

## Equality and Consultation Analysis Template

### Context

<b>Name of analysis</b>	Neighbourhood Working Review
<b>Officer completing analysis</b>	Karen Buttle/Sarah Crawley
<b>Date</b>	27/06/2013
<b>Version</b>	V8

## **1. Briefly describe the area of work this analysis relates to:**

On 26<sup>th</sup> February 2013, Council approved the Budget Report which included a review of Neighbourhood Working and a savings target of £700,000 in 2013/14, rising to £1m in 2014/15. This saving was identified against the City Services and Development Directorate and will be achieved through the deletion of Neighbourhood Management, which was subject to a separate review. This savings target is in addition to the savings Community Services are required to find of £3m in 2013/14, rising to £8m in 2014/15 and £15m in 2015/16.

In order to achieve these reductions it is proposed that the Neighbourhood Wardens Service be deleted along with the Health Development Officers and Public Health Nutritionist posts within the Health Development Service. To ensure a level of support is provided to individuals, communities, and within neighbourhoods, it is proposed that a Community Development Service be established. Additional posts will be created within increasing the number of Neighbourhood Enforcement Officers by 10 together with the creation of 3 Place Based Caseworkers within the Community Safety Team.

## **Scoping the analysis**

## **2. Who are the key stakeholders, both existing and potential, that could be impacted by this work?**

Groups of people who may be affected by this review include:

- Residents of Coventry – predominantly those living in Priority Neighbourhoods across the city.
- Ward Councillors – especially those representing the Priority Neighbourhoods across the city.
- Police – wardens provide a uniformed presence on the street and this is considered when Police are tasking resources to deal with specific issues.

Organisations and their staff who may be affected by this review include:

Coventry City Council's 56 permanent staff:

- Neighbourhood Warden Team (Community Services) 48
- Health Development Officers and Public Health Nutritionists (Community Services) 9

Other stake holders affected by this review:

- West Midlands Police
- Trade Unions
- West Midlands Fire Service
- Coventry & Rugby Clinical Commissioning Group
- Coventry and Warwickshire Partnership Trust

- Voluntary & Community Sector organisations working in the community (specifically within Priority Neighbourhoods)

**3. From the list above, which of these constitute protected groups?**

None of the key stakeholder groups constitute a protected group in their entirety. Residents and Council staff will contain individuals with protected characteristics. If any staff have protected characteristics this will be addressed directly with the staff as part of their Security of Employment.

**4. Which of the key stakeholders (including representatives of protected groups) will need to be kept informed, consulted or actively involved in this area of work?**

Key Stakeholder	Type of Involvement*	Method(s) used
Residents of Coventry (Focusing on Priority Neighbourhoods)	Consult	Public Consultation
Ward Councillors	Consult	Public Consultation
Staff affected	Consult	Formal staff consultation, supported by HR
West Midlands Police	Consult	Meetings and Public Consultation
Trade Unions	Consult	Meetings and briefing sessions
West Midlands Fire Service	Consult	Meetings and Public Consultation
Coventry & Rugby Clinical Commissioning Group	Consult	Meetings and Public Consultation
Coventry and Warwickshire Partnership Trust	Consult	Meetings and Public Consultation
Voluntary & Community Sector Organisations (Focusing on those working Priority Neighbourhoods)	Consult	Meetings and Public Consultation

\* Information, Consultation or Involvement

**5. Which, if any, parts of the general equality duty is the service relevant to? Please mark with an 'X'.**

**Eliminate discrimination, harassment and victimisation.**

Advance equality of opportunity between people who share relevant protected characteristics and those who do not.



Foster good relations between people who share relevant protected characteristics and those who do not.

**6. What information is available to be used as part of this analysis?**

- Analysis of the Council’s staff establishment and equalities data held by Human Resources
- Coventry demographic data focusing on Priority Neighbourhoods
- Service users information from the Health Development Service

**7. What are the information gaps?**

Some information about Council-employed staff is incomplete, for example, some ethnic origin fields are incomplete or unknown (10%).

