## EQUALITY IMPACT ASSESSMENT SCREENING FORM



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# PRO-FORMA FOR ASSESSING THE RELEVANCE OF FUNCTIONS/POLICIES TO THE GENERAL DUTIES UNDER THE EQUALITY ACT 2010

This form is to be completed by all service to assess whether a function, policy and operation has the potential for a negative or positive impact in relation to the general duties as per the Equality Act 2010.

| Policy Name:            | Housekeeping Standards Policy  |  |  |  |
|-------------------------|--|--|--|--|
| Brief Description/Aims: | Community Safety Glasgow currently carries out work place inspections on all sites. These are completed by the Health & Safety Advisor and focus on the Health and Safety compliance aspects for the company. Regular cledesk audits are also conducted by the Facilities Manage. In addition to the above CSG realise that it is essential to ensure that general housekeeping standards are maintained throughout the estate. The Housekeeping Standards Policy details how this will be achieved.  06/03/17  Corporate Services |  |  |  |
| Date of Assessment:     | 06/03/17   |  |  |  |
| Service:                | Corporate Services   |  |  |  |
| Assessment Officer:     | David Wilson   |  |  |  |

#### SECTION (1)

#### **EQUALITY COMPLIANCE**

1.1 Which of the parts of the general duty is relevant to the function or policy: (delivering equality between people who share a protected characteristic and those that do not)

|   | Duty   | Relevance<br>(high, medium,<br>low) | Details  |
|---|--|-------------------------------------|--|
| 1 | Eliminate discrimination, harassment and victimisation | High                                | It is the responsibility of each Head of Service and associated Operations Manager to ensure that  |
| 2 | Advance equality of opportunity                        | Med                                 | the high standards of housekeeping within CSG facilities is maintained.  |
| 3 | Foster good relations                                  | High                                | Heads of Service will be required to make regular housekeeping visits to each of their facilities on a regular basis. During these visits they must complete the associated checklist. |

1.2 Is there any evidence or reason to believe that individuals/groups with protected characteristics could be affected?



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(e.g. higher or lower uptake of services, barriers to equality in access ?)

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| Protected Characteristic                             | Positive impact | Negative Impact |
|--|-----------------|-----------------|
| Age  | Yes             |                 |
| Religion & Belief                                    | Yes             |                 |
| Sexual Orientation                                   | Yes             |                 |
| Gender   | Yes             |                 |
| Disability   | Yes             |                 |
| Gender Reassignment                                  | Yes             |                 |
| Pregnancy & Maternity                                | Yes             |                 |
| Any other information or group that may be affected? |                 |                 |

| SECTION (2) | EVIDENCE OF IMPACT   |
|-------------|----------------------|
| SECTION (2) | EVIDENCE OF INITIACT |

2.1 In coming to the above decision, with whom have you consulted and/or what information was gathered? (Sources include the Household Survey, consultation, research reports, equality monitoring, customer feedback forms, complaints)

| No. | Consulted with / Research | Details of when /<br>how | Outcome from consultation/research |
|-----|---------------------------|--------------------------|------------------------------------|
|     | N/A                       |                          |                                    |
|     |                           |                          |                                    |
|     |                           |                          |                                    |

#### 2.2 How much evidence have you collected?

full EIA required?

| None | A little | Some | (A lot) |
|------|----------|------|---------|
| X    |          |      |         |

2.3 Is there any public concern that functions/policies are being operated in a discriminatory manner? (e.g. expressed in the media, research reports, the Household Survey, customer feedback forms or complaints)

| None | A little | Some | (A lot) |
|------|----------|------|---------|
| X    |          |      |         |

| Please specify:                      |                       |
|--------------------------------------|-----------------------|
|                                      |                       |
| SECTION (3)                          | ANY OTHER INFORMATION |
|                                      |                       |
|                                      |                       |
|                                      |                       |
| SECTION (4)                          | ASSESSEMENT           |
| Given the information above is a No. |                       |



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SECTION (5)

EIA Screening are to be completed by the service and forwarded to the Equality Team in Policy for assessment.

| Responsibility             | Name         | Signature | Date     |
|----------------------------|--------------|-----------|----------|
| Officer Carrying Out       | David Wilson |           | 06/03/17 |
| Assessment                 |              |           |          |
| Equality Officer           |              |           |          |
| Assisting                  |              |           |          |
| Head of Service            |              |           |          |
| (Approved for publication) |              |           |          |
| , , ,                      |              |           |          |