

**Coventry City Council**

**Equality Impact Assessment Report**

**1st April 2022 – 31st March 2023**



[*https://www.coventry.gov.uk/equality*](https://www.coventry.gov.uk/equality)

**Contents Page:**

|  |  |
| --- | --- |
| Page 3 | Introduction and Purpose of the report |
| Page 4 | Coventry as a Marmot City |
| Page 4 | Digital Inclusion |
| Page 4 | Equality Impact Assessment Training |
| Page 6 | Visual summary of EIA results |
| Page 7 | Equality Impact Assessment analysis |
| Page 8 | Summary of EIA’s by Protected Characteristics as a % |
| Page 10 | An example of EIAs that resulted in a Positive Impact |
| Page 12 | An example of an EIA that resulted in both a Positive and Negative Impact |
| Page 14 | An example of an EIA that resulted in Negative Impact |
| Page 17 | Appendix 1 – Equality Impact Assessments: April 22 –  March 23 |

**1.0 Introduction and purpose of report**

The Equality Act 2010 includes the Public Sector Equality Duty, this duty requires public bodies to place equality at the heart of everything they do to meet the needs of those across all protected characteristics.

Coventry City Council is fully committed to ensuring a fair and equal service is provided to all, whether it is a service that is provided to Coventry citizens or to its employees in the context of its role as an employer. To ensure an equal service is provided, the Council makes effective use of the Equality Impact Assessment (EIA) tool.

The Equality Impact Assessment (EIA) tool ensures that the Council is paying due regard to the requirements of the general duty under the Public Sector Equality Duty. This has been done by considering the effect that existing / new policies, practices and decisions have on the different groups protected (see figure 1) from discrimination as defined within the Equality Act 2010.

This report summarises the EIA’s that were undertaken by the Council between **1st April 2022** to **31st March 2023** and provides analysis of the equalities impact identified in those EIAs on protected groups.

**Protected Characteristics identified in the Equality Act 2010**



**Figure 1**

**2.0 Coventry as a Marmot City**

The requirement to consider the **impact on health inequalities in the city** was introduced in 2016 because of the commitment made by Coventry City Council and other statutory organisations to maintain the city status as a ‘**Marmot** **City**’ to work together to reduce health inequalities.

Decisions made by the Council have the potential to impact significantly on the lives of Coventry residents, and often any negative impact is felt most by those in the lowest socio-economic groups, therefore contributing to increasing inequalities. It is therefore important that negative impact is recognised and mitigated where possible.

Therefore, in addition to the protected characteristics above, as part of the EIA process 2021-22 Coventry City Council have included questions relating to Heath Inequalities.

**3.0 Digital Inclusion**

This year, Coventry City Council introduced a requirement to consider Digital Inclusion within the Equality Impact Assessment process. Digital literacy in all sectors of society is becoming more important and urgent.

As the internet becomes increasingly embedded in the lives of individuals, communities and commerce, it is more critical than ever before to ensure digital literacy for everyone. The wide gap between those who have easy access to the internet and those who do not, popularly known as the “digital divide”, is more important than ever.

By incorporating Digital Inclusion within the form Coventry City Council is ensuring all protected groups and vulnerable groups such as unemployment, homelessness, level of educational qualification etc have equal access to the services provided by the council.

**4.0 Equality Impact Assessment Training**

Coventry City Council provides detailed online / face to face training to support the Equality Impact Assessment process. The training covers:

* The equality legislation -Including the Equality Duty 2010 and The Public Sector Duty
* The role of teams in improving equality and diversity in service provision
* Benefits of completing EIA’s
* Step by step guide to completing EIA’s
* Health Inequalities
* Digital Inclusion

During the period April 2022 to March 2023, 35 council employees completed EIA training and a bespoke training presentation was delivered to schools Headteacher / Business Support Managers.

**5.0 Changes to the Equality Impact Process**

Coventry City Council are committed to continually improve the Equality Impact Assessment process, this year we have made the following changes

* Created an online library holding completed assessments
* Created an online Equality Impact Form – This is due to be launched June 2023
* Created a census 2021 briefing guide – the guide allows authors to view details of Coventry’s population by protected characteristic.
* Created guides for each protected characteristic

**6.0 Visual summary of the results of Equality Impact Assessments – 1st April 2022 to 31st March 2023**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Positive Impact** | 1 |  | **Negative Impact** | 3 |  | **Both Impacts** | 2 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of function being assessed** | **Age 0-18** | **Age 19 - 64** | **Age 65 +** | **Disability** | **Gender Reassign -ment** | **Race** | **Religion** | **Sex** | **Sexual Orientation** | **Marriage & Civil Partnership** | **Pregnancy &Maternity** | **Internal Work force** |
| Workforce D&I Policy |  |  |  |  |  |  |  |  |  |  |  |  |
| Coaching Culture Platform |  |  |  |  |  |  |  |  |  |  |  |  |
| MyCoventry |  |  |  |  |  |  |  |  |  |  |  |  |
| Your Vision Your Future |  |  |  |  |  |  |  |  |  |  |  |  |
| Transport Strategy |  |  |  |  |  |  |  |  |  |  |  |  |
| Homes For Ukraine |  |  |  |  |  |  |  |  |  |  |  |  |
| BNO |  |  |  |  |  |  |  |  |  |  |  |  |
| Emotional Wellbeing and Mental Health Support Tier 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| RTOF |  |  |  |  |  |  |  |  |  |  |  |  |
| Luminarium |  |  |  |  |  |  |  |  |  |  |  |  |
| Waste Services Bin Strike |  |  |  |  |  |  |  |  |  |  |  |  |
| BBC Big Weekend |  |  |  |  |  |  |  |  |  |  |  |  |
| Residential Design Guide SPD |  |  |  |  |  |  |  |  |  |  |  |  |
| Retirement and Flexible Retirement Policy |  |  |  |  |  |  |  |  |  |  |  |  |
| Homes in Multiple Occupation - DPD - Consultation Draft Reg 18 |  |  |  |  |  |  |  |  |  |  |  |  |
| Managing Potential Violent Person Process |  |  |  |  |  |  |  |  |  |  |  |  |
| Coventry Very Light Rail |  |  |  |  |  |  |  |  |  |  |  |  |
| Social Care Reform: Fair Cost Of Care |  |  |  |  |  |  |  |  |  |  |  |  |
| Dementia Hub Consultation |  |  |  |  |  |  |  |  |  |  |  |  |
| Coventry City Council’s Youth Justice Strategy and Plan - 2021-23 - 2022 Update |  |  |  |  |  |  |  |  |  |  |  |  |
| Coventry and Warwickshire Dementia Hub Strategy |  |  |  |  |  |  |  |  |  |  |  |  |
| Housing Enforcement Team Proposed Restructure |  |  |  |  |  |  |  |  |  |  |  |  |
| Changing Places Toilets |  |  |  |  |  |  |  |  |  |  |  |  |
| Housing First Re- Commissioning |  |  |  |  |  |  |  |  |  |  |  |  |
| Relocation of Shopmobility |  |  |  |  |  |  |  |  |  |  |  |  |
| Retention Payment |  |  |  |  |  |  |  |  |  |  |  |  |
| Short Term Home Support Services |  |  |  |  |  |  |  |  |  |  |  |  |
| Market Sustainability Plan |  |  |  |  |  |  |  |  |  |  |  |  |
| Quality Assurance Framework |  |  |  |  |  |  |  |  |  |  |  |  |
| One Coventry Plan |  |  |  |  |  |  |  |  |  |  |  |  |
| Inclusive Recruitment Policy |  |  |  |  |  |  |  |  |  |  |  |  |
| Probationary Period |  |  |  |  |  |  |  |  |  |  |  |  |
| Reprocurement of the Sex Workers Support Service |  |  |  |  |  |  |  |  |  |  |  |  |
| Lifelong Learning |  |  |  |  |  |  |  |  |  |  |  |  |
| Communicator Guide For Deafblindness |  |  |  |  |  |  |  |  |  |  |  |  |

**7.0 Equality Impact Assessment Analysis**

As shown below, in figure 2, between 1st April 2022 and 31st March 2023, Coventry City Council completed **35 Equality Impact Assessments,** of which:

* 9 were internally focused EIA’s,
* 27 were external EIA’s relating to service provision
* 1 related to both the internal workforce and the external service provision.

Figure 2, highlights 17 of the 27 external relating EIA’s completed and all 9 internally focussed EIA’s, positively impacted the protected groups. This means a positive **impact for** protected groups would be achievedby reshaping the service to target resources more effectively.

The remaining 10 EIA’s identified both positive and negative impacts. This means re-shaping and re-thinking services often achieves both positive and negative impacts on the protected characteristics – for example, where services have been digitised this has resulted in positive impacts for many groups but sometimes negative impacts for older age groups and disabled people.

1 EIA identified as negative impact only. Coventry City Council ensured by following the EIA process the negative impact was mitigated and that the services provided were fair and accessible to all.

This analysis shows that due regard to equality has been paid in the development/ review of new polices, strategies and services.

However, please note in some cases, data is not always available for all the protected characteristics / socio-economic groups - therefore the EIAs may not provide a comprehensive analysis.

**9** EIA’s hadpositive impact

**17** EIA’shad a positive impact only

**9** EIA’shadboth positive / negative impact

**Figure 2**

**1** EIAhad a negative impact only

**7.1 Summary of EIA’s by Protected Characteristics as a %:**

A further analysis was undertaken to identify which protected characteristics were impacted the most negatively, positively or if they faced no impact. The impact has been illustrated below.

**Figure 3**

**Figure 4**

**Figure 5**

**Figure 6**

34 of the 35 EIA’s completed this financial year experienced positive impact. The most positively impacted protected characteristic is Age 19 – 64 followed by Race and Disability. See Figure 3.

7 of the 9 protected characteristics, experienced both a negative and positive impact. The EIA process ensured that any negative impact was mitigated and monitored.

Figure 6 highlights that marriage and civil partnership followed by gender reassignment were the least impacted protected characteristic. See figure 6.

1 EIA highlighted negative impact only, 6 of the 9 protected characteristics were impacted. Again, Coventry City Council ensured by following the process all negative impacted was mitigated.

**8.0 An example of EIA April 2022 to March 2023 that resulted in a Positive Impact:**

**Installation on 3 Changing Places Toilets**

In September 2021, Coventry City Council successfully applied for £120,000 funding from the Department of Levelling up Housing and Communities to install 3 Changing Places Toilets in Coventry.

Changing Places Toilets are specialist toilets that meet the needs of disabled children and adults with complex care needs who need carer support, appropriate equipment and more space whereas Standard accessible toilets were designed to meet the needs of disabled people who can use the toilet independently.

The council proposed by installing 3 changing places toilets a **positive impact** was to be faced by the following protected groups.

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | Any vulnerable person, regardless of age with relevant need will be able to access the changing place facilities. This initiative will have a positive impact and outcome for both people with disabilities and carers |
| Age 19-64 | **P** | Any vulnerable person, regardless of age with relevant need will be able to access the changing place facilities. This initiative will have a positive impact and outcome for both people with disabilities and carers |
| Age 65+ | **P** | Any vulnerable person, regardless of age with relevant need will be able to access the changing place facilities. This initiative will have a positive impact and outcome for both people with disabilities and carers |
| Disability | **P** | The changing place facilities are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Gender reassignment | **P** | The changing place facilities irrespective of Gender are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Marriage and Civil Partnership | **P** | The changing place facilities irrespective of marriage or civil partnership status are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Pregnancy and maternity | **P** | The changing place facilities irrespective of pregnancy and maternity status are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The changing place facilities irrespective of race are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Religion and belief | **P** | The changing place facilities irrespective of religion and belief status are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Sex | **P** | The changing place facilities irrespective of sex are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Sexual orientation | **P** | The changing place facilities irrespective of sexual orientation are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers |

**9.0 An example of EIA April 2022 to March 2023 that resulted in both a Positive and Negative Impact:**

**Event: Luminarium**

Architects of Air in conjunction with Coventry City Council are bringing the Luminariumto Broadgate, Coventry City Centre from the 14th April to the 24th April 2022.  Broadgate is largely empty space where there are benches doted around for city centre visitors to be able to take a break when visiting.  Only 2 of these benches will be removed but the council will ensure there are benches available for pedestrians.

The Architects of Air’s Luminaria has had millions of visitors around the world.  A luminarium gives access to a very broad audience, embracing all ages, all abilities, all cultures and communities.  The Luminaria is a maze of 27 egg-shaped domes - some feature Islamic ceiling patterns and some create the trunk of a monumental tree. The luminosity of light and colour inside is created purely by the light shining through the coloured plastic.  Once inside, the experience will last around 1 hr 30 mins.

The event proposed will have a **positive and negative impact** made to the following protected groups.

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | The proposed event will have a positive impact to this group. The event will be held during the Easter break, which will allow children to visit the event throughout the day with an adult. Concessions will be available for this group as stated in section 1.2. |
| Age 19-64 | **P** | The proposed event will have a positive impact to this group. Due to the number of people that could possibly visit the event, local businesses will experience an increase in visitors to their business.  This group will be largely made up of families and concessions will be available for this group as stated in section 1.2. |
| Age 65+ | **P/N** | The proposed event will have a positive impact to this group. Concessions will be available to this group.  However, this group could also face a potential negative impact because this group are most likely to use the benches at broadgate. To mitigate this possible negative impact Coventry City Council will ensure only 2 benches are removed temporality. Council Officers will be present daily to monitor the effects of the event. |
| Disability | **P/N** | The proposed event will impact this group positively. Architects of Air originally grew out of a theatre project for people with learning disabilities and presenters are particularly encouraged to promote that the luminarium is accessible to people with disabilities and wheelchair-users.  The proposed event could potentially impact people who have a visual impairment. They would be used to this space being an open space. To mitigate this impact the event organisers has ensured stewards will be on site to support.  Stewards will ensure wayfinding maps and signage is placed in visible locations to help park users maintain access while events are taking place.  The “Red route” of block paving around the edge of Broadgate – (used by Emergency Services), is kept clear of any infrastructure at all times |
| Gender reassignment | **NI** | We are not expecting any impact. |
| Marriage and Civil Partnership | **NI** | We are not expecting any impact. |
| Pregnancy and maternity | **NI** | We are not expecting any impact. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The proposed event will attract a considerable number of attendees, from a range of ethnicities. The immediate wards surrounding the park are already some of the most diverse communities in the country. The Council will use pictures and symbols in its signage to ensure that communication event attendees is clear and inclusive of the diverse range of communities in the area. |
| Religion and belief | **NI** | We are not expecting any impact. |
| Sex | **NI** | We are not expecting any impact. |
| Sexual orientation | **NI** | We are not expecting any impact. |

**10.0 An example of EIA April 2022 to March 2023 that resulted in a Negative Impact:**

**Alternative Service – Coventry Bin Strike**

Over several years, the Waste department has closed during the Christmas week, this year (2021) staff across Coventry City Council were informed the Council will not be closing and staff are now required to work. Waste Refuge drivers as part of this action balloted over the Christmas working and pay rates for drivers.