It is not possible to fully understand the breakdown of the people who receive assistance/services from the Neighbourhood Wardens as this information is not collected. What can be shown is the demographic make-up of the Priority Neighbourhoods in which they work and the levels of multiple deprivation.

The Health Development Service data around service users is limited for Public Health Nutritionists and Health Development Officers, offering information on gender breakdown, with little information on age, ethnicity, and disability.

There is no data available at this stage for the Health Development Service regarding staff who identify as disabled. This will be added at a later date.

Through the public consultation and the further development of the Equalities and Consultation Analysis more information will be gained about the people who directly benefit from the present services and will therefore be affected.

**Data analysis**

**8. Please summarise below the key issues that your data is telling you.**

**Service Users** – The services are used by a cross section of residents in Coventry but predominately people from priority neighbourhoods. The support they receive is time limited, to address a specific problem/issue.

**Health Development Service**

Health Development Officers support to Service Users:

<b>Health Development Officers - Service Users: Totals for the year April 2012 – 2013</b>		
<b>Total Number of service users = 4711</b>		
<b>Gender</b>	Men 2884	Women 1827
<b>Ethnicity = Total BME 1789</b>	BME men 1064	BME women 725

<b>Young people 16 - 18 years = 159</b>	104 boys	55 girls
<b>Client Group</b>	Mental health / disability 124	

61% of all Health Development Service users are men which is significantly higher than the overall Coventry population of 50% male. Therefore male service users are likely to be disproportionately impacted on by this review.

38% of Health Development Service users are from a Black and Minority Ethnic origin when compared to the city's population overall (26% identify BME), the group is over-represented.

2.6% of Health Development Service users identify as having a disability or mental ill health, which shows an under-representation of disabled people compared to the city's population overall (6% identify as disabled).

**Health Development Service – Public Health Nutritionists – service user information:**

Health Development Service – Public Health Nutritionists – service user information <b>Equality and Diversity work with BME Groups: 529 service users</b>		
Activity	Women	Men
Newly arrived women from the Refuge centre/ Meridian centre	190 antenatal women	
Akimbo Women group (Refuge and Asylum Seeker women Cook/Eatwell group)	58 Women	
Somali Women nutrition promotion event	57 Women	
Nutrition session for Foleshill Walk group	16 Women	5 Men
Those accessing Food Bank	22 Women	12 Men
Training for Adult Social Care	Women Carers 169	
<b>TOTAL</b>	<b>512 (97%)</b>	<b>17 (3%)</b>

97% of service users who were supported by the Public Health Nutritionists are female. This is significantly higher than the city's population overall of 50%. Therefore female service users will be disproportionately impacted upon. A large proportion of these women are BME, including Refugee and Asylum Seeker women which are likely to be disproportionately affected by the review.

For the newly created Community Development Service this is a profile of Coventry's population by age and ethnicity illustrating the wide range of ages and ethnicities which will benefit from increased enforcement, and asset based development work within Priority Neighbourhoods.

<b>Demographics Coventry Population and Age 2011</b>	
<b>Total population 316,960</b>	%
<b>Average age (all residents)</b>	<b>34</b>
% aged 0 -14	18.5
% aged 15-29	25.1
% aged 30-44	20.1
% aged 45-59	16.8
% aged 60-74	12.4
% aged 75-84	4.9
% aged 85+	2.1
% aged 16 -64 (working age)	65.5

The age breakdown for all residents shows that the potential beneficiaries of the services being proposed to be deleted and also created are a cross section of all ages.

<b>Ethnicity Breakdown in Coventry in 2011 %</b>	
Ethnicity (% BME)	33.4
% White British	66.6
% White Irish	2.3
% White Gypsy or Irish Traveller	0.0
% White Other	4.9
% Mixed	2.7
% Asian British: Indian	8.8
% Asian British: Pakistani	3.0

% Asian British: Bangladeshi	0.9
% Asian British: Chinese	1.2
% Asian British: Other	2.4
% Black British: African	4.0
% Black British: Caribbean	1.0
% Black British: Other	0.5
% Other	1.6

This table above shows the majority of residents across the city who will be beneficiaries of the new services will be White British.

