



EQUALITY IMPACT ASSESSMENT INITIAL SCREENING

Name of policy / strategy / project (the “initiative”):

Health and Safety Policy

Provide a brief summary of the aims and main activities of the initiative: (bullet points)

- To outline Chevin’s approach to health and safety issues in order to comply with legal duties and Regulations made under the Health and Safety at Work Act 1974.
- To provide a safe working environment for staff, visitors and contractors.
- To outline systems that will allow Chevin to maintain, monitor and improve our safety performance.
- To outline expectations from staff members at all levels in the area of health and safety and to minimise the risk of accidents or work-related ill-health.
- To ensure that information, instructions, training and supervision is made available to employees in order that they may continue to contribute positively to the area of health and safety.

Completed by: Lee Winterbottom

Manager / Team Leader: Steve Close

Date: 10th September 2009

STAGE 1: SCREENING

This stage establishes whether a proposed initiative will have an impact from an equality perspective on any particular group of people or community – i.e. on the grounds of race, religion/faith/belief, gender (including transgender), sexual orientation, age, disability, or whether it is “equality neutral” (i.e. have no effect either positive or negative).

Q 1. Who will benefit from this initiative? Is there likely to be a positive impact on specific groups/communities (whether or not they are the intended beneficiaries), and if so, how? Or is it clear at this stage that it will be equality ‘neutral’ i.e. will have no particular effect on any group?
Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality

We anticipate that the Health and Safety Policy will have an overarching, positive impact on all staff, residents, contractors and other visitors who use our services and buildings by ensuring that Chevin meets statutory duties and Regulations made under the Health and Safety at Work Act 1974. The Policy and Procedures outline systems and procedures that will ensure that Chevin maintains a safe working environment for all staff and visitors.

Q 2. Is there likely to be an adverse impact on one or more minority/under-represented or community group as a result of this initiative? If so, who may be affected and why: Or is it clear at this stage that it will be equality 'neutral'?

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We do not anticipate any adverse impact on any one or more minority / under represented or community group as a result of this Policy. Further detail in Q3 outlines plans for ensuring appropriate resources and training are given to staff and how expectations relating to health and safety are communicated to staff.

Q 3. Is there sufficient data on the target beneficiary groups/communities? Are any of these groups under or over represented? Do they have access to the same resources? What are your sources of data and are there any gaps?

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The profile of those people involved in reported incidents / accidents over the past three years reflects a higher number of accidents relating to our DLO staff (the DLO team has traditionally been male.) 2007 – 45% of reported incidents, 2008 – 63% of reported incidents and 2009 (Jan to June) – 50% of reported incidents. This is a disproportionate number of accidents affecting DLO staff when compared to other departments. However, this is due to the physical nature of their work and we do not consider that any one particular minority group is adversely affected as a result of our current health and safety procedures. Chevin continues to collect equal opportunities monitoring data from all staff in the areas of age, disability, sexuality, ethnicity, religion and gender so that we can monitor the impact of key areas of our work on staff. Staff with a disability or support needs are encouraged to discuss specific, individual requirements or systems of work with their line manager (see Disability Equality action plan.) There have been no formal complaints from any staff member in the past three years relating to dissatisfaction with Chevin's Health and Safety procedures and no dissatisfaction registered via the bi-annual staff satisfaction survey. In addition, existing DLO staff have recently undertaken specific training relating to manual handling, working at heights, hand and arm vibration (HAV), noise at work, Control of Substances Hazardous to Health (COSHH), Asbestos and Needle stick awareness and other health and safety issues. All Technical Officers have received mandatory needle stick and asbestos awareness training in 2009 and invitations to this training have been extended to all Housing Officers and Anti-Social Behaviour Officers on a voluntary basis.

The new Health and Safety Policy outlines plans to include health and safety as a theme on the annual staff appraisal form so that all staff can formally discuss their own responsibilities with their line manager, plus ongoing training and awareness in this area. The Group Chief Executive is responsible for ensuring that formal arrangements for consultation, discussion and communication issues relating to health and safety are in place and applied at all levels of the Group and involve all staff regardless of age, disability, gender, ethnicity, religion or sexuality and a Corporate Health and Safety Committee which will engage all employees is being established. Results of risk assessments are made accessible to all staff via the intranet and a Health and Safety Handbook will be issued to all staff; section 5.22 of the Policy relates to formal consultation with all staff relating to health and safety issues.

The new Policy outlines staff procedures and expectations on discovering a fire, plus lone working, covered in more detail in a separate policy.

Recommendations include:

Undertake an Equality Impact Assessment screening on the associated 'Lone Worker Policy.' (Some staff may be more at risk if they are working alone, e.g., a staff member who might have a condition that requires urgent medical attention, or staff targeted

for violence in some situations because of their race / ethnicity, or other hate crime or prejudice.)
Continue to monitor reported incidents / accidents to ensure that no one particular minority group is more at risk. Ensure that fire evacuation procedures for the regional offices take into account the needs of staff or visitors with a Disability (dealing with how a wheelchair user or partially sighted person would evacuate the building, or a person who is hearing impaired and may not be able to hear an audio fire alarm.)

Q 4. Outsourced services – if the initiative is partly or wholly provided by external organisations / agencies, please list any arrangements you plan to ensure that they promote equality and diversity.

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The Policy also outlines the expectation that health and safety issues are adequately covered in all contractual arrangements with service providers who undertake work on Chevin's behalf and we anticipate that there will be a positive impact on all of our contractors and others working on our behalf, regardless of age, disability, gender, ethnicity, religion or sexuality. The safety of contractors is covered under Chevin's Approved Contractors Code of Conduct.

Q 5. Is the impact of the initiative (whether positive or negative) significant enough to warrant a full impact assessment – see guidance? If not, will there be monitoring and review to assess the level of impact over a period of time?

Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality

Chevin will continue to monitor progress by analysing the outcome of reported incidents, by carrying out health and safety risk assessments and monitoring the outcome, and regular fire risk assessments. Training relating to risk assessments and health and safety issues will be ongoing for existing and new staff, as per the Policy. The policy will be reviewed regularly in order to take account of existing legislation or emerging good practice.

Q 6. To be completed at six monthly review Detail actions taken to assess the level of impact over a period of time, or to address any gaps in data.

Please consider all aspects of Diversity including as a minimum: Age, Disability, Gender/Transgender, Race/Ethnicity, Religion/Faith/Belief, Sexuality

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Guidelines: Things to consider

- Where a negative (i.e. adverse) impact is identified, it may be appropriate to make a full EIA (see Stage 2), or, as important, take early action to redress this – e.g. by abandoning or modifying the initiative. **NB If the initiative contravenes equality legislation, it must be abandoned or modified.**
- Where an initiative has a positive impact on groups/community relations, the EIA should make this explicit, to enable the outcomes to be monitored over its lifespan.
- Where there is a positive impact on particular groups, does this mean there could be an adverse impact on others, and if so can this be justified? - e.g. Are there other existing or planned initiatives which redress this?
- It may not be possible to provide detailed answers to some of these questions at the start of the initiative. The EIA may identify a lack of relevant data, and that data-gathering is a specific action required to inform the initiative as it develops, and also to form part of a continuing evaluation and review process.
- It is envisaged that it will be rare for full impact assessments to be required. Usually, where there are particular problems identified in the screening stage, it is envisaged that changing the approach at this stage, and/or setting up a monitoring/evaluation system to review a policy's impact over time will tackle the problem.