Following the ballot outcome - Industrial action started on the 5th January 2022, with 49 drivers from Domestic Waste on strike, this number has fluctuated but does not include the street pride or highways drivers.

The strike action as proposed will have a **negative impact** made to the following protected groups.

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** |  |
| Age 19-64 | **N** | The alternative service as a potential to negatively impact this group of people if you are in the 51% of residents and business who do not have access to a car or are not within 15 minutes walking distance.    Coventry City Council are prioritising this group and working with Tom White Waste and the drivers who are not currently on strike to ensure their bins are collected as and when they are able to do so. |
| Age 65+ | **N** | The alternative service as a potential to negatively impact this group of people if you are in the 51% of residents and business who do not have access to a car or are not within 15 minutes walking distance.    Coventry City Council are prioritising this group and working with Tom White Waste and the drivers who are not currently on strike to ensure they bins are collected as and when they are able to do so. |
| Disability | **N** | The alterative service as the potential to adversely negatively  impact people with a physical disability. Residents who were  receiving assisted collections are no longer being supported  and have received guidance to ask family and friends to  support. For this group of people, the alternative service  heavily relies on friends and families support, however not all  residents have family and friends who can support  The alternative service as the potential to negatively impact  residents with mental health. The bins not being collected can  further increase anxiety and stress. To mitigate the Council have opened drop up sites, however, for residents who do not  have access to a car could potential be walking miles or  carrying their rubbish on buses.  If a resident / business cannot access a car the alternative  service is heavily reliant on family and friends to support but  many residents do not have family and friends who are able to  support.  The alternative service has the potential to impact residents  and business with learning disability. Effective communication  is key to keep the residents informed and to the use of plain  simple English.  To mitigate and support Coventry City Council have updated  the website with information regards to the strike. Alongside  this channel the existing channels.  Residents can call the customer service centre and meet and greet staff are available to face to face. |
| Gender reassignment | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of Gender Reassignment. |
| Marriage and Civil Partnership | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of Marriage and Civil Partnership. |
| Pregnancy and maternity | **N** | The alternative service as the potential to adversely impact  residents on maternity negatively. This group of people tend to  have more waste than average. If the resident does not have access to a car, they will be reliant on family and friends to support.    The alternative service will adversely negatively impact  residents who are pregnant. Pregnant residents will not be  able to lift heavy bags and travel to a drop off point. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **N** | The alternative service as the potential to impact this group  of residents and business negatively if English is not there first language    The 2011 Census tells us that 1 in every 5 people living in Coventry (21%) were born outside the UK, and over 35% of births in 2011 were to non-UK born mothers.    It is important to ensure any key messages relating to the strike are translated and key communication is understood by all regardless of their Race |
| Religion and belief | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of Religion and Belief. |
| Sex | **N** | The alternative service as a potential to impact females more adversely.  The number of males having access to a car is greater that the number of females. |
| Sexual orientation | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of sexual orientation. |

**Appendix 1: Equality Impact Assessments: April 22 – March 23**

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Transport Strategy** |
| **EIA Author** | Name | **David Pipe** |
|  | Position | **Senior Officer, Transport Strategy** |
|  | Date of completion | **September 2022** |
| **Head of Service** | Name | **John Seddon** |
|  | Position | **Head of Transport and Innovation** |
| **Cabinet Member** | Name | **Cllr Jim O’Boyle** |
|  | Portfolio | **Jobs, Regeneration and Climate Change** |

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

|  |
| --- |
| **SECTION 1 – Context & Background** |

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:  ☒New policy / strategy  ☐New service  ☐Review of policy / strategy  ☐Review of service  ☐Commissioning  ☐Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Coventry City Council has developed a new Transport Strategy. In summary, the strategy sets out plans to bring about a significant change in the way in which people and goods travel to, from and around Coventry over the next 15 years.  The strategy aims to achieve the four following objectives:  1. Supporting the city’s economic recovery and enabling long-term growth  2. Delivering a sustainable, low carbon transport system  3. Ensuring equality of opportunity  4. Maximising health and wellbeing and reducing health inequalities. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved? Who will be affected? |
| There are a number of key stakeholders who will be involved in the implementation of the strategy. These include, for example, neighbouring local authorities, other Government bodies (e.g. Transport for West Midlands, Midlands Connect, Network Rail, National Highways) and public transport operators from the private sector.  However, in terms of the strategy’s impact, all residents as well as those who travel to the city for work and for leisure will be affected. | |

1.4 Who will be responsible for implementing the findings of this EIA?

|  |
| --- |
| The Transport Strategy Team will be responsible for overseeing the delivery of the Transport Strategy, including monitoring and reporting its impact. |

|  |
| --- |
| **SECTION 2 – Consideration of Impact** |

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

|  |
| --- |
| The Transport Strategy will affect all residents, as well as those who travel to the city for work or for leisure.  Full results of the 2021 Census are still to be published. However, based on the information that is currently available, the total population of Coventry is 371,500, of which:   * 67% are of working age (16 – 65), with 20% aged 15 and under and 14% aged 65 and over * 67% are White British. The largest groups of ethnic minorities are Asian/Asian British (16%), White Other (7%) and Black/Black British/African/Caribbean (5%)   Furthermore, at the time of the previous Census is 2011:   * The city’s population was divided almost exactly evenly between males and females (both 50%) * 18% of residents had a disability which limited their daily activity either a little or a lot * Christians made up the largest religious group in city (54% of the population). This was followed by Muslims (7%), Sikhs (5%) and Hindus (4%). 23% of residents said that they have no religion.   There are, however, significant differences in the profile of residents who live in different parts of the city. In particular, there are substantial economic and health inequalities. For example, while some areas are affluent, there are also significant concentrations of deprivation. According to the Government’s Index of Multiple Deprivation, in 2019 there were 28 (out of 195) neighbourhoods in Coventry in the 10 per cent most deprived in the country. This rises to 50 amongst the most deprived 20 per cent. Furthermore, women in the 10 per cent most prosperous parts of the city live on average for 8.4 years longer than those in the 10 per cent most deprived. For men this rises to 10.7 years. |

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | The city’s transport system is currently dominated by car travel, with approximately 80% of journeys into and out of central Coventry being made by car or taxi. This over-reliance on car travel disadvantages those who are unable to drive, including younger people. The strategy aims to bring about a shift towards more inclusive forms of transport, such as walking, cycling and public transport.  There are also currently around 600-700 casualties a year as a result of incidents on our road network, including a small number of fatal incidents. As well as bringing about an overall reduction in the number of cars on our road network, the strategy also includes specific measures to reduce accidents, including creating safe spaces for cyclists and accelerating the rollout of average speed cameras. This will benefit all road users but particularly those groups who are more vulnerable, including children.  Furthermore, current levels of car travel also generate significant levels of air pollution. There are currently a small number of air pollution hotspots in the city, where congestion causes concentrations of NO2 to exceed legal limits. This has potential health impacts for all residents but some groups, including children, are likely to be disproportionately affected. The measures included in the strategy are intended to substantially reduce concentrations of air pollution in the future. |
| Age 19-64 | **P** | It is acknowledged that many residents consider there to be significant benefits associated with car ownership and car travel, and that many more perceive it to be essential for their day-to-day life. Therefore, some residents (likely to be predominantly those of working age) may consider that a strategy which aims to reduce car use, and to give greater priority to other modes of travel, affects them negatively.  However, the strategy is expected to deliver significant benefits, such as a substantially improved public transport network, better facilities for walking and cycling, improved air quality and fewer casualties arising from accidents. It is therefore still expected to have a positive impact overall on working age residents.  It should also be noted that, despite the currently high volumes of traffic on our road network, one third of households in the city do not have regular access to a car. The strategy will therefore deliver a more equitable transport system, which will particularly benefit this group. |
| Age 65+ | **P** | As noted above, the city’s transport system is currently dominated by car travel. This over-reliance on car travel disadvantages those who are unable to drive, including many older people. The strategy aims to bring about a shift towards more inclusive forms of transport and includes commitments to substantially improve the city’s public transport network. |
| Disability | **P** | It is acknowledged that some disabled people are particularly reliant on car travel and currently face barriers to travelling by other modes, particularly public transport.  The strategy therefore includes a commitment to deliver the Council’s Transport Charter for Disabilities, which aims to deliver a more inclusive transport system. It also includes actions which will address many of the barriers that disabled people currently face when travelling. For example, by increasing the number of wheelchair spaces that are available on all buses operating in the city. |
| Gender reassignment | **NI** |  |
| Marriage and Civil Partnership | **NI** |  |
| Pregnancy and maternity | **NI** |  |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The strategy has no direct impact on any specific ethnic groups.  However, it is acknowledged that ethnic minority residents are disproportionately likely to live in many of the more deprived parts of the city, where rates of car ownership are lower and where the consequences of high levels of car travel (such as concentrations of air pollution) are also often more acute. Therefore, it is likely that, by creating a more inclusive transport system with significantly lower levels of car travel, the Strategy will particularly benefit many ethnic minority residents. |
| Religion and belief | **NI** |  |
| Sex | **PN** | There are no measures in the Strategy that are specifically aimed at either men or women.  However, the Strategy aims to create a city where it is easy to walk, cycle and travel by public transport and where most people do not need to own a car to access the services that they need in day-to-day life. While both men and women will benefit from these improvements, it is important to note that, at a national level, women are significantly less likely to cycle than men. This is likely to be influenced by concerns over personal safety.  Similarly, particularly when travelling in the evening or at night, women are more likely to feel unsafe when walking or travelling on public transport. It is acknowledged that many women therefore value the privacy and safety associated with travelling by car.  In implementing the Strategy, particular attention will need to be paid to public safety in order to mitigate any potential negative impacts, recognising that these would disproportionately affect women. |
| Sexual orientation | **NI** |  |

**HEALTH INEQUALITIES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.  Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity  A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities  **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**  **If you need assistance in completing this section please contact: Hannah Watts**  ([hannah.watts@coventry.gov.ukhannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) in P**ublic Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | | |
| Question | | | Issues to consider |  |
| 2.3a What HIs exist in relation to your work / plan / strategy | | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | |
| Response:  As noted above, there are currently substantial health inequalities between different parts of the city. These are strongly linked to both economic inequality and levels of physical inactivity, to which low levels of active travel is a contributing factor.  Air pollution is also a significant contributor, with diesel, and to a lesser extent petrol, vehicles being major producers of both NO2 and PM2.5. Prolonged exposure to high concentrations of these pollutants can be very serious and can include, for example, increased risk of asthma, heart disease, strokes, lung disease and dementia. In 2014 Public Health England estimated that in Coventry the equivalent of 168 deaths per year could be attributed to exposure to PM2.5.  Addressing these issues is one of the four core objectives of the strategy - *maximising health and wellbeing and reducing health inequalities* | |
| 2.3b How might your work affect HI (positively or negatively).  How might your work address the needs of different groups that share protected characteristics | | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | |
| Response:   1. Potential outcomes including impact based on socio-economic status or geographical deprivation   The strategy sets out plans to bring about a major change in the way in which people travel to, from and around Coventry in the future, with substantially fewer journeys being made by car and more by walking, cycling and public transport. It is expected that this will have public health benefits for residents as a result of improved air quality, increased rates of physical activity (via increased use of active travel) and fewer casualties from incidents on our road network.  While this will potentially benefit all residents, the strategy recognises that current issues are more acute in some parts of the city than others. In particular, residents living in more deprived parts of the city tend to experience substantially worse health outcomes. The strategy sets out a specific aspiration to address this and these inequalities will be taken into account when more detailed plans for our future walking, cycling and public transport networks are developed, to support the implementation of the strategy. | |
| 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community. | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| Members will be asked to approve the new Transport Strategy before the end of 2022, with implementation beginning immediately.  Once adopted, the Council will keep the strategy under regular review and will monitor its impact over the course of its implementation. It will publish an Annual Progress Report to ensure that the strategy is delivering the expected benefits in practice. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| An Annual Progress Report will be prepared to report on our progress in delivering the strategy’s objectives.  The strategy includes a set of performance indicators which will be included in this report. This includes the following measures, which are relevant for measuring the strategy’s impact on different groups of residents:   * Levels of car travel, compared to walking, cycling and public transport * Resident perceptions of Coventry as a place where it is easy to walk and cycle * Number of neighbourhoods in the most deprived 10 & 20 per cent nationally * Levels of unemployment * Average life expectancy and healthy life expectancy * The gap in life expectancy and healthy life expectancy between the most and least deprived parts of the city * Air quality * The number of road traffic incidents overall, the number of serious incidents and the number of fatal incidents * Average vehicle speeds. | |

2.6 Will there be any potential impacts on Council staff from protected groups?

|  |
| --- |
| Council staff will be affected when travelling to and from Council buildings and when travelling on Council business. The strategy aims to deliver improved connectivity and to make it easier for officers, and residents, to make these journeys, particularly by walking, cycling and public transport. |

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |

|  |  |
| --- | --- |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

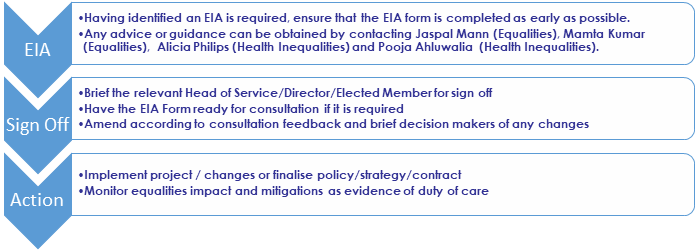
|  |
| --- |
| **As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**  No impact has been identified for one or more protected groups  Positive impact has been identified for one or more protected groups  Negative impact has been identified for one or more protected groups  Both positive and negative impact has been identified for one or more protected groups |

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service: John Seddon** | **Date: 28/9/2022** |
| **Name of Director: Colin Knight** | **Date sent to Director: 13/10/2022** |
| **Name of Lead Elected Member: Councillor Jim O’Boyle** | **Date sent to Councillor: 21/10/2022** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Coventry Very Light Rail** |
| **EIA Author** | Name | **Faye Griffiths** |
|  | Position | **Engagement Manager** |
|  | Date of completion | **July 2022** |
| **Head of Service** | Name | **Colin Knight** |
|  | Position | **Director of Transportation & Highways** |
| **Cabinet Member** | Name | **Councillor Jim O’Boyle** |
|  | Portfolio | **Cabinet Member for Jobs, Regeneration and Climate Change** |



