of our model rules to set, review and publish this membership policy for admitting new Members.

4. Which protected characteristics could be affected by the policy (tick all that apply)

Minority Ethnic: x

Gender:

Disability: x

Sexual Orientation:

Maternity/Pregnancy:

Marriage/civil partnership:

5. If the policy is not relevant to any of the protected characteristics listed in part 4. State why and end the process here.

This policy is a staff management policy to prevent fraud and to ensure that all staff and Committee members are aware of what is required of them. None of the protected characteristics are affected by this policy.

6 Describe the likely positive or	Positive Impacts	Negative Impacts
Describe the likely positive or negative impacts the policy could have on the groups identified in part 4		As the membership application is a paper application form this could be restrictive for people with learning disabilities or where English is not the persons first language.

What actions are required to address the impacts arising from this assessment?
 Ensure that where necessary a member of staff assists with explaining the form and assisting with completion.
 Offer a translated version where needed.

Signed: Linda Chelton

Date: 29.7.21

Please attach the completed document as an appendix to the policy report.