**Neighbourhood Warden Service – Potential past and present service user information:**

The Neighbourhood Warden Service operates from a number of deprived areas across the city.

These are:

- |             |                  |           |
|-------------|------------------|-----------|
| Hillfields  | Tile Hill        | Ball Hill |
| City Centre | Canley           | Foleshill |
| Spon End    | Willenhall       | Wood End  |
| Radford     | Stoke Aldermoor  | Longford  |
| Holbrooks   | Ernesford Grange |           |

Certain areas such as Foleshill have a higher proportion of BME people (66% identify as BME) therefore this review could impact on them negatively.

Spon End (Sherbourne Ward), Willenhall (Binley and Willenhall ward), and Woodend (Henley Ward) have predominantly White British residents at over 90%. Therefore this review could have a greater negative impact on this ethnic group.

There is a very low median age of residents in Foleshill of 28, and Radford of 33 (Figures from 2007). This median age is below the city’s overall median age of 34 years (2011). With the potential reduction in nutritional information and support for young families this review could have a negative impact.

The table shows specific Indicators of Deprivation focussing on Priority Neighbourhoods within Coventry which have higher levels of Health Development and Neighbourhood Warden Service support.

<b>Lower Super Output areas</b>	<b>IMD rank* (Index of multiple deprivation) (2010)</b>	<b>% of children in poverty (2010)</b>	<b>% fuel poor households (2011)</b>	<b>% on out of work benefits (2012, average of quarters)</b>
<b>Coventry</b>	-	<b>26.4%</b>	<b>21.1%</b>	<b>14.4%</b>
Wood End – Hillmorton Road	36	65.6%	18.9%	36.5%
Willenhall - Chace Stretton	175	49.9%	20.3%	48.6%
Bell Green - Roseberry Ave	188	59.3%	26.5%	43.2%
Willenhall Wood - Middle Ride	194	53.6%	25.4%	40.9%
Willenhall - Robin Hood & Mary Slessor	286	53.2%	22.6%	35.8%
Hillfields Village & Motor Museum	387	56.7%	27.0%	35.5%
Aldermans Green - Deedmore Road W	414	61.5%	17.5%	33.3%
Paradise - Awson Street	433	49.0%	25.7%	31.3%
Tile Hill North - Jardine Delius	696	39.9%	23.2%	36.7%
Henley Green West	897	52.3%	23.4%	34.6%
Stoke Aldermoor North & East	998	44.6%	19.7%	28.0%
Lower Spon Street	1004	56.5%	24.1%	31.1%
Stoke Aldermoor Village	1012	42.2%	25.1%	24.6%
Swanswell - Leicester Causeway	1221	41.8%	21.5%	26.9%
Attoxball Road	1429	35.9%	23.9%	35.5%
Hillfields - Canterbury Raglan Streets	1487	54.5%	30.2%	22.0%
Foleshill - Paragon Park Red Lane	1597	47.3%	28.5%	27.4%

The majority of these areas have over 45% of children living in poverty compared to the general population of Coventry which is 26%. Woodend, specifically in the area of Hillmorton Road has over 65% of children living in poverty. This is extremely high and represents many of the residents who would need to access Health, Education, and Employment support. The highest percentage of people on out of work benefits is within Bell Green (Longford Ward) at 48.6%.

The new asset based approach will build on existing community capacity, and local and citywide services to support individuals, communities and neighbourhoods to address the factors and causes of poverty.

There are considerable differences between Council staff in the Health Development Service and the Neighbourhood Wardens. This is reflected in the information tables below and within the commentary.

**Health Development Service Staff: 11 Members of staff, of which 2 temporary staff** will have left by the end of June 2013. Therefore they have not been counted within these figures.