**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☒​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Coventry Very Light Rail (CVLR) will use the latest automotive expertise in the region to develop an innovative track design and vehicle, and deliver an affordable light rail system, for Coventry and beyond.  Alongside a package of measures, Coventry Very Light Rail will provide an alternative to the car, help to improve air quality and reduce congestion.  Pioneering world firsts, the Coventry Very Light Rail vehicle and track have been designed to meet the transport needs of Coventry.  The vehicle has been developed to be autonomous, allowing it to operate at a high frequency to provide a turn-up and go service. It is battery-powered, eliminating the need for overhead wires. It has an innovative turning system allowing it to handle 15m radius curves, meaning it can be installed in tight corners in the existing highway. The vehicle will be comfortable and have low floors to enable passengers to embark and disembark easily.  The new track is laid just 30cm within the road’s surface, minimising the need to relocate pipes and cables which is time-consuming and expensive. It achieves this by taking advantage of cutting-edge materials science, while still making use of standard rail parts to ensure ease of manufacturing.  **Research, development and testing**  Plans for the first route are under development, and will connect major employment and education sites with the city centre and integrate with the bus and railway stations. Coventry Very Light Rail will form part of the wider public transport network and connect with existing buses. [The long-term vision for Coventry Very Light Rail is to develop an integrated transport solution which may be commercially available to other cities across the UK and globally](https://www.wmca.org.uk/news/west-midlands-chosen-as-uks-first-future-mobility-area/)  Work to deliver the scheme is well underway and falls into four main areas:   1. design, construction and testing of a vehicle prototype 2. design, development and testing of a new innovative low-cost form of track 3. business case and development of a design for the first route in Coventry 4. design, planning and delivery of an operations and maintenance strategy   The detailed design has not yet been completed and this assessment will be updated as the design progresses and we better understand the impact. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |

Blue light Services

CCC Highways

CCC Network Management

CCC Planning

CCC Utilities Manager

CWLEP

Department for Business, Energy and Industrial Strategy

Department for Transport

Elected members – particularly Leader, Cabinet Members and Ward Councillors

Emergency Planning

Friargate Joint Venture

Landowners affected by the scheme

Midlands Connect

Office of Road and Rail

Relevant CCC teams

The Black Country Innovative Manufacturing Organisation

Transport for West Midlands

Warwick Manufacturing Group

West Midlands Combined Authority – including Mayor and Cycling and Walking Commissioner

Access Development Group

Belgrade Theatre

Bus / coach operators

CCC Events Team

CCC Independent Travel Team

CCC Streetscene and Greenspace

Central 6 Retail Park

Collections Centre – Including Arts Council

Coventry Older Voices and Age Concern

Coventry University

Culture Coventry (Transport Museum)

Designing Out Crime/British Transport Police

Disability Groups, including

National Federation for the Blind, Guide Dogs Association, Coventry Wheelchair Users

Disability, Equality and Access Panel

Friargate Resident Liaison Group

Historic Coventry Trust

Hotels (Telegraph/ Indigo)

Lineside Healthcare facilities

Lineside Places of Worship

Lineside pubs

Local / national environmental bodies

Property owners whose land / rights over land is required

Residents association

Schools, shops and small businesses on/adjacent to route

Skydome and surrounding businesses

Student Accommodation

Taxi drivers

Avanti Trains

Bus passengers

Community Transport Groups

Eg, schools services, Shopmobility, Meals on Wheels

Coventry BID

Coventry Society

Coventry Youth Council and other youth organisations and Childrens Champion

Cross Country Trains

Delivery and Courier companies

Federation of Small Businesses

Local people

National Highways

Network Rail

Railway Industry Association

Royal Mail

Special interest/ Community Groups

West Midlands Trains

Canal and River Trust

Coventry and Warwickshire Champions

Coventry Rail Action Group

Cycling organisations

Heart of England Community Partnership

Local MediaSpecialist Press

Statutory/ Community Involvement stakeholders

Inc Culture West Mids, DEFRA, Equal Opps Commission, Gypsy Council, National Trust

Think Tanks

1.4 Who will be responsible for implementing the findings of this EIA?

Transport and Infrastructure Team

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

Cabinet Report – Connectinng Coventry, Strategic Transport Investment Programme

24 January 2017

[Cabinet Report 24 January 2017](https://edemocracy.coventry.gov.uk/documents/s32649/Connecting%20Coventry%20-%20Strategic%20Transport%20Investment%20Programme.pdf)

Cabinet Report – Very Light Rail

18 December 2019

[Cabinet Report 18 December 2019](https://edemocracy.coventry.gov.uk/documents/s51349/Coventry%20Very%20Light%20Rail.pdf)

Coventry Draft Transport Strategy

July 2022

[Coventry Draft Transport Strategy](https://www.coventry.gov.uk/transport-strategy-2/transport-strategy)

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | Research has also indicated that children, older people and people with disabilities are also more likely to be negatively impacted by air pollution. CVLR will help reduce air pollution by reducing the reliance on the car.    Increased access to public transport for young people. |
| Age 19-64 | **P** | The CVLR scheme will offer frequent, accessible, cleaner travel benefitting people of all ages. Poor transport can create a barrier to employment for young people    There are many businesses along the route and most staff are within this age range. We will need to communicate clearly and effectively. We will ask all potentially affected businesses to complete an equalities and communication survey so that we know where alternate approaches to traditional communication are needed.    Employment opportunities through construction and operation. |
| Age 65+ | **P** | More and better public transport can reduce social isolation in older people by giving them access to social opportunities and the ability to maintain independence    Improved access to the hospital.    Stops will have seating suitable for older people – with backs and arms. |
| Disability | **PN** | Improved access to public transport.    The vehicles, stops and crossing points will be fully accessible and offer better travel opportunities for people with disabilities. We will work with disability groups and the Independent Travel Team to ensure stops are in appropriate locations and routes to the stops are also accessible.    Travel information will be fully accessible as poor information can be a barrier to using public transport for people with disabilities.    More and better public transport can reduce social isolation in people with disabilities by giving them access to social and employment opportunities.    There will need to be some pedestrian diversions during the construction of the route. We will work with Disability Groups and the Independent Travel Team to ensure these are suitable for people with disabilities.    Routes to stops will be accessible, clear and well signed.    The vehicle will have artificial engine noise to ensure that people with visual impairments are aware of its approach. |
| Gender reassignment | **NI** | No impact |
| Marriage and Civil Partnership | **NI** | No impact |
| Pregnancy and maternity | **P** | CVLR will help improve air quality in the area through the reduction of car traffic Pregnant women who are exposed to high levels of pollution are aty risk of giving birth to a low birthweight baby and low birthweight can lead to an increased risk of children developing chronic diseases    The new scheme will have a positive impact on pregnant women in terms of better accessibility in the city centre.    Delivery of an expanded transport networks and increased walking and cycling capacity will continue to give pregnant people and those with very small children an expanded range of travel options, providing better and safer choices to make the most of active travel modes and public transport. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **NI** | A number of the communities that the vehicle is likely to travel through are very diverse in terms of race and ethnicity. We will need to ensure that all communication is accessible and clear. Translators will be used where appropriate.    Some of the communities on the route are very transient so we will need to ensure regular communication. |
| Religion and belief | **NI** | There are a number of Places of Worship along the route, access will be maintained to these and during construction we will ensure quiet work during sensitive ceremonies and services. |
| Sex | **PN** | If vehicles are autonomous, we need to ensure there are mechanisms for safeguarding passengers. |
| Sexual orientation | **NI** | No impact |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What His exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:   * Young people supported into employment – construction training and apprenticeships * Access to healthcare facilities for older, younger, pregnant and disabled people * Stops and vehicles will be accessible for wheelchairs and pushchairs and prams * Stops will have seating with backs and arms to support older people | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation      * Improved access to the hospital for communities with higher health inequalities * Where the vehicle travels through low income neighbourhoods, it will, improvce access to education, employment, greenspace and leisure facilities | | |
|  |  | * Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community. | | |
|  |  | 1. Access to leisure activities will help reduce isolation for the elderly and disabled | | |

|  |  |
| --- | --- |
| 2.4 | Next steps – What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| * Develop neighbourhood profiles for the communities the vehicle will travel through to ensure that communication and engagement is fit for purpose * Ensure stops and vehicles are fully accessible * Ensure that stops have seating and facilities that are suitable for older people and people with disabilities * Develop construction training/apprenticeship schemes for local people * Ensure artificial engine noise to make sure that the people with visual impairments are aware of its approach | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| * We will continue to communicate efficiently and clearly with local people and businesses impacted and ensure any equalities issues are responded to      * We will be advised and respond to feedback from representatives of protected characteristic groups      * We will engage with accessibility consultants on the design of the scheme      * We will implement effective equalities monitoring so that outcomes proposed can be verified and based on clear equalities evidence | |

2.6  Will there be any potential impacts on Council staff from protected groups?

**No**

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

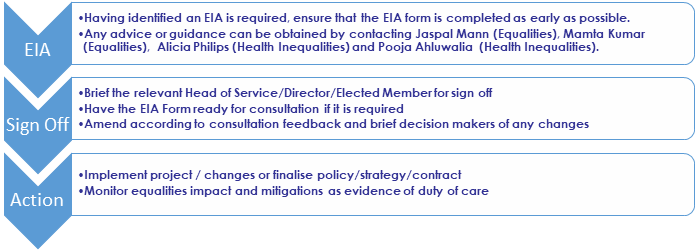
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date: 10.8.22** |
| **Name of Director:**  Colin Knight | **Date sent to Director: 10.8.22** |
| **Name of Lead Elected Member:**    Councillor Jim O’Boyle | **Date sent to Councillor: 10.8.22** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Workforce D&I Policy EIA** |
| **EIA Author** | Name | **Shannon Fry** |
|  | Position | **Workforce Diversity & Inclusion Lead** |
|  | Date of completion | **04.02.22** |
| **Head of Service** | Name | **Grace Haynes** |
|  | Position | **Head of People & Culture** |
| **Cabinet Member** | Name | **Cllr Brown** |
|  | Portfolio | **Strategic Finance and Resources** |

****

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☒​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| The Council’s Workforce Diversity & Inclusion policy is being updated for 2022. Additions have been made to the previous D&I policy that was issued in 2020.   * Addition of anti-racism & anti-oppression statement * Addition of allyship commitment for managers | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| * Director of Human Resources * Trade Union colleagues * Council employees * Corporate Leadership Team | |

1.4 Who will be responsible for implementing the findings of this EIA?

* Head of People & Culture (Grace Haynes)
* Workforce D&I Lead (Shannon Fry)

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

NA

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** |  |
| Age 19-64 | **NI** |  |
| Age 65+ | **NI** |  |
| Disability | **NI** |  |
| Gender reassignment | **NI** |  |
| Marriage and Civil Partnership | **NI** |  |
| Pregnancy and maternity | **NI** |  |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **NI** |  |
| Religion and belief | **NI** |  |
| Sex | **NI** |  |
| Sexual orientation | **NI** |  |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response: **NI** | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| **NI** | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| * Intranet comments following issue of policy on the D&I intranet homepage * In person feedback | |

2.6  Will there be any potential impacts on Council staff from protected groups?

Positive impact on all Council staff. The policy reiterates the Council’s zero tolerance policy to all forms of harassment, discrimination, victimisation & bullying.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:** 4868

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female | 3267 |
| Male | 1600 |
| 16-24 | 187 |
| 25-34 | 797 |
| 35-44 | 1017 |
| 45-54 | 1323 |
| 55-64 | 1340 |
| 65+ | 204 |

**Disability:**

|  |  |
| --- | --- |
| Disabled | 290 |
| Not Disabled | 3803 |
| Prefer not to state | 64 |
| Unknown | 711 |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other | 113 |
| Buddhist | 10 |
| Christian | 1524 |
| Hindu | 87 |
| Jewish | 4 |
| Muslim | 135 |
| No religion | 1159 |
| Sikh | 196 |
| Prefer not to state | 224 |
| Unknown | 1416 |

|  |  |
| --- | --- |
| White | 3391 |
| Black, Asian, Minority Ethnic | 874 |
| Prefer not to state | 30 |
| Unknown | 573 |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual | 2915 |
| LGBT+ | 140 |
| Prefer not to state | 252 |
| Unknown | 1561 |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

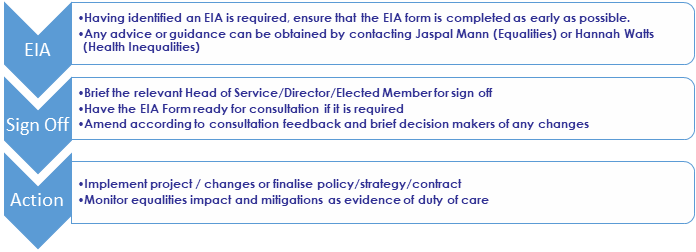
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service: Grace Haynes** | **Date: 04.02.22** |
| **Name of Director: Sue Newing** | **Date sent to Director: 10.02.22** |
| **Name of Lead Elected Member: Not required** | **Date sent to Councillor: Not required** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| Title of EIA | | **Retirement and Flexible Retirement Policy**  (excluding employees in the Teachers Pension scheme and Support Staff in schools) May 2015 |
| **EIA Author** | Name | **Rosemary Artman** |
|  | Position | **HR Officer** |
|  | Date of completion | **May 2022** |
| **Head of Service** | Name | **Susanna Newing** |
|  | Position | **Director of Human Resources** |
| **Cabinet Member** | Name | **Cllr Brown** |
|  | Portfolio | **Cabinet Member for Strategic Finance & Resources** |

****

**PLEASE REFER TO EIA GUIDANCE FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☒​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| The current policy is being amended in order to update the **policy’s terminology**, **officer reporting lines** and **application process.**    The “Retirement and Flexible Retirement Policy” gives discretion to allow employees, who are members of the Local Government Pension Scheme ("LGPS"), and aged 55 or over, the right to request "Flexible Retirement." The policy does not cover ill-health retirements or early retirements on the grounds of redundancy.    Each application is considered on its own merits, consistency and equitable treatment are paramount. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| The main stakeholders are managers and employees, trade unions, Employee Networks and external stakeholders such as the West Midlands Local Government Pension Fund, Citizens of Coventry. All employees / workers who wish apply for Retirement and Flexible Retirement also have statutory rights ie full time, part-time workers, fixed term and temporary workers and those with statutory rights, in addition to those who fall under the Equality Act 2010 listed 9 protected characteristics:    Age, Disabiity, Race (including ethnicity and nationality), religition or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity, \*marriage or civil partnership.    \*Only the duty to eliminate discrimination applies to marriage and civil partnership. There is no  requirement to advancing equality or opportunity or fostering good relations in this respect. | |

1.4 Who will be responsible for implementing the findings of this EIA?

The Director of Human Resources.

