Equality Impact Assessment Screening Form – 2017/8

| Please ensure that you refer to the Screening Form Guidance while completing this form. If you would like further guidance please contact the Access to Services team (see guidance for details). | | | | | | | |
|---|--|--|--|--|--|--|--|
| Section 1 | ii (3ce guida | ilce for detai | 13). | | | | |
| Which service | area and dire | ectorate are yo | ou from? | | | | |
| Service Area: | Customer Serv | ices | | | | | |
| Directorate: Re | esources | | | | | | |
| Q1(a) WHAT | ARE YOU S | CREENING F | OR RELEV | ANCE? | | | |
| Service/ Function | Policy/ Procedure | Project | Strategy | Plan | Proposal | | |
| (b) Please | name and <u>d</u> | <u>escribe</u> here | : | | | | |
| The Annual C Councillors ea complaints, ac requests (FOI regulation req complaints. The | nch year detai dult social ser), subject acc uests (EIR) a | iling complain vices, childrei ess requests nd regulation | ts performar n's social se (SAR), envir of investigat | nce across or rvices, freed onmental in cory powers | corporate dom of information formation (RIPA) | | |
| Q2(a) WHAT | | | _ | | | | |
| Direct front line service delivery | | Indirect front line service delivery | | Indirect back room service delivery | | | |
| ⊠ (H) | | ☐ (M) | | ☐ (L) | | | |
| (b) DO YOUR CUSTOMERS/CLIENT Because they Because they want to (H) (M) | | | se it is y provided to | On an internal basis i.e. Staff | | | |

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Q3 WHAT IS THE POTENTIAL IMPACT ON THE FOLLOWING...

| High Impact | Medium Impact | Low Impact | Don't know |
|--------------------|------------------------|-------------|-------------------------------------|
| (H) | (M) | (L) | (H) |
| | | | |
| | | | |
| $\rightarrow \Box$ | $\overline{\boxtimes}$ | | |
| \rightarrow | | | |
| $\rightarrow \Box$ | $\overline{\boxtimes}$ | | |
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| \longrightarrow | \boxtimes | | |
| | (H) | (<u>M)</u> | (<u>H)</u> (<u>M)</u> (<u>L)</u> |

Q4 WHAT ENGAGEMENT / CONSULTATION / CO-PRODUCTIVE APPROACHES WILL YOU UNDERTAKE?

Please provide details below – either of your planned activities or your reasons for not undertaking engagement

There are no engagement, consultation or co-productive activities directly in relation to this annual report. However, performance and feedback around complaints generally from across the year inform the report along with input from the Public Service Ombudsman's annual letter. The report is a retrospective analysis of performance.

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| Q5(a) | HOW VISIBLE IS T | HIS INITIATIVE TO THE | GENERAL PUBLIC? |
|-------|---|---------------------------------|---|
| | High visibility ☐(H) | Medium visibility (M) | Low visibility |
| (b) | | | OUNCIL'S REPUTATION? ial, political, media, public |
| | High risk ☐ (H) | Medium risk ☑ (M) | Low risk |
| Q6 | Will this initiative h | ave an impact (however | minor) on any other |
| | ☐ Yes ⊠ N | o If yes, please pro | vide details below |
| Q7 | HOW DID YOU SCO | | |
| MOS | TLY H and/or M \longrightarrow | HIGH PRIORITY \longrightarrow | ☐ EIA to be completed Please go to Section 2 |
| MOS | | OW PRIORITY / → OT RELEVANT | Do not complete EIA Please go to Q8 followed by Section 2 |
| Q8 | | explanation here. Plea | levant for an EIA report, you se ensure that you cover all |
| | • | /SAR requests, and RIPA | ctive look at performance for activity that have already been |
| agree | Please email this compement before obtaining oval is only required vi | | to Services Team for I of Service. Head of Service Inatures or paper copies are |
| | reening completed by: | | |
| | me: Paul Calvert | | |
| | title: Team Leader | | |
| | te: 29/03/2021 | | |
| | proval by Head of Ser | vice: | |
| | me: Sarah Lackenby sition: Chief Transforn | action Officer | |
| | sition: Chief Transforn te: 29/03/2021 | Iauon Omcer | |
| Dai | | | |

Please return the completed form to accesstoservices@swansea.gov.uk