<b>Position Status (June 2013): 9 Members of staff</b>										
<b>Full Time</b>		<b>Part Time</b>		<b>Permanent</b>			<b>Temporary</b>			
89%		11%		100%			0%			
<b>Age</b>										
<b>16-24</b>		<b>25-34</b>		<b>35-44</b>		<b>45-54</b>		<b>55-64</b>		<b>65-74</b>
0%		0%		33%		33%		34%		0%
<b>Gender</b>										
<b>Male</b>					<b>Female</b>					
0%					100%					
<b>Disability</b>										
<b>Disabled</b>			<b>Not Disabled</b>				<b>Unknown/Refused</b>			
11%			78%				11%			
<b>Ethnicity</b>										
<b>Asian Indian</b>	<b>Asian Pakistani</b>	<b>Black African</b>	<b>Black Caribbean</b>	<b>Mixed White/Black Caribbean</b>	<b>Other Asian</b>	<b>Other Mixed Background</b>	<b>Unknown</b>	<b>White British</b>	<b>White Irish</b>	
22%	0%	11%	11%	0%	0%	0%	0%	56%	0%	

- 100% of Health Development Service staff who will be affected by the review are in full time employment
- The Health Development Service is 100% women which is significantly higher than Council staff at 71%. Therefore women will be disproportionately impacted.
- 56% of the staff group identify as White British. This is a much lower representation than the Council's staff as a whole. 22% of the staff are Black African/Caribbean which is much higher than the overall Council Staff total of 4%. Therefore within the Health Development Service Black staff will be disproportionately impacted.

- This is a very small sample size for the Health Development Service of only 9 staff.

### Neighbourhood Wardens: 48 Members of Council Staff

Position Status (June 2013)										
Full Time		Part Time		Permanent			Temporary			
100%		0%		100%			0%			
Age										
16-24		25-34		35-44		45-54		55-64		65-74
2%(1)		21%(10)		23% (11)		46%(22)		8%(4)		0%(0)
Gender										
Male					Female					
52% (25)					48% (23)					
Disability										
Disabled			Not Disabled				Unknown/Refused			
4%			73%				23%			
Ethnicity										
Asian Indian	Asian Pakistani	Black African	Black Caribbean	Mixed White/Black Caribbean	Other Asian	Other Mixed Background	Unknown	White British	White Irish	
8%(4)	4%(2)	2%(1)	4%(2)	2%(1)	2%(1)	4%(2)	10%(5)	73%(35)	2%(1)	

- All Council Neighbourhood Warden staff who will be affected by the review are in permanent full time employment
- The Neighbourhood Warden Service has 48% women which is significantly lower than the council average of 71%. Therefore men will be disproportionately impacted.
- 54% of the Neighbourhood Warden staff are over 45 which is comparable to the Council average of 57%.
- 73% of the staff group identify as White British. This is not significantly different from the Council staff average of 76%.
- 4% of Neighbourhood Warden Service staff identify as disabled, which is below the Council staff population of 6%, although 23% of people refused to give this information or it is not known, which could change these figures significantly.

**Council Staff** - The staff who are affected by this review are all City Council employees and therefore employee data is available via Human Resources. This information tells us for both the Health Development Service and the Neighbourhood Warden Service that:

- All of the staff who will be affected by the review are in full time employment
- There are slightly more women employed in the affected teams at 59%, which is significantly less than the council average of 70.86%. Therefore men will be disproportionately impacted.
- 71% of the staff are White British which is slightly lower than the Council's population of 76%.
- 56% of the workforce is aged over 45 which is almost identical to the City Councils average of 57.11%

## Generating and evaluating options

### 9. What are the different options being proposed to stakeholders?

- It is proposed that the Neighbourhood Warden Service is deleted
- It is proposed that the Health Development Officers and Public Health Nutritionists posts within the Health Development Service are deleted.
- It is proposed that an additional 10 Neighbourhood Enforcement Officers and 2 Neighbourhood Enforcement Managers are recruited
- It is proposed that 3 Place Based Caseworker posts are created and recruited to in the Community Safety Team
- It is proposed that the Community Development Service is created, with 12 Community Development Officers and 2 Community Development Managers, with a Business Support Officer. This service will predominantly focus on priority neighbourhoods and in particular, those areas where services will be withdrawn i.e. Wardens and Health Development Services.