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

**National Data**

Data from the Office of National Statistics as at 2018 showed the following statistics for the City of  Coventry in terms of age:

* There were 11,825 Females aged between 50 – 54
* There were 13, 514 Males aged between 50 – 54

For people eligible for Retirement and Flexible Retirement in the wider community at the age

55 – 59, the figures were as follows:

* There were 10,051 Females aged between 55 and 59
* There were 12,046 Males aged between 55 and 59

A total of 22,097   55 – 59 year olds out of a total population of 366,785 have reached the potential retirement age of 55 years. This equates to approximately 6% of the population.

Source:

https://www.coventry.gov.uk/facts-coventry/population-demographics

Data on Age Inequalities in Coventry

In terms of healthy life expectancy at Birth in 2018 Office of National Statistics are as follows:

**Coventry**               Female  82.4                                 Male 78.5

**England**             Female  79.5                                 Male 79.5

Life expectancy at birth Male life expectancy at birth in Coventry is 78.5 years compared to 79.5 across England overall. Female life expectancy at birth in Coventry is 82.4 years compared to 83.1 across England overall.

Source:

<https://www.coventry.gov.uk/facts-coventry/population-demographics>

Further information can be found here:

Source:

<https://www.coventry.gov.uk/downloads/file/27166/facts_about_>

adults\_in\_coventry#:~:text=Life%20expectancy8&text=Male%20life%

20expectancy%20at%20birth,to%2083.1%20across%20England%20

overall.&text=Male%20life%20expectancy%20at%20age,to%2018.8%

20across%20England%20overall.

**Coventry City Council Workforce Profile**

Coventry City Council has a diverse workforce. The revised Retirement and Flexible Retirement Policy will benefit all employees / workers and will have a positive impact on the workforce and individuals in all 9 protected groups.

Specifically, the Retirement and Flexible Retirement policy will have a positive impact on all employees / workers aged 55 or over within Coventry Council in terms of their work life balance, health and wellbeing and life expectancy. This will in turn have a positive impact on the wider community.

In terms of Age and Ethnicity distribution the Council’s demographics as of 1 Aprill 2022  is as follows:

**Age**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Age Cat2** | **No. Staff** | **Percentage** | |  |  |
| 16-24 | 176 | 3.65 % | |  |  |
| 25-34 | 784 | 16.28 % | |  |  |
| 35-49 | 1597 | 33.15 % | |  |  |
| 50-64 | 2055 | 42.66 % | |  |  |
| 65+ | 205 | 4.26 % | |  |  |
|  | **4,817** | **100.00 %** | |  |  |
| **Ethnicity** |  |  |  |  |  |
| **Age Cat2** | **Ethnicity Long Calc** | | **No. Staff** | | **Percentage** |
| 16-24 | Asian Bangladeshi | | 2 | | 1.14 % |
|  | Asian Indian | | 11 | | 6.25 % |
|  | Asian Pakistani | | 7 | | 3.98 % |
|  | Black African | | 5 | | 2.84 % |
|  | Black Caribbean | | 1 | | 0.57 % |
|  | Chinese | | 1 | | 0.57 % |
|  | Mixed White/Asian | | 4 | | 2.27 % |
|  | Mixed White/Black Caribbean | | 4 | | 2.27 % |
|  | Other Asian Background | | 2 | | 1.14 % |
|  | Other Ethnic Background | | 1 | | 0.57 % |
|  | Other Mixed Background | | 1 | | 0.57 % |
|  | Other White Background | | 8 | | 4.55 % |
|  | Prefer not to State | | 1 | | 0.57 % |
|  | Unknown | | 13 | | 7.39 % |
|  | White British | | 114 | | 64.77 % |
|  | White Irish | | 1 | | 0.57 % |
| **16-24** | **Percent:** | | **3.65 %** | | **100.00 %** |
|  |  | |  | |  |
| 25-34 | Arab | | 1 | | 0.13 % |
|  | Asian Bangladeshi | | 8 | | 1.02 % |
|  | Asian Indian | | 47 | | 5.99 % |
|  | Asian Pakistani | | 15 | | 1.91 % |
|  | Black African | | 21 | | 2.68 % |
|  | Black Caribbean | | 13 | | 1.66 % |
|  | Chinese | | 3 | | 0.38 % |
|  | Mixed White/Asian | | 7 | | 0.89 % |
|  | Mixed White/Black Caribbean | | 15 | | 1.91 % |
|  | Other Asian Background | | 4 | | 0.51 % |
|  | Other Black Background | | 2 | | 0.26 % |
|  | Other Ethnic Background | | 1 | | 0.13 % |
|  | Other Mixed Background | | 6 | | 0.77 % |
|  | Other White Background | | 25 | | 3.19 % |
|  | Prefer not to State | | 10 | | 1.28 % |
|  | Unknown | | 133 | | 16.96 % |
|  | White British | | 468 | | 59.69 % |
|  | White Irish | | 5 | | 0.64 % |
| **25-34** | **Percent:** | | **16.28 %** | | **100.00 %** |
|  |  | |  | |  |
| 35-49 | Arab | | 2 | | 0.13 % |
|  | Asian Bangladeshi | | 10 | | 0.63 % |
|  | Asian Indian | | 142 | | 8.89 % |
|  | Asian Pakistani | | 25 | | 1.57 % |
|  | Black African | | 71 | | 4.45 % |
|  | Black Caribbean | | 19 | | 1.19 % |
|  | Chinese | | 4 | | 0.25 % |
|  | Mixed White/Asian | | 11 | | 0.69 % |
|  | Mixed White/Black African | | 3 | | 0.19 % |
|  | Mixed White/Black Caribbean | | 18 | | 1.13 % |
|  | Other Asian Background | | 9 | | 0.56 % |
|  | Other Black Background | | 6 | | 0.38 % |
|  | Other Ethnic Background | | 6 | | 0.38 % |
|  | Other Mixed Background | | 10 | | 0.63 % |
|  | Other White Background | | 65 | | 4.07 % |
|  | Prefer not to State | | 9 | | 0.56 % |
|  | Unknown | | 185 | | 11.58 % |
|  | White British | | 985 | | 61.68 % |
|  | White Irish | | 17 | | 1.06 % |
| **35-49** | **Percent:** | | **33.15 %** | | **100.00 %** |
|  |  | |  | |  |
| 50-64 | Arab | | 3 | | 0.15 % |
|  | Asian Bangladeshi | | 1 | | 0.05 % |
|  | Asian Indian | | 158 | | 7.69 % |
|  | Asian Pakistani | | 15 | | 0.73 % |
|  | Black African | | 32 | | 1.56 % |
|  | Black Caribbean | | 55 | | 2.68 % |
|  | Chinese | | 4 | | 0.19 % |
|  | Mixed White/Asian | | 8 | | 0.39 % |
|  | Mixed White/Black African | | 2 | | 0.10 % |
|  | Mixed White/Black Caribbean | | 12 | | 0.58 % |
|  | Other Asian Background | | 18 | | 0.88 % |
|  | Other Black Background | | 8 | | 0.39 % |
|  | Other Ethnic Background | | 5 | | 0.24 % |
|  | Other Mixed Background | | 6 | | 0.29 % |
|  | Other White Background | | 38 | | 1.85 % |
|  | Prefer not to State | | 9 | | 0.44 % |
|  | Unknown | | 207 | | 10.07 % |
|  | White British | | 1428 | | 69.49 % |
|  | White Gypsy or Irish Traveller | | 2 | | 0.10 % |
|  | White Irish | | 44 | | 2.14 % |
| **50-64** | **Percent:** | | **42.66 %** | | **100.00 %** |
|  |  | |  | |  |
| 65+ | Asian Indian | | 33 | | 16.10 % |
|  | Asian Pakistani | | 1 | | 0.49 % |
|  | Black African | | 1 | | 0.49 % |
|  | Black Caribbean | | 1 | | 0.49 % |
|  | Mixed White/Asian | | 1 | | 0.49 % |
|  | Other Asian Background | | 2 | | 0.98 % |
|  | Other Ethnic Background | | 1 | | 0.49 % |
|  | Other White Background | | 3 | | 1.46 % |
|  | Prefer not to State | | 1 | | 0.49 % |
|  | Unknown | | 20 | | 9.76 % |
|  | White British | | 132 | | 64.39 % |
|  | White Irish | | 9 | | 4.39 % |
| **65+** | **Percent:** | | **4.26 %** | | **100.00 %** |
|  |  | |  | |  |
|  |  | | **4,817** | |  |
|  | **Percent:** | | **100.00 %** | |  |

Figures show the largest percentage of the workforce aged between 50 – 64 year stands as 42.66%. Therefore the number of employees being eligible to apply for Retirement and Flexible Retirement within the next 5 years will be significant.

**Coventry City Council EDI data for 1 April 2022**

Source: Management Information Data Coventry City Council

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** | Internal WorkForce Policy |
| Age 19-64 | **NI** | .  Internal WorkForce Policy |
| Age 65+ | **NI** | Internal WorkForce Policy |
| Disability | **NI** | Internal WorkForce Policy |
| Gender reassignment | **NI** | Internal WorkForce Policy |
| Marriage and Civil Partnership | **NI** | Internal WorkForce Policy |
| Pregnancy and maternity | **NI** | Internal WorkForce Policy |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **NI** | Internal WorkForce Policy |
| Religion and belief | **NI** | Internal WorkForce Policy |
| Sex | **NI** | Internal WorkForce Policy |
| Sexual orientation | **NI** | Internal WorkForce Policy |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts** ([hannah.watts@coventry.gov.ukhannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) in Pu**blic Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation     Facts about Adults in Coventry and Deprivation    In terms of Deprivation 17.2% of Coventry’s adult residents live in neighbourhoods that are among the most deprived 10% of neighbourhoods in England.    13.1% of Coventry’s residents aged 65+ live in neighbourhoods that are among the most deprived 10% of neighbourhoods in England.  The Index of Multiple Deprivation 2015 ranked Coventry as the 46th most deprived local authority in England out of 326.    In the Income Deprivation Affecting Older People Index (IDAOPI), which is part of the Indices of Deprivation 2015, Coventry was ranked 31st most deprived local authority in England out of 326.    Further informaito is available here  Source: Facts\_about\_Adults\_in\_Coventry\_\_\_April\_2018 | | |
|  |  | Response:    There is currently no formal EDI workforce data on the  take up of Retirement and Flexible Retirement within Coventry City Council. However data from Change Management Spreadsheets (Flexible Retirement) for the period 2009 – 2022 is as follows:     * 2009 – 2019                       **192** * 2020 – 2022 (As At May)    **13** | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be     In terms of variation of benefit, the policy will benefit those who work full time or are on higher incomes. The Retirement and Flexible Retirement Policy results in a 20 % reduction in salary or a reduced Grade. This may have a negative impact on traditionally lower income groups such as women who work part time or people who have a disability or are from Black, Asian or Minority Ethnic Groups. This may have an unintended impact on Females.    Further information is available here:  Source: Facts\_about\_Adults\_in\_Coventry\_\_\_April\_2018 | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     In terms of socio-economic status or geographical deprivation part time workers, people with disabilities and people from Black, Asian and Minority Ethnic Communities who are socially and economically disadvantaged or live in deprived areas may choose not to take advantage of the Policy as it will result in reduced income. The Retirement and Flexible Retirement Policy results in a 20 % reduction in salary or a reduced Grade. This may have a negative impact on traditionally lower income groups such as women who work part time or people who have a disability or are from Black, Asian or Minority Ethnic Groups.    Futher infirmation is available here:  Source: Facts\_about\_Adults\_in\_Coventry\_\_\_April\_2018 | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     N/A. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| * Introduce EDI data and statistics and reports * Reports to OCLT * Assess via TIDE and Regional  WMLA DI  Boards * Include recommendations in action plans | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| The policy will be monitored and evaluated  via the EDI network.     * HR, Managers and OD via the EDI objectives and Insight Team * Reports to OCLT * The People Plan * Health & Wellbeing Board * Employee Networks * Employee Networks * JCNC * Equality and Diversity Strategy | |

2.6  Will there be any potential impacts on Council staff from protected groups?

The Retirement and Flexible Retirement Policy will impact on the following groups of employees / workers who fall under the Equality Act 2010 listed 9 protected characteristics: Age, Disabiity, Race (including ethnicity and nationality), religition or belief, sex, sexual orientation, gender reassignment, pregnancy and maternity, \*marriage or civil partnership.

Age

Retirement or Flexible Retirement of workers aged 55 plus may permit workers to give more support out of work to younger citizens. Younger employees may benefit from increased work opportunities. Younger workers will be indirectly affected in a positive way therefore no mitigation is required.

All groups of employees aged 55 plus are directly impacted if they apply and will have the opportunity to work more flexibly therefore having better work life balance. This may lead to their increased health and wellbeing.

Disability

In terms of Disability Workforce data from 2019 – 2020 show 5.47% Disabled and Not disabled 71.98%. All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance health and wellbeing. Indirectly this may lead to their increased health and wellbeing. Indirectly this group may benefit as retirees may be able to provide more care and support to people with disabilities. Flexible working hours can increase the level of support and  assist reasonable adjustments. Indirectly however, the reduction in salary of 20% may have an indirectly negative impact on this group due to lower incomes. EDI strategies are in place to help mitigate this effect.

Source:

<https://www.coventry.gov.uk/downloads/file/30017/coventry-city-council-workforce-profile-headline-figures-2019-2020>

Gender reassignment

All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance health and wellbeing. Indirectly this may lead to their increased health and wellbeing. Indirectly this group may benefit as retirees may be able to provide more care and support to people undergoing gender re-assignment. Flexible working hours can increase the level of support gender re-assignment and assist reasonable adjustments.

Marriage and Civil Partnership

All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance. Indirectly this may lead to their increased health and wellbeing. Indirectly this group may benefit as retirees may be able to provide more care and support to people in marriage and civil partnerships in relation to their work life balance. Flexible working hours can increase the level of support and assist reasonable adjustments to those in Marriage and Civil Partnerships.

Pregnancy and Maternity

All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance. Indirectly this may lead to their increased health and wellbeing. Indirectly this group may also benefit as retirees may be able to provide more care and support to people in who are pregnant or on maternity leave in relation to their work life balance. Flexible working hours can increase the level of support and assist reasonable adjustments. Medical advances have meant that employees aged 55 plus can become pregnant or be on maternity leave and the impact for this group will be directly positive also.

Race (Including: colour, nationality, citizenship ethnic or national origins)

Workforce Statistics  Headline Figures from 2019-20 show a breakdown of White 65.78% Black and Minority Ethnic (BAME) 13.86%. Statistics show that the grades and earnings of Black, Asian and Minority Ethnic Group are lower than other groups.  All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance. Indirectly this may lead to their increased health and wellbeing. Indirectly this group may also benefit as retirees may be able to provide more care to Black, Asian and Ethnic Minority employees in relation to their work life balance and health and wellbeing. Indirectly the reduction in salary of 20% may have a negative impact on this group due to lower incomes. EDI strategies are in place to help mitigate this effect.

Source:

<https://www.coventry.gov.uk/downloads/file/30017/coventry-city-council-workforce-profile-headline-figures-2019-2020>

 Religion and Belief

All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance. Indirectly this may lead to their increased health and wellbeing. Indirectly this group may also benefit as retirees may be able to spend more time towards activities which support their religion or belief. This may have a positive impact on their heath and wellbeing.

Sex

Workforce Statistics  Headline Figures from 2019-20 show a breakdown of 67.49% Female and Male 32.51% Male employees. In terms of sex, women are traditionally lower income earners. All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance health and wellbeing. Indirectly this may lead to their increased health and wellbeing. Indirectly the reduction in salary of 20% may have an indirectly negative impact on Females to lower incomes or part time-working. EDI strategies are in place to help mitigate this effect.

Source:

<https://www.coventry.gov.uk/downloads/file/30017/coventry-city-council-workforce-profile-headline-figures-2019-2020>

Sexual Orientation

All groups of employees aged 55 plus are directly impacted and will have the opportunity to work more flexibly therefore having better work life balance. Indirectly this may lead to their increased  work life balance health and wellbeing.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female | 3195  67.09% |
| Male | 1567  32.91% |
| 16-24 | 165  3.46% |
| 25-34 | 751  15.77% |
| 35-44 | 1014  21.29% |
| 45-54lif | 1357  28.50% |
| 55-64 | 1273  26.73% |
| 65+ | 202  4.24% |

**Disability:**

|  |  |
| --- | --- |
| Disabled | 278  5.84% |
| Not Disabled | 3687  77.43% |
| Prefer not to state | 65  1.36% |
| Unknown | 732  15.37% |

**Ethnicity:**  **Religion:**

|  |  |  |  |
| --- | --- | --- | --- |
| Any other | | 96  2.02% | |
| Buddhist | | 7 0.15% | |
| Christian | | 1466  30.79% | |
| Hindu | | 88  1.85% | |
| Jewish | | 3  0.06% | |
| Muslim | | 124  2.60% | |
| No religion | | 1038  21.80% | |
| Sikh | | 187  3.93% | |
| Prefer not to state | | 224  4.70% | |
| Unknown | | 1529  32.11% | |
| White | | 3317  69.66% | |
| Black, Asian, Minority Ethnic | | 801  16.82% | |
| Prefer not to state | | 24  0.50% | |
| Unknown | | 620  13.02% | |

**Sexual Orientation:**

|  |  |  |
| --- | --- | --- |
| Heterosexual | 2698  56.66% |  |
| LGBT+ | 123  2.58% |  |
| Prefer not to state | 255  5.35% |  |
| Unknown | 1686  35.41% |  |

 3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☐​

Negative impact has been identified for one or more protected groups    ​☐​

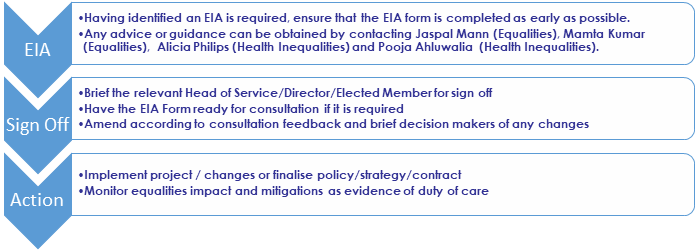
Both positive and negative impact has been identified for one or more protected groups     X☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:**    **Approved by Sue** | **Date:**    **08/09/2022** |
| **Name of Director:**  **Susanna Newing** | **Date sent to Director:**  **20th June 2022** |
| **Name of Lead Elected Member:** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Social Care Reforms: Fair Cost of Care** |
| **EIA Author** | Name | **Chloe Phillips** |
|  | Position | **Commissioning Officer** |
|  | Date of completion | **19/8/2022** |
| **Head of Service** | Name | **Jon Reading** |
|  | Position | **Head of Commissioning and Quality** |
| **Cabinet Member** | Name | **Cllr Mal Mutton** |
|  | Portfolio | **Adult Services** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☒​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| As part of the [People at the Heart of Care: adult social care reform white paper](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform), local authorities are required to complete a [**Fair Cost of Care**](https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance) (FCOC) exercise to arrive at a shared understanding with providers of the local cost of providing care. In addition, authorities are required to publish a Market Sustainability Plan detailing how they plan on working towards the fair cost of care (where this is not already being paid) over the next 3 years.  In undertaking the exercise, local authorities will be looking to identify the lower quartile, median and upper quartile costs in the local area for the following care categories:   * 65+ care homes * standard residential care * residential care for enhanced needs * standard nursing care * nursing care for enhanced needs * 18+ domiciliary care (home support – excluding short term or reablement provision.   The Department of Health consider the median cost of care across the market to be the 'Fair Cost' and has indicated they will provide additional funding over the next few years to **move towards** this fair cost where local authorities are paying below this rate.    Whilst the exercise is not a mandatory requirement for providers, all providers who are registered to deliver the above care in Coventry are invited to participate, regardless of whether they contract with the local authority. Participating providers are required to submit their costs via the nationally commissioned tools for the exercise; [iESE](https://landing.iese.org.uk/Form/form_register_interest_fair_cost_of_care.html) supply the tool for care homes and [CHIP](https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/commissioning-and-market-shaping/cost-of-care-toolkit) the toolkit for domiciliary care.    Coventry City Council have been allocated an initial fund of £1.048million to assist in moving towards the payment of the established fair cost. Future funding allocations for the exercise are to be announced, however will be conditional on the completion of the following requirements by the 14 October 2022:     * cost of care exercises for 65+ care homes and 18+ domiciliary care * a provisional market sustainability plan – a final plan will be submitted in February 2023 * a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund’s purpose   All decisions and funding allocations in respect of the exercise will be made following approval in line with CCC governance procedures. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| * Adult social care providers (care homes and domiciliary care) * Cabinet, specifically Cabinet Member for Social Care * Director of Adult Social Care and Housing * Integrated Care Board (ICB) * Adults Strategic Commissioning * Finance * Residents / service users * Operational social work teams * LGA (Local Government Association) ADASS (Directors of Adult Social Services) DHSC (Department of Health and Social Care) * Neighbouring local authorities e.g. Solihull, Warwickshire | |

1.4 Who will be responsible for implementing the findings of this EIA?

* Adults Commissioning – Service Manager, Commissioning Officer
* CCC Finance manager

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

As above, the FCOC exercise only covers care homes catering for people aged 65 and over and home support (domiciliary care) care providers providing support for those aged 18 years and over. Data taken from the Capacity Tracker (a national database adult social care providers are legally required to update) indicates the following number of people were in receipt of a service in August 2022 and therefore potentially affected by this exercise:

* 851 people receive a domiciliary care service funded by CCC
* 621 people live in a 65+ care home funded by CCC

The exercise itself will not impact service users directly but any implementation of increased fee rates may indirectly serve to improve service user experience through improved financial sustainability of care provision helping to support continuity of care received and outcomes provided.

**General Data: Coventry City Population and Workforce**

**Age**

The number of older people within the City is increasing, with this group expected to accelerate and outpace other groups. Data taken from CCC’s Power BI dashboard indicates there are 55,949 people aged 65+ in Coventry, around 15% of Coventry’s population. By 2029, the City should expect to have an additional 8900 people aged over 65 and an additional 2000 aged over 85.

Coventry also has an aging workforce; the average age of a worker in adult social care is 43 years; 67% are aged between 25-54, 23% above 55 and only 10% are under 25%.

**Diversity**

33% of Coventry's population are BME, with the city expected to become even more diverse; half of Coventry pupils (52%) are from BME backgrounds. In respect of Coventry’s social care workforce, 31% of individuals are from a BME background; regarding gender, females are overrepresented with 16% of the workforce male.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** | The exercise does not cover this age group |
| Age 19-64 | **P** | This policy will impact this group positively.  Currently an unfair situation has been created whereby people who fund their own care (self-funders) routinely pay higher fees than councils pay for those who are eligible for public funding. Providers have become reliant on charging self-funders a so-called “cross-subsidy” that effectively subsidises their council-funded clients.    In residential care, self-funders can pay as much as [**40% more**](https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf) for exactly the same care as peers who are funded by their council.    The policy will increase the financial sustainability of provider, ensuring continuity of care (and resultant better outcomes) |
| Age 65+ | **P** | This policy will impact this group positively.  Currently an  unfair situation as been created whereby people who fund their own care (self-funders) routinely pay higher fees than councils pay for those who are eligible for public funding. Providers have become reliant on charging self-funders a so-called “cross-subsidy” that effectively subsidises their council-funded clients.    In residential care, self-funders can pay as much as [**40% more**](https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf) for exactly the same care as peers who are funded by their council.    The policy will increase the financial sustainability of provider, ensuring continuity of care (and resultant better outcomes) |
| Disability | **P** | This policy will impact this group positively.  The cost of care for individuals with a disability is likely to be more severe than for care users who are not disabled. This group will therefore be at particular risk of high lifetime care costs and providing greater certainty over these will be beneficial for this group. This is particularly true for those whose needs fluctuate or are unpredictable, as this could lead to a higher level of uncertainty and anxiety about the future cost of care.  This is exacerbated by the fact that those with disabilities may have lower incomes and assets and less ability to earn than the general population, meaning that they have less certainty over their ability to manage the future cost of their care.  Supporting this group to meet their care needs will advance equality of opportunity between disabled and non-disabled people.  People with disabilities could also benefit from wider impacts on the social care market as a result of these reforms. We expect the combination of a cap on lifetime care costs, the full implementation of s18(3) and local authorities paying a fair rate for care to have benefits for the wider social care market, including encouraging investment and innovation. Increased innovation – and in particular, a greater range of available care services – could be particularly beneficial for disabled people, who may have complex or unique care needs and therefore require specialised support. |
| Gender reassignment | **P** | The new service is provided irrespective of gender reassignment. Research as highlighted  transgender individuals are not accessing social care.    This policy may remove barriers to accessing care for transgender people by giving greater certainty over their future care costs. Consultation conducted as part of the Dilnot commission in 2011 indicated that this may be particularly important for transgender people, who may be more likely to be concerned about how they will manage future care and support needs due to reduced access to unpaid care from family members. |
| Marriage and Civil Partnership | **NI** | The new service is provided irrespective of marriage and civil partnership |
| Pregnancy and maternity | **NI** | The new service is provided irrespective of pregnancy and maternity |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | There is some evidence that some ethnic groups may be more likely than others to have care needs. For example, disability-free life expectancy is lowest for Pakistani and Bangladeshi groups.   Health-related quality of life score for older adults are lower amongst many ethnic minority groups relative to the White British group, according to the 2017 GP patient survey. By supporting those with care needs to access appropriate and affordable care, this policy may have particular benefits for some ethnic groups and thereby encourage equality of opportunity for those who share a protected characteristic and those who do not.  There are also differences in income, wealth and assets between different ethnic groups which mean that these groups may be more likely to benefit from different aspects of this policy. For example, some ethnic minority groups are overrepresented amongst groups of lower socioeconomic status: this could mean that they have less certainty over their ability to manage any future care needs.  Employment is lower for all ethnic minority groups relative to white groups. Households in Black (34%) and Chinese (31%) ethnic groups are the most likely to have a weekly income of less than £400, compared to 28% of allhouseholds.   Where ethnicity is associated with greater uncertainty over ability to meet the future costs of care we would expect this policy to have particular benefits for the groups in question. |
| Religion and belief | **P** | This group could be impacted positively  We know that some people with different religions or beliefs may have different social care needs. For example, some people may face language or cultural barriers to accessing services, while other people may have special dietary requirements or needs to mark religious days in particular ways   We expect local authorities paying a fair and sustainable rate for care to have benefits for the wider social care market, including encouraging investment and innovation: this may lead to a greater range and flexibility of services available which can better meet individual or specific care needs for certain religious groups. |
| Sex | **P** | This policy does not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support this policy offers and that this policy will thereby promote equality of opportunity between these 2 groups.  Women are more likely than men to be disabled. In the [2019 to 2020 Family Resources Survey](https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020), 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled.  [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/humancapitalestimates/2004to2018#human-capital-by-sex) (ONS) indicate that women’s lifetime earnings are substantially lower than men’s: in 2018 women received, on average, equal to 59% of men’s lifetime earnings. This means that they are likely to have less certainty over how they will meet the costs of their future care needs and will be particularly likely to benefit from this policy. |
| Sexual orientation | **NI** | The new service is provided irrespective of sexual orientation. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:    There are no specific HI’s linked to this programme of work. The FCoC exercise works with the providers of residential and nursing care for individuals 65+ and home support for 18+ individuals exclusively, and is a financial exercise designed to establish a ‘fair’ rate of care locally and work towards payment of this rate where not already being paid. As such, direct impact to service users and residents of Coventry will likely be minimal, however positive impact may be seen both in respect of staff and service users due to the increase in funding providers are likely to receive.    Service users and residents in care provision who are council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. The ethos of the FCOC works to ensure providers are paid in a manner which ensures the longevity and sustainability of the market, ensuring providers can maintain service delivery. In turn, the improvement to market sustainability will assist in ensuring providers can deliver the best care possible and meet health and care outcomes.    HI’s may also be prevalent in provider staff; working in care can be a stressful, physical and emotionally demanding job. It is also common for roles in the sector to pay NLW, use part time contracts (43% of contracts were part time 2020/21) and to have an extremely high turnover of staff. Data available via Skills for Care for residential care homes in Coventry for 2020/21 states turnover of staff up 2% on the previous year at 34.4% with a vacancy rate of 3.4%. Turnover for non-residential provision was 54.1% and a vacancy rate of 11.3% - in line with national trends. Such themes do not indicate Marmot principles of ‘Creating good work for all’ ‘Ensure healthy standard of living’ and ‘Create healthy and sustainable places’ are being fulfilled to their full potential. The increased funding may have a positive effect on staff who are able to benefit from increased wages, reassurance of job security (based on their employers improved financial position) and increased funding available to afford training and additional benefits. Such uses of funding are not prescribed in the guidance or by the local authority and providers may choose to use funding in alternative ways, however most uses of funding will likely have a positive impact to providers and provider staff. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     The policy itself specifically targets providers of care within 65+ residential settings and home support providers supporting individuals age 18+; provider staff and service users are therefore the parties who will be affected by the implementation and outcome of the FCoC exercise. Coventry will look to influence HIs in a positive manner through the exercise.    **Service Users:**  Individuals in receipt of the service may benefit in a positive way through improved continuity of care, resulting in better outcomes. Over the past 2 years, 5 older peoples care homes and 1 home support provider have closed owing in part due to financial challenges. Such closures cause distress to both service users and staff, negatively impacting the overall health and wellbeing of all involved.  Provision is less likely to close as a result of financial instability through this exercise and distribution of associated funding, thus supporting continuity of care.    **Provider staff:**  Through the FCoC exercise the Council will work with providers to ensure best use of the funding. Consultation will take place with the provider market on its use however any effect will likely be positive (although probably small) in relation to:     * Increased job security * Fair recruitment practices (supported by CCC) * Good working conditions * Work towards payment of the real living wage (where this is not already being paid)     Support available to care homes identified through this exercise will also ensure providers work in partnership with local communities and the voluntary sector. We will work with the home support market to facilitate access to green travel / electric vehicles, in turn reducing both fuel costs and the carbon footprint of this method of care delivery.  The Council will also be supporting on recruitment events to assist in diversifying the workforce, specifically BAME individuals, refugee and migrant workers and male care workers; Skills for Care data states only 16% of the workforce are male and 33 of the general workforce are male. Such statistics are not reflective of the citys demographics and by assisting in recruitment in this area we hope providers will be in a stronger position to meet the cultural needs of the service users they support. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| The Council will be produce a Market Sustainability Plan and Market Position Statement which will aim to influence the market in line with the above actions. Funding from the FCoC exercise will be distributed in 2022/23 to contracted home support and care home provision to give resource to providers to enable change. Funding for subsequent years is expected however allocations are not yet known. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| Intelligence drawn from provider feedback e.g. through provider forums and specific engagement sessions. Market sustainability data through monitoring of Market Sustainability Plan and entrances and exits to/from the market. | |