**Service Users** – The Neighbourhood Warden Service will be deleted, aspects of this service will be picked up by the Neighbourhood Enforcement Officers, and therefore residents will still benefit from elements of the work the wardens currently undertake covering Community Safety and Environmental issues.

The Neighbourhood Enforcement Officers will provide a service across the whole of the city with a predominate focus within priority neighbourhoods. This flexible approach will ensure that non-priority areas will receive a service to deal with community safety and environmental enforcement when it is required.

The Health Development Officers and Public Health Nutritionists posts will be deleted however the roles within the newly created Community Development Service will pick up elements when working towards the implementation of Coventry as a Marmot City. Through an asset based approach within neighbourhoods and communities the Community Development workers will be able to work with communities to develop and activities to deal with the causes of deprivation; such as; crime, employment, a poor living environment etc.

**Council Staff** – The creation of Neighbourhood Enforcement Officers, Place Based Caseworkers and the Community Development Officers and Managers will enable staff in the service being deleted to be considered for these posts subject to Security of Employment.

## 10. How will the options impact on protected groups or those experiencing deprivation?

### Age

- **Service users** – there is very minimal information on the age of service users within both the Health Development Service and Neighbourhood Wardens Service. Young people and mothers are supported within the Health Development Service at present.
- **Council Staff** - The age profile of the staff group shows that 12% of Council staff across both services are aged 55 or over. Approximately 25% of the overall Council staff group is aged 55 or over, meaning that this age group is under-represented within the group of staff affected by the proposal.

### Race & Ethnicity

- **Service users** – 44% of all service users of the Health Development Service identify as BME. When compared to the city's population overall (26% identify as BME), the group is over-represented.
- **Council Staff** - 67% of the staff group identify as White British. This is broadly representative of the Council's staff as a whole.

### Disability

- **Service users** – the disability data is extremely limited for service users of the Health Development Service and Neighbourhood Warden Service.
- **Council Staff** – 11% of the Health Development Staff identify as disabled which is higher than the Council staff at 6%. 4% of Neighbourhood Warden Service staff identify as disabled, which is below the Council staff population of 6%, although 23% of people refused to give this information or it is not known which could change these figures significantly

### Gender:

- **Service users** – 61% of all service users supported by the Health Development Officers are men which is significantly higher than the overall Coventry population of 50% male. Therefore male service users are likely to be disproportionately impacted by this review.
- 97% of service users supported by the Public Health Nutritionists are female. This is significantly higher than the city's population overall of 50%. Therefore female service users will be disproportionately impacted by this review.
- The Neighbourhood Warden Service works across priority neighbourhoods therefore it is likely to impact upon 50% male and 50% female service users.
- **Council Staff** - 56% of the staff group are female. Coventry City Council's workforce overall is 71% female, therefore females are under-represented in the affected staff group.

### Pregnancy/Maternity

- **Service users** – there will be no obvious impact on service users who are pregnant or women on maternity leave.
- **Council Staff** - Staff who are pregnant or on maternity leave during the consultation and implementation phase would be communicated with appropriately and would have opportunity to contribute during the staff consultation. Staff with this protected characteristic would not be disproportionately affected by the proposal and would be protected by the City Council's maternity provisions and Security of Employment Agreement.

**Sexual Orientation, Religion/Belief, Gender reassignment:** No specific issues were identified for these protected groups.

**How the option will impact on those experiencing deprivation:**

The geographical focus of the Neighbourhood Warden Service is Priority Neighbourhoods as defined by the Indices of Multiple Deprivation 2010. The Index of Multiple Deprivation (IMD) provides a measure of relative deprivation for each of the 32,482 Lower Super Output Areas (LSOA) in the UK. A LSOA is a geographical area designed for the collection and publication of small area statistics.