2.6  Will there be any potential impacts on Council staff from protected groups?

**n/a**

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

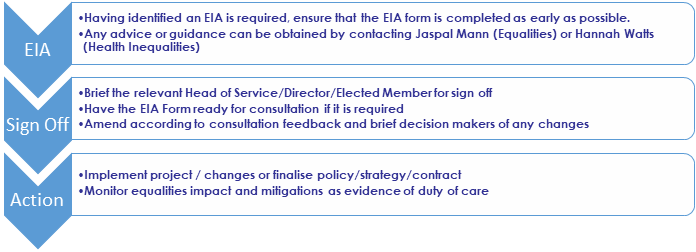
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:**  **Jon Reading, Head of Commissioning and Quality** | **Date: 19/8/22** |
| **Name of Director: Pete Fahy** | **Date sent to Director:** |
| **Name of Lead Elected Member: Cllr Mal Mutton** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Homes in Multiple Occupation (HMO) DPD**  **Consultation Draft (Regulation 18)** |
| **EIA Author** | Name | **Rob Haigh** |
|  | Position | **Senior Planning Policy Officer** |
|  | Date of completion | **25/07/2022** |
| **Head of Service** | Name | **David Butler** |
|  | Position | **Head of Planning Policy and Environment** |
| **Cabinet Member** | Name | **Councillor David Welsh** |
|  | Portfolio | **Housing and Communities** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☒​Other project *(please give details)Development Plan Document for Homes in Multiple Occupation (HMO).* | |
| 1.2 | In summary, what is the background to this EIA? |
| The HMO (DPD) adds further complementary  policy details to the Local Plan which was adopted on 6th December 2017 and for which EIA was undertaken. DPDs introduce new policy and provide further detail to enable and manage future development in the city.    Delivering sufficient land to enable homes to be built over the Plan period to 2031 is a key objective of the adopted Coventry Local Plan. The aim of this DPD is to set out the detailed policy framework that will be used for the determination of HMO planning applications in Coventry. The policies contained within the DPD will provide further detail to the strategic policies set out in the Council’s Local Plan and City Centre Area Action Plan and national policy as set out in the National Planning Policy Framework. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Applicants who are required to submit planning applications for HMO schemes, agents and individuals who may want to let private housing and those members of the community who need to access HMOs. The Government defines a HMO1 as:  *‘’ Your home is a house in multiple occupation (HMO) if both of the following apply:*   * *at least 3 tenants live there, forming more than 1 household* * *you share toilet, bathroom or kitchen facilities with other tenants*   *Your home is a large HMO if both of the following apply:*   * *at least 5 tenants live there, forming more than 1 household* * *you share toilet, bathroom or kitchen facilities with other tenants*   *A household is either a single person or members of the same family who live together. A family includes people who are:*   * *married or living together - including people in same-sex relationships* * *relatives or half-relatives, for example grandparents, aunts, uncles, siblings* * *step-parents and step-children’’*. | |

1.4 Who will be responsible for implementing the findings of this EIA?

Coventry City Council Planning Policy Service.

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

The HMO DPD was formulated using detailed evidence including a bespoke evidence gathering document and an independent study. The HMO DPD will be independently examined by a Planning Inspector to ensure that its policies are robust and formulated using appropriate evidence before it can be adopted. Further detail on the HMO DPD and the evidence base can be found here:

[www.coventry.gov.uk/planning-policy](http://www.coventry.gov.uk/planning-policy)

This DPD sets out the policy position in managing and guiding decision makers in determining HMO planning applications across the city.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | HMOs are aimed at those whose needs are not met by the market. Whilst those aged 0-18 would generally not be directly able to access HMO products, many will live in households where their parents and carers will not be able to afford open market homes and thus they will indirectly benefit from the policies. 22.5% of children live in low income families which is above the regional and national average (20.2% and 17% respectively)2 |
| Age 19-64 | **P** | HMO housing is aimed at those whose needs are such thay they cannot or are unable to buy in the open market for a varity of social and economic reasons. The average gross disposable household income for Coventry is below the regional and national average (£15,353 per head per annum compared to £18,222 and £21,609 respectively in 2018), and the average house price was £185,000 (October 2019 to September 2020 figures). Currently the claimant count stands at 15,320 (ONS July 2021) compared to 8,000 in March 2020. The DPD has the potential for improvement of the quality of HMOs. HMOs have the potential to benefit the wider local community by reducing social and environmental factors associated high concentrations of HMOs relating to with noise, rubbish and general upkeep. |
| Age 65+ | **P** | See above in terms of disposable household income and average house prices. Some HMO products (as defined by the Government in the National Planning Policy Framework) will be applicable depending upon the individual / household circumstances |
| Disability | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |
| Gender reassignment | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |
| Marriage and Civil Partnership | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |
| Pregnancy and maternity | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **NI** | No direct impact although Coventry has a diverse population and affordable products will be applicable depending upon the individual / household circumstances |
| Religion and belief | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |
| Sex | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |
| Sexual orientation | **NI** | No direct impact although some HMO products will be applicable depending upon the individual / household circumstances |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts** ([hannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | |
| Question | Issues to consider | |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | | |
|  | Response:  The HMO DPD supplements and provides complementary policies to Policy H11 of the adopted Local Plan which was subject to a Health Impact Assessment. The Health and Wellbeing chapter of the plan, which includes Policy HW1, requires Health Impact Assessments for particular types and scale of development where there could be significant impacts. See [www.coventry.gov.uk/localplan](http://www.coventry.gov.uk/localplan) This was supplemented by a Health Impact Assessment SPD which provided further detail and guidance including that in relation to HMOs. See [www.coventry.gov.uk/downloads/file/28900/health\_impact\_assessment\_spd](http://www.coventry.gov.uk/downloads/file/28900/health_impact_assessment_spd) | | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | | |
|  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation   The Health Impact Assessment SPD referred to above includes the following: | | | |
|  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     Ensuring access to a range of HMO products to meet a range of needs and circumstances is a key aim of the HMO DPD which provides the further detail to ensure that policies within the DPD can be delivered.    The HMO DPD which seeks to safeguard the amenities of future occupants and the local community and meets relevant housing standards. The HMO DPD will have a direct linkage with the Environmental Health department and licencing of relevant HMOs. For example, HMOs have a higher risk of fire and overcrowding. Its important that residents of HMOs have access to decent facilities. The HMO DPD will accord with Local Plan policy H11 which addresses HMOs in Coventry. Planning policy resists the loss of local character and family housing. All members of the population including young, single people, care leavers, homeless people, students may be more satisfied given the impact of managing HMOs to deliver accommodation of a higher quality than existing for all HMOs.    Whilst the DPD cannot directly influence the behaviour of the end-user of the product (as this is for the private landlords who deliver the products to determine in terms of prioritisation and access to the product), Policy H11 of the Local Plan (upon which this DPD provides a detailed suite of complementary policies) sets the strategic context for appraising and assessing HMOs across the city. For example, Policy H11 sets out a suite of criteria upon which HMO schemes are assessed. However, the policies in the HMO DPD provide a more detailed issue specific response to the challenges HMOs can represent. These include strategic issues such as concentrations, sandwiching and thresholds. Other localised issues include:   * **Reduced social cohesion** resulting from the short-term nature of residencies involved with HMOs which may involve younger people overall. demographic imbalance. * **Reduced housing choice** resulting from housing type/tenure imbalance (e.g. a shift from permanent family housing to more transient accommodation); * **Reduced community engagement** from residents resulting from an increase in the transient population of an area; * **Noise and disturbance** resulting from intensification of the residential use and/or the constantly changing nature of households; * **Overlooking and loss of privacy** resulting from poorly considered internal layouts and intensification of use; * **Detriment to visual amenity** resulting from poor waste management, poor property maintenance, accumulative external alterations to properties and use of frontage areas for off-street parking; * **Reduced community services** resulting from a shift in the retail/business offer towards a narrower demographic such as the proliferation of Hot Food Takeaways; and * **Highway safety concerns** resulting from congested on-street parking and poor waste management.     It is considered that the HMO DPD would have an overall positive impact for landlords, tenants, residents and businesses, by virtue of the potential improvement to the quality of HMOs and the management of them by bringing them within the planning system. The assessment of planning applications for HMOs will provide the opportunity for the assessment of the potential impacts on amenity, city character and issues arising from concentrations of HMOs. In addition there are potential benefits arising from the increased choice of quality housing. | | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| This was considered through the Local Plan and this document provides the detail to ensure the Local Plan policies can be delivered effectively.    The Draft HMO DPD contains 04 policies in addition to the strategic Local Plan policy H11 and has the underlying principle to deliver sustainable development to secure a better quality of life for everyone now and for future generations. Every policy in the DPD is intended to positively impact all residents of Coventry, regardless of gender, faith, race, disability, sexuality, age, rural isolation and social deprivation. It will promote improved equal access to opportunities throughout the city. All the policies within the DPD contribute towards achieving sustainable development and balanced communities.    Planning applications for HMOs will be considered based on their individual planning merit on a case by case basis, in a manner that is fair to all sections of the community with due regard on potential impact on amenity. By bringing the consideration of all HMOs within the remit of the planning system enables the involvement of the public in the planning decision making process.    Large HMOs already require planning permission and licencing from the environmental health services. The proposal is an extension of the planning permission requirement to cover all HMOs. It is difficult to assess differential impacts arising for the implementation of a HMO DPD which will require greater control and assessment criteria for all HMO proposals. The Council does not collate any data on equalities profiles of private landlords.    By requiring all HMO proposals to be assessed against a clear suite of bespoke policies provides the opportunity for people to make informed representations through the planning application process. The HMO DPD advocates higher quality housing and management which helps to promote good relations between different communities in that it addresses some of the negative impacts of the over concentration of HMOs (refer to the HMO Article 4 evidence base). However some landlords, having to submit a planning application for new HMOs may continue to creating HMOs without the benefit of a planning application in breach of planning legislation. This will be managed, as with all potential planning contraventions, through the planning enforcement service. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| The Local Plan already includes monitoring indicators which keep track of HMO completions delivered annually. These will be linked to this DPD for continuity. However, the DPD provides clarity to the process which will assist with more efficient delivery of HMOs. However, there is scope to improve the monitoring process, we will be looking at this in more detail once this consultation stage is complete. | |

2.6  Will there be any potential impacts on Council staff from protected groups?

No.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

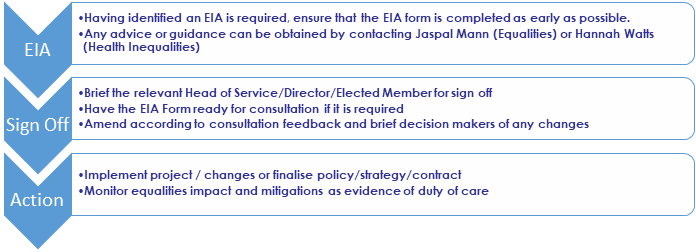
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service: David Butler** | **Date:** |
| **Name of Director:**  **Andrew Walster** | **Date sent to Director:** |
| **Name of Lead Elected Member:**  **Councillor D Welsh** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Dementia Hub Consultation** |
| **EIA Author** | Name | **April Ross** |
|  | Position | **Service Manager** |
|  | **Date of completion** | **8 August 2022** |
| **Head of Service** | Name | **Tracey Denny** |
|  | Position | **Head of Service** |
| **Cabinet Member** | Name | **Councillor Mutton** |
|  | Portfolio | **Adult Social Care** |

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**PLEASE REFER TO**[**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf)**FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ☐New policy / strategy  ☒New service  ☐Review of policy / strategy  ☒Review of service  ☐Commissioning  ☐Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| To convert Maymorn Day Service into a Single Multi agency Dementia Hub for Coventry  Maymorn is an existing 5 day service that has been reviewed with a proposal to develop a new service from the centre. Following both a public and staff consultation it is proposed to implement the following model; expanding the service to offer an outreach service, a drop in social space and café for people with dementia and reducing the traditional day service to 2 days a week. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Staff, people living with dementia and their carers. | |

1.4 Who will be responsible for implementing the findings of this EIA?

April Ross- Service Manager

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

There are currently 14 people who access the traditional day service, detailed data cannot be broken down and further due the low numbers making individuals identifiable. 9 are male and 5 are female.

|  |  |  |
| --- | --- | --- |
| Age group | Male | Female |
| 50-60 | 2 |  |
| 60-70 |  | 2 |
| 70-80 |  |  |
| 80-90 | 7 | 1 |
| 90-100 |  | 2 |

Ethnicity, White British 78.5%, Indian 14%, White Irish 7%

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –****not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** | None |
| Age 19-64 | **P** | The new proposed model will allow broader range of services at both home and within the dementia hub.    The broader range of services would be available to people with dementia with some targeting young onset (new service)    Outreach, drop in sessions, social space and a café are the broader options not currently available to them at present.    Outreach workers will be able to better serve their service users and enrich their lives with social interaction and activities the individual enjoys on a 1 to 1 basis. |
| Age 65+ | **PN** | The new proposed model will allow broader range of services at both home and within the dementia hub.    There would be fewer days of traditional day service but more choice of different services 5 days a week.    The broader range of services would be available to people with dementia with some targeting young onset (new service)    Outreach, drop in sessions, social space and a café are the broader options not currently available to them at present.    Outreach workers will be able to better serve their service users and enrich their lives with social interaction and [**activities**](https://www.agingcare.com/articles/activities-for-alzheimers-148840.htm) the individual enjoys on a 1 to 1 basis. |
| Disability | **P** | The new proposed model will allow broader range of services at both home and within the dementia hub.    The broader range of services would be available to people with dementia with some targeting young onset (new service)    Outreach, drop in sessions, social space and a café would the broader options not currently available to them at present.    Outreach workers will be able to better serve their service users and enrich their lives with social interaction and [**activities**](https://www.agingcare.com/articles/activities-for-alzheimers-148840.htm) the individual enjoys on a 1 to 1 basis.  Service Users who have anxiety and become house bound will be able to receive support in their own home. |
| Gender reassignment | NI | The new service is provided irrespective of gender reassignment for the most vulnerable members of our communities. |
| Marriage and Civil Partnership | NI | The new service is provided irrespective of marriage and civil partnership for the most vulnerable members of our communities. |
| Pregnancy and maternity | **NI** | The new service is provided irrespective of pregnancy and maternity for the most vulnerable members of our communities. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | An element of the service will be targeting people living with dementia and their carers from various ethnic minority backgrounds with the aim of setting up culturally sensitive activity sessions both at home and within the hub. |
| Religion and belief | **NI** | The new service is provided irrespective of religion and belief for the most vulnerable members of our communities. |
| Sex | **P** | There may be offers of gender specific sessions to respect cultural boundaries and enable people to access sessions which they would not be able to if mixed genders. Mixed gender sessions would still be available. |
| Sexual orientation | **NI** | The new service is provided irrespective of sexual orientation for the most vulnerable members of our communities. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts** ([hannah.watts@coventry.gov.ukhannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk%22%20\t%20%22_blank)) in Pu**blic Health for more information. More details and worked examples can be found at**<https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:  People accessing Maymorn already have a diagnosis of dementia which is advanced, the average age is currently 80+ with the usual age related health conditions.    The service will have a positive impact in terms of enabling individuals’ participation within their community. The vision for the hub is created with people living with dementia, they will be actively involved in shaping the service and its continued developments.    The positive impact of the lifestyle coordinator who will be targeting hard to reach groups to enable access. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**  Consider what the unintended consequences of your work might be | | |
|  |  | Response:    The proposed model would benefit hard to reach communities, supporting families to care for their loved one with dementia and signpost to other services ensuring accessibility and visibility of services available to them.    The social space is accessible and free to all. The building is wheelchair and dementia friendly.    Outreach workers going into people’s homes may mean they can observe when individuals are struggling e.g. no heating or food in the home and can alert/sign post to relevant services. The service is citywide and is based on assessed needs, those who do not qualify e.g. self funders will still be able to access the services.      The hub would be working more closely with health partners to the benefit of people with dementia e.g. some assessment clinics and forgetfulness courses may operate form the hub. More timely access to health advice. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     Not applicable | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| Each support offer would be tailored to the individual’s assessed needs and that of their carers   Fewer traditional day services offer would be mitigated by the broader range of services such as outreach, drop in sessions, café/social space. Majority of feedback from the consultation was positive and in support of the broader options    Offering gender specific sessions will enable those communities who do not allow females to mix with males to access sessions whilst respecting their cultural ways of living.    Health inequalities; attending day services means they access heat, food and social interaction, fewer days will impact on this however the home environment can be monitored for any risks. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| Staff Observations, reviews and carers and service user feedback. Use of user-friendly postcard feedback (happy or sad faces pictorial format with free self-addressed envelopes included) | |

2.6   Will there be any potential impacts on Council staff from protected groups?

Yes, workforce data extracted from Resource Link 1 July 2022 . There will be changes to job title and working location.

The change in work location has a negative impact on those with disabilities, this can be mitigated by offering the following;

* additional travel time to reach work locations;
* allocating work in locations which are easier to reach/closer to staff home location.
* Ensure staff are allocated a realistic case load and number of visits required during the working day are acheiveable

Travel to the first/last appointment will be within staffs normal travel time to/from work. Any travel required inbetween the first/last appointment will be completed within working hours.

Travel expenses including mileage costs and/or public transport costs will be paid inline with Council policy.

The potential negative impact on those with childcare and caring responsiblities can be mitigated through flexibility with diary management, staff will have the ability to self manage there own diaries.

Running Records [systems] can be accessed remotely via Council provided laptops to remove the need for staff to return to the centre at the end of their shift.

There is no requirement to carry equipment, other than basic items, such as a note pad and pens. System updates can be completed at the end of the working day to avoid the need to carry laptops.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:** **Age:**

|  |  |
| --- | --- |
| Female | 100% |
| Male | 0% |
| 16-24 | 0% |
| 25-34 | 8% |
| 35-44 | 17% |
| 45-54 | 17% |
| 55-64 | 50% |
| 65+ | 8% |

**Disability:**

|  |  |
| --- | --- |
| Disabled | 8% |
| Not Disabled | 84% |
| Prefer not to state | 0% |
| Unknown | 8% |

**Ethnicity:** **Religion:**

|  |  |
| --- | --- |
| Any other | 0% |
| Buddhist | 0% |
| Christian | 58% |
| Hindu | 0% |
| Jewish | 0% |
| Muslim | 0% |
| No religion | 25% |
| Sikh | 0% |
| Prefer not to state | 0% |
| Unknown | 17% |

|  |  |
| --- | --- |
| White | 83% |
| Black, Asian, Minority Ethnic | 17% |
| Prefer not to state | 0% |
| Unknown | 0% |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual | 83% |
| LGBT+ | 0% |
| Prefer not to state | 0% |
| Unknown | 17% |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ☐

Positive impact has been identified for one or more protected groups      ☐

Negative impact has been identified for one or more protected groups    ☐

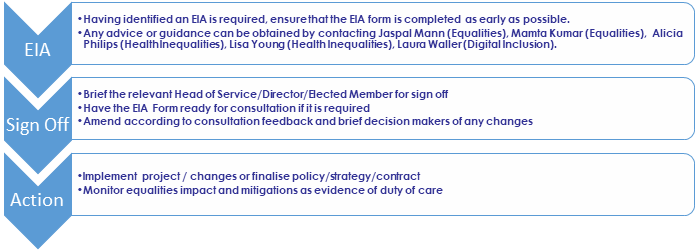
Both positive and negative impact has been identified for one or more protected groups     x

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date:** 12/09/2022 |
| **Name of Director:**   Pete Fahy | **Date sent to Director:**  12/09/2022 |
| **Name of Lead Elected Member:**  Councillor Mal Mutton | **Date sent to Councillor:** 12/09/2022 |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Quality Assurance Framework** |
| **EIA Author** | Name | **Chloe Elliott** |
|  | Position | **Carers and Engagement Lead** |
|  | Date of completion | **10/03/2023** |
| **Head of Service** | Name | **Jon Reading** |
|  | Position | **Head of Commissioning and Quality** |
| **Cabinet Member** | Name | **Mal Mutton** |
|  | Portfolio | **Adults** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☒​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| The Quality Assurance Framework (QAF) outlines the joint quality team’s (Coventry City Council and Integrated Care Board (ICB) combined) contract monitoring and quality assurance process for contracted adult social care providers in Coventry, those out of City providers we contract with and providers in City we do not contract with but where there are safeguarding concerns. This approach aligns to the ‘Adult Social Care Offer’, which emphasises the importance of people in receipt of services feeling safe, well supported, listened to, and having choice and control.    The QAF has been developed following a review of processes to ensure our approach is clearly documented, fit for purpose and aligned to our strategic approach. The implementation of the QAF is to:     * Support the improvement of care providers in delivering quality services * Create a more consistent approach across the  Adult Commissioning Team to quality monitoring and standard tasks * Support officers managing providers where there are quality concerns or safeguarding risks * Greater support to officers undertaking quality assurance visits * Increasing oversight over quality of provision * Ensure service users, and those involved in their care, can engage in a meaningful manner in the quality assurance and development of services | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Engagement and ongoing input will be required from the following :     * Social workers (all age disability, older peoples 65+ and front door) * Adult Strategic Commissioning team * Adult Joint Commissioning Group * Providers of contracted care services e.g. residential care homes, home support providers (to view full list of providers affected, contact socialcarecommissioning@coventry.gov.uk) * Adult Social Care Senior Management Team * Individuals in receipt of services, and their families / carers / advocates * Integrated Care Board (ICB) | |

1.4 Who will be responsible for implementing the findings of this EIA?

Joanne O’Connor - Quality Assurance Officer

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

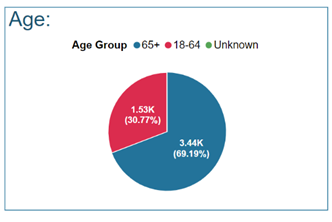
Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

Service users and residents in care provision who are council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment affecting a number of aspects of their daily life. Whilst specific data on protected characteristics is not captured in its entirety, a significant proportion of the individuals supported will have a least one protected characteristic.

As at March 2023, there are 4968 individuals in receipt of support funded by Coventry City Council. An overview of the type of supported provided is noted below:



The protected characteristics of these individuals can be broken down as follows:

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The quality of care received by the individual is critical to improving health and wellbeing outcomes and meeting their assessed needs. The Care Quality Commission (CQC) is responsible for the regulation of all registered care services and will allocate a rating (Outstanding, Good, Requires Improvement or Inadequate) to the provider based on quality and risk. This rating assists in informing our quality approach, alongside ‘soft’ intelligence received (for example information from social work reviews or professional visits) quality assurance visits and service user feedback. The breakdown of CQC ratings for Coventry providers is as follows:

*As At December 2022*



Although CQC retain regulatory responsibility, local authorities are responsible for the safeguarding of individuals and have a duty to promote a diverse, quality care marketplace under The Care Act 2014. As individuals live longer, develop more complex needs and as additional numbers of individuals access CCC commissioned support services, the City Council must ensure robust processes are in place to support providers and certify service user safety. The QAF will assist in ensuring that provision meeting this demand is fit for purpose and of high quality.

The development of the QAF and the anticipated improvement to the quality of services will directly impact the following areas attributable to health inequalities:

* Availability of services in the local area: quality provision should be available in all areas of the city, in turn providing attractive, stable and positive employment for individuals in the local area. Through supporting providers to deliver quality care, this should assist in their financial viability and ensure providers remain operational and therefore available across the city. (Note, a full list of contracted services in the city is available from Adults Commissioning.) The below shows the location of Older Peoples residential and Housing with Care schemes available in the City as an example:



* Quality of Care: The [CQC State of Care Report](https://www.cqc.org.uk/sites/default/files/20211021_stateofcare2021_print.pdf) highlights the risk of ‘closed cultures’ (a poor culture that can lead to harm, including human rights breaches such as abuse). Where apparent in services this can mean people are more likely to be at risk of deliberate or unintentional harm; the pandemic has exacerbated this risk due to the lack of visitors and impacts of staffing and management pressures. Likewise, where closed cultures develop, this can cause unnecessary stress on both individuals and their family members who may feel forced to take on additional caring responsibilities. The QAF therefore works to ensure providers receive regular, proactive and purposeful visits, aimed to ensure quality standards are met and equip providers with the tools (and provide external oversight) to assist in preventing ‘closed cultures’ developing and posing risk to the health and wellbeing of individuals in receipt of support.
* Information: Some feedback received via our Real Time Survey has indicated we can improve our communication and public information available. We appreciate the adult social care system itself can be complex to navigate and understand by both professionals, providers and individuals. By producing a clear, transparent way of working with our contracted providers we endeavour to reduce misinformation and give direction to the market.
* Fear: the beginning of an individual's care journey can be a source of anxiety for both them and their loved ones, with the pandemic and subsequent media attention contributing to heightening fears around risk of infection and poor care. The QAF is a significant step in improving quality in the city and working to rebuild confidence in Coventry's care system.