The Overall IMD score is based on the below sub domains and weighted as follows:

<b>IMD type</b>	<b>Weighting</b>
Income Deprivation	22.5%
Employment Deprivation	22.5%
Health Deprivation	13.5%
Education Deprivation	13.5%
Barriers to Housing Deprivation	9.3%
Crime Deprivation	9.3%
Living Environment Deprivation	9.3%

Willenhall, Woodend, Hillfields and parts of Foleshill are all within the highest 500 areas in the UK experiencing deprivation. The Indices of Multiple Deprivation is based partially on Health and Crime figures. Both of these factors are likely to have been positively affected by the Health Development Officers, and Nutritionists, as well as the Neighbourhood Wardens Service which covers these areas. Therefore if the service is stopped within these communities there could be the potential for these factors to deteriorate further increasing deprivation levels.

Indications of any deterioration would be through increasing levels of Anti-Social Behaviour, loss of health advice and support, particularly nutritional advice and assistance, potentially leading to lower birth weight babies, and over time an increase in chronic ill health conditions.

**11. Please detail how you could mitigate any negative impacts.**

**People who use the service** – the creation of the Community Development Service and the way this new service will operate will mitigate some of the impact on residents within

Coventry as they will work across the city. The new team will be able to work with communities and individuals to identify and build on the assets within priority neighbourhoods and other areas of the city with the aim of enabling individuals to have greater influence and control over what happens in their lives and the area in which they live, through active participation in community based working. The success of asset based working stems from the community itself generating opportunities to capitalise on identified assets and/or agreeing on an issue they want to change. This approach will ensure that it is problems identified by the local community which are addressed, resulting in a service which is more responsive to the needs of local people.

Being a Marmot City means we will be working towards achieving 6 objectives; these will be a focus of the Community Development Team.

They are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

The responsibility of being a Marmot City is on the whole of the City Council and its key partners, to change the way that they are working. All activity undertaken throughout the Council will need to consider the 6 objectives and ensure that activity doesn't adversely impact on achieving them and actively try to support them.

The community based working will look to address the issues causing multiple deprivation, including crime, health, employment, and education as they are identified by communities and individuals.

Neighbourhood Enforcement Officers within Environmental Services and Place Based Caseworkers within the Community Safety Service will address at a reduced level both environmental and ASB issues/offences across the whole of the city, these issues were previously covered by the Neighbourhood Wardens but only within specific areas of the city. The Neighbourhood Enforcement Officers are able to issue fixed penalty notices, wardens do not issue enforcement notices. An increase in the number of Enforcement Officers will result in an improvement in the environment as people will be actively discouraged from littering through enforcement activity. This team of officers can be tasked to work across the whole of the city and will focus on priority areas identified through feedback from residents, Members and partner organisations. The Place Based Caseworkers will also work across the whole of the city to support residents with low level community safety issues via referrals.

This will have a positive impact on resident's health and wellbeing through improvements in the Living environment, reductions in crime, by tackling the causes of these through enforcement and support.

The teams which will be created will not specify who they are able to support. The Community Development Service, Neighbourhood Enforcement Officers and Place

Based Caseworkers will support regardless of any protected characteristics. They will respond to issues as they are identified and in the case of the Neighbourhood Enforcement Officers will proactively undertake enforcement activities.

The Community Development Service will operate across the whole of the city but with a particular focus on priority neighbourhoods. Due to the nature of the priority neighbourhoods these will be the areas which will require additional support to help communities. This focus will mitigate the loss of the specific work undertaken by the Health Development Officers as working within Marmot principles will ensure that Health issues are proactively targeted within these neighbourhoods.

The service will primarily be proactive working within communities by identifying issues and carrying out activities to engage residents in addressing them. Community issues may be raised directly by residents but also through Members, officers and other agencies.

**Council Staff** – currently, there are 57 members of staff in total. Every effort will be made to reduce the number of compulsory redundancies required if the proposal is implemented.

Employees will be subject to the provisions of the City Council's Security of Employment Agreement which will offer options of early retirement, redundancy and redeployment. HR and Management will work together to ensure there is strict vacancy control and redeployment opportunities are widely communicated. Every effort will be made to secure employment for those who wish to continue their employment with Coventry City Council.

The increase in the Neighbourhood Enforcement Officer Service and the introduction of Community Safety Caseworkers focusing on locations and the Community Development Service may provide redeployment opportunities for some of those staff displaced both within this review and those remaining staff within Neighbourhood Action.

## **12. Identify which contractors or service users would be negatively affected by the options**

**Contractors** – these are not likely to be independent/private providers, but locally based community and voluntary sector organisations, are likely to see a reduction in support within their area but will benefit from a more targeted approach, addressing the issues identified by local people.

**Service Users** – certain neighbourhoods with higher levels of multiple deprivation are likely to experience some negative effects due to a reduction in focussed support on health related issues, however where possible these will be address by the Community Development Service working to Marmot principles. In areas such as Foleshill and Hillfields this could have a greater impact on groups and individuals within the Black and Minority Ethnic Communities, including Refugees and Asylum Seekers.

Women are more likely to be negatively affected with the reduction in nutritional advice within their Neighbourhoods and Communities. Men are more likely to be impacted on negatively with the reduction in health development support.

The city will see an increase in the levels of enforcement for environmental issues improving the living environment for residents not only in Priority Neighbourhoods but across the city.

They will also be an increase in activity to address low level crimes through the introduction of the Place Based Caseworkers, by the nature of crime patterns this will predominantly mean an increase in support in Priority Neighbourhoods.

## Formal consultation

**13. Who took part in the consultation? *Please also specify representatives of any protected groups.***

Formal public consultation will take place from July 2013 to August and Staff consultation from October 2012 to November 2013, subject to approval.

**14. What were the key findings of the consultation?**

**15. Are there any gaps in the consultation?**

**16. Following the consultation, what additional equality issues have emerged?**

**17. Which of the options have changed following consultation and equality analysis, and how?**

## Equality impact of final option

**18. Please confirm below which option has been chosen for implementation.**

[Click **here** and type]

**19. Please indicate which of the following best describes the equality impact of this analysis.**

**There will be no equality impact if the proposed option is implemented.**

There will be **positive equality impact** if the proposed option is implemented.

There will be **negative equality impact** if the preferred option is implemented, but this can be objectively justified.

*Please state clearly what this justification is and what steps will be taken to ameliorate the negative impact.*

[Click [here](#) and type]

**20. What will be the impact on the workforce following implementation of the final option? Please make reference to relevant equality groups (with protected characteristics under the Equality Act).**

[Click [here](#) and type]

### Formal decision-making process

Please detail below the committees, boards or panels that have considered this analysis

Name	Date	Chair	Decision taken

### Approval

This equality analysis has been completed by:

**Officer**

**Service Manager**

**Note:** Failure to comply with duties on equalities and consultation will put the Council (and specifically the elected member or officer making the decision) at risk of judicial review

**Director**

**Elected Member**

**Date**

## Monitoring and review

*This section should be completed 6-12 months after implementation*

- a) **Please summarise below the most up to date monitoring information for the newly implemented service, by reference to relevant protected groups.**

[Click [here](#) and type]

- b) **What have been the actual equality impacts on service users following implementation?**

*Analyse current data relating to the service and think about the impact on key protected groups: race, sex, disability, age, sexual orientation, religion or belief, pregnancy or maternity, gender reassignment.*

It may help to answer the following questions: Since implementation

- Have there been any areas of low or high take-up by different groups of people?
- Has the newly implemented service affect different groups disproportionately?
- Is the new service disadvantaging people from a particular group?
- Is any part of the new service discriminating unlawfully?

[Click [here](#) and type]

- c) **What have been the actual equality impacts on the workforce since implementation?**

[Click [here](#) and type]

Equality Analysis and Consultation Template  
July 2012 · Version 2.0.1

The latest version of this template can be found at:  
<http://beacon.coventry.gov.uk/equalityanddiversity/>  
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