The QAF is a transparent, clear guide to our approach to quality monitoring and improvement and will also enable improved data collection to shape care provision in the city moving forward. As an action point highlighted when undertaking this EIA, when undertaking engagement and quality assurance visits moving forward a conscious effort will be made by officers to capture information related to the protected characteristics of individuals in receipt of services. This will work to assist in understanding where inequalities may be apparent in the delivery of services and proactively work to address where identified.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | The implementation of the QAF and its aims will improve the service user experience due to increased quality of provision. This will therefore positively impact this age group where individuals access CCC arranged and / or funded social care provision, better ensuring individuals have access to high quality care to meet individual needs and outcomes.  Note: the QAF applies to Adult Social Care placements capturing age range 18+, therefore impact to this user group will be minimal however any impact will likely be positive. |
| Age 19-64 | **P** | The implementation of the QAF will improve the service user experience due to increased quality and sustainability of provision. This will therefore positively impact this age group where individuals access CCC arranged and / or funded social care provision, better ensuring individuals have access to high quality care to meet individual needs and outcomes.  Likewise, as the quality and therefore sustainability of care provision is improved, this will have a positive impact to the continuity of care individuals receive, also resulting in better outcomes.    In addition, the majority of provider staff fall within this age range and may benefit positively from the implementation of the QAF due to:   * Improved working conditions (due to training and support available to providers) * Improved job security due to increased quality and therefore sustainability of providers * Increased job satisfaction   As outlined below within health and digital inequalities, staff will also benefit from the checks made in respect of their safety at work and access to digital training opportunities. |
| Age 65+ | **P** | As above |
| Disability | **P** | As above |
| Gender reassignment | **NI** | This framework will affect individuals who are in receipt of social care support regardless of their gender reassignment status. |
| Marriage and Civil Partnership | **NI** | This framework will affect individuals who are in receipt of social care support regardless of their marriage or civil partner status |
| Pregnancy and maternity | **P** | This framework will affect individuals who are in receipt of social care support regardless of this status.    We are however aware from Skills for Care data that 82% of the workforce are female and therefore may (at some point) some may be protected under this characteristic. The CQC ‘State of Care Report’ noted health and social care staff are exhausted and face a ‘negative impact of working under sustained pressure including anxiety, stress and burnout’; pregnant women in the workforce experiencing this in the social care workforce are at heightened health risks (stress can increase the chances of having a baby pre-term or a low-birthweight baby). By equipping providers with the resources to recruit, retain and train staff to assist in ensuring appropriate staffing levels and a competent workforce, in turn this will work to alleviate stress induced at the workplace and therefore risk to pregnant women. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | 20% of individuals in receipt of adult social care support and 34.5% of Coventry residents identify as an ethnic group other than white. The increasingly diverse ethnic composition of Coventry means assurances must be made that providers are meeting cultural needs of residents. As part of the quality assurance checks, this will include ensuring the providers are accommodating the cultural needs of individuals. |
| Religion and belief | **P** | This framework will affect individuals who are in receipt of social care support regardless of this status. As part of the quality assurance checks, this will however include ensuring the providers are accommodating the religious needs of individuals and facilitating access to places of worship or significant events. |
| Sex | **P** | This framework will affect individuals who are in receipt of social care support regardless of their sex. It is however recognised the majority of individuals supported by adult social care in the city are male (60%) and average healthy life expectancy in the City is lower for males than females (61.9 years for males and 64.2 for females).  As the QAF is applicable to all commissioned support providers, this includes preventative support services, some of which:   * Support individuals to become more proactive regarding their physical and or mental health and wellbeing * Improve quality of life * Promote independence and confidence * Prevent of delay the need for more intrusive or primary support * Prevent or reduce the escalation of health issues |
| Sexual orientation | **P** | This framework will affect individuals who are in receipt of social care support regardless of their sexual orientation. As part of the quality assurance checks, this will however include ensuring the providers are accommodating the  needs of individuals regardless of sexual orientation. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section, please contact: Alicia Philips or Lisa Young**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:    Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person and undertaken in the least restrictive manner possible. The ethos of the QAF works to ensure providers are supported in a manner which ensures services delivered are of high quality and best equipped to deliver individuals outcomes, whilst remaining sustainable.    Accessing social care is means tested at the point of entry; individuals are either classed as self-funders or local authority funded dependant on their financial position (some individuals may also be partially or fully health funded, dependant on their needs). An individual's economic status therefore inevitably effects the choice of provision available; those with disposable income available can exercise a wider range and choice of provision due to their reduced financial constraints and are able to afford more costly (and often higher CQC rated) care provision. Provision rated Outstanding or Good with CQC will often charge higher rates, and with increased costs are better able to offer additional health and wellbeing services. In comparison, the options available to local authority funded individuals may be more limited and based on availability, and care offers may not be as all-encompassing as those accessed by private funders. The QAF works to ensure all providers, regardless of who they support, or the rates charged, are working to provide high quality care and improve outcomes, aiming to reduce any inequality in provision and subsequent health outcomes between private and authority funded care.    Individuals who live in a care home may be subject to heightened risk of diseases or infection due increased footfall, building layout and increased risk of exposure; in turn this may impact quality of life and life expectancy. Recent [evidence](https://genus.springeropen.com/articles/10.1186/s41118-021-00119-5) suggests that the number of deaths for COVID-19 amongst those living in a nursing or care home has been significant, being between 30% and 60% of overall COVID related deaths in Europe during the spring of 2020. On a local level, at the height of the COVID pandemic 59 of Coventry’s 73 care homes experienced an outbreak. The oversight of CCC and the ICB nursing team outlined in the QAF ensures appropriate quality and infection control processes are in place to minimise preventable risk of infection and illness moving forward. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be   The QAF works to ensure that all contracted care provision is working to the same high-quality standards (aligned to the the NICE quality statements) to ensure:   * People are safe (and feel safe) * People are able to meet their health and wellbeing outcomes * People feel confident in the oversight the local authority has over their safety * Providers and provider staff feel supported   By working to ensure all providers are supported to deliver high quality care and a clear escalation process in place in event of an issue, individuals in receipt of care will have access to quality provision and any apparent inequalities are improved regardless of their type of care provision.  Some factors that make people more susceptible to health inequalities include:   * Dementia. * Mental health issues. * Learning disabilities. * Old age. * Behavioural issues. * Having conditions other than cancer.   Services commissioned by adult social care may work directly to support individuals with the above diagnosis or support needs. The QAF will assist in ensuring services are supported to meet the needs of these individuals.    **Service Users:**  The QAF itself covers all CCC commissioned care providers of individuals age 18+; provider staff and service users are therefore the parties who will be affected by the implementation and outcome of the QAF. Coventry will look to influence HIs in a positive manner through its use. The health of individuals in receipt of the services may benefit in a positive way through improved standards and continuity of care, resulting in better health and wellbeing outcomes.    In addition, the QAF ensures the individuals voice can be captured within the quality assurance process via the ‘Engagement Questionnaire’. In line with evidence from the Vanguard projects, ‘…residents and their relatives should have a voice in defining the overall approach taken by their local system and defining what good-quality care involves’. As such, individuals in receipt of support (and their carer or family etc.) can give input into ensuring services are meeting needs, addressing inequalities and providing high quality care outcomes.    **Provider staff:**  There may be positive impact on the health of provider staff.  The QAF outlines how CCC will work with providers to ensure best use of the resources and support available. The aim of the QAF generally is to improve care standards and implement a clear process in the event providers fail to meet these standards. Where providers do not meet quality standards, for example, a high level of safeguarding or a poor CQC rating, this may result in the use of escalation mechanisms to the extent of increased targeted support, placement stops or termination of contract. Such measures will be taken on a case-by-case basis. The QAF however gives a clear support offer for both proactive and reactive support to prevent poor quality care and provider failure. As a result, the impact of the QAF will be two-fold to provider staff:     * Increased job security * Good working conditions for care workers, improving physical and mental health     Where providers are of poorer quality there is a risk to the financial stability of the provision and therefore job security. By supporting widescale improvements and the quality of provision we hope to increase the financial stability of providers, job satisfaction and therefore quality of life for the care workforce.    Likewise, we are aware of the physical and mental impact those working in health and social care have experienced through the COVID pandemic and the systemwide strain on health and social care. The most recent [State of Care report](https://www.cqc.org.uk/publications/major-reports/soc202021_01g_stress-burnout) highlights the increasing and significant effect of anxiety, stress and burnout within the workforce; in June 2012, [a report by the Samaritans](https://media.samaritans.org/documents/Samaritans_Covid_1YearOn_Report_2021_BJCM8rI.pdf) identified healthcare workers as one of the five groups whose suicide risk may be exacerbated by the pandemic having struggled with trauma, significant workloads and mental fatigue. By working to improve the quality of care delivered and creating a supportive working environment for staff, the increased quality of provision may improve the capability of provision to facilitate hospital discharge, positively impacting the wider system whilst supporting the mental and physical health of the workforce.    Whilst no specific checks are placed on health inequalities potentially faced by staff, recruitment and staff files will be checked to ensure safe recruitment practices and pre-employment checks are complete. This will include confirmation that staff have completed a medical check (usually a medical questionnaire) and where health risks have been identified, these have been appropriately risk assessed and its recommendations implemented. Care staff also have access to free vaccinations (e.g. winter flu, COVID-19) and opportunities to access initiatives such as Thrive at Work to promote employee health and wellbeing to care providers.    Data and information gathered in undertaking visits and engagement through the QAF will look to identify trends and themes in respect of quality, outcomes delivered and any extenuating factors affecting an individual's overall health and wellbeing. In gathering this information, we can look to address or positively influence areas of inequality, for example, access to primary care services or signpost to relevant information and advice support services. | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     Provision is provided across the city in all areas, with the QAF applicable to any and all contracted provision. Providers who do not contract with CCC but there is a safeguard risk established are also captured. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     All contracted services must work towards outcomes which include improved health and wellbeing for people they support.    We would expect contracted organisations to be aware of and take appropriate action to tackle health inequalities. Organisations will be monitored to ensure they remain vigilant to any health inequalities inadvertently affecting people in the way they deliver services – for example, where there are comorbidities (e.g. ensuring the mental health offer is accessible to people with a learning disability). Wherever able, Commissioning will look to highlight inequalities and how best to address them through the use of communications, provider bulletins, visits and feedback, and provider forums.    When undertaking a quality assurance visit, Commissioning will also look to establish the number of individuals with health conditions or co-morbidities, for example. diabetes, or requiring a catheter. We will then check that the providers are aware of how to refer to specialist teams such as dieticians, Medication Optimisation Team, Infection Prevention and Control team amongst others to ensure both the individual and provider can access the appropriate support in a timely manner. Likewise, whilst these sit outside of the QAF, ad-hoc training events can be facilitated to support provider awareness in this area. The roll out of remote monitoring technology e.g. DOCOBO within residential care settings and providers completing monthly observation checks and the deterioration tool which link back to the GP practice and Urgent Community Response team, ensures affective monitoring of an individual's overall health and wellbeing and the appropriate interventions are effected as required. | | |

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| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| * Ensure EIA is considered and regularly reviewed as part of development with services and monitoring. * Possible inequalities and ways to address these will be explored as part of individual work with providers and also provider forums. * Provider forums will be used to develop relationships between providers /organisations and ensure comorbidities are catered for in service delivery. * Coproduction activity will be increased, ensuring groups are as representative as possible. Potential barriers to access will be explored and mitigated. * Continue links with organisations promoting Annual Health Checks and proactive health measures * Capture data, where possible, of protected characteristics of individuals in receipt of services and any qualitative or quantitative feedback they are able to give in respect of service delivery to assist in highlighting and addressing inequalities. | |

**DIGITAL INCLUSION**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.5** | The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English [(NHS Digital.)](https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is)    Some of the barriers to digital inclusion can include lack of:   * **Access** to a device and/or data * **Digital skills** * **Motivation** to get online * **Trust** of online safety     Digital exclusion is not a fixed entity and may look different to different people at different times.    Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however, lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.    Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.    Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration; therefore, they do not access it.    It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.    **Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Laura Waller (*Digital Services & Inclusion Lead, CCC*). More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.5 What digital inequalities exist in relation to your work / plan / strategy? | | * Does your work assume service users have digital access and skills? * Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? * Consider what the unintended consequences of your work might be. | |
|  |  | Response:    Services do not assume individuals in receipt of support have digital access and skills. Whilst all residential services have access to the internet and digital technology, support services where individuals have their own tenancy’s or are responsible for their own accommodation, for example individuals in receipt of home support or housing with care, may not have the means to access technology due to cost or physical ability. | |
| 2.5b How will you mitigate against digital inequalities? | | * If any digital inequalities are identified how can you reduce these?   For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online. | |
|  |  | Response:    Whilst we do not undertake specific checks in respect of technology or digital inequalities in the QAF, checks in respect of Wi-Fi and digital technologies were picked up at the start of the pandemic from both the Coventry and Warwickshire Health and Care Partnership and NHSX with the provision of tablets, data sim cards to support remote consultations, assessments and reduce the risk of infection spread, and again more recently with the Digital Transformation Fund.    In respect of systems, there is a definite increase in providers implementing electronic care planning systems within their settings, allowing information accessible at their fingertips for residents and families. As part of a quality monitoring visit, Commissioning will ask about what care plans/system is used and the effectiveness of this.    The Government White Paper ‘People at the Heart of Care’ places a focus on increasing the use of digital technologies within care settings. We are aware levels of IT literacy in staff may require some support to facilitate this and will support improvements in these areas through Digital Champion training facilitated through Coventry Connects.    Adult Social Care is working with telecommunications providers  to ensure impact of the switch from analogue to digital platforms is minimised. | |

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| 2.6 | How will you monitor and evaluate the effect of this work? |
| This will be measured through the monitoring of CQC ratings of Coventry provision, specifically aiming to see a reduction in the number of Requires Improvement and Inadequate rated provision in the City. Oversight of this will be captured through the monitoring bodies noted within the QAF, being the Quality Peer Support Group and the Provider Escalation Panel. Both groups provider appropriate oversight of the quality of the market. | |

2.7 Will there be any potential impacts on Council staff from protected groups?

Internally Provided Care Services will be captured under this framework. Whilst impact will likely be moderate, any impact would be positive.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female | 88.9% |
| Male | 11.11% |
| 16-24 | 5.56% |
| 25-34 | 5.56% |
| 35-44 | 11.11% |
| 45-54 | 27.78% |
| 55-64 | 38.89% |
| 65+ | 11.11% |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled | 88.89% |
| Prefer not to state | 5.56% |
| Unknown | 5.56% |

**Ethnicity: ￼**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian | 50% |
| Hindu | 5.56% |
| Jewish |  |
| Muslim | 5.56% |
| No religion | 22.22% |
| Sikh | 16.67% |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White | 72.22% |
| Black, Asian, Minority Ethnic | 27.78% |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual | 94.44% |
| LGBT+ |  |
| Prefer not to state | 5.56% |
| Unknown |  |

3.0 Completion Statement

As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

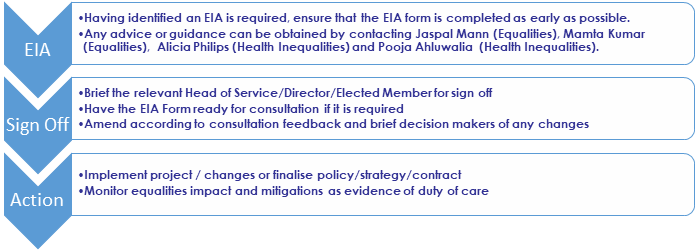
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date: 10/03/2023** |
| **Name of Director:**  **Pete Fahy** | **Date sent to Director: 21/10/23** |
| **Name of Lead Elected Member:** | **Date sent to Councillor: 21/10/23** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Coventry Refugee Transitions Outcomes Fund (RTOF)** |
| **EIA Author** | Name | **Agnes Gaspar** |
|  | Position | **Project Manager (RTOF)** |
|  | Date of completion | **13 June 2022** |
| **Head of Service** | Name | **Peter Barnett CBE** |
|  | Position | **Head of Service Libraries and Migration** |
| **Cabinet Member** | Name | **Cllr Abdul Salam Khan** |
|  | Portfolio | **Foleshill** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☒​Other project *(please give details)*  The Coventry RTOF project is a new programme funded mainly by the Home Office and DWP. Coventry City Council is delivering the programme in consortium with 4 other West Midlands based Local Authorities: Birmingham, Sandwell and Wolverhampton. | |
| 1.2 | In summary, what is the background to this EIA? |
| RTOF enables service providers to provide holistic and intensive support to refugees to help them tackle the barriers and challenges they face to self-sufficiency. RTOF has a strong focus on helping people into work, all refugees will receive employment support in addition to housing or wider integration support. Employment support may focus on helping refugees into full-time employment, part-time employment or self-employment, or a combination (for example, part-time work and starting a business). Further support will focus on helping refugees to access stable and secure housing, and to improve in the areas that are critical to their self-sufficiency and integration (such as English language, digital skills, well-being and building social bonds). | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Coventry citizens  Service providers, e.g.: Ashley Community Housing, Spring Housing, St Francis Employability  Coventry City Council staff  REED in Partnership  Big Issue Invest  Social Finance  Ecorys | |

1.4 Who will be responsible for implementing the findings of this EIA?

Agnes Gaspar, Navjot Johal and Peter Barnett CBE

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

Coventry City Council (CCC) Migration Team joined the pilot project run and partly funded by the Ministry of Housing, Communities and Local government in October 2018 and recruited two Local Authority Asylum Support Liaison Officers (LAASLOs) whose role has been to support the integration of newly arrived asylum seekers and newly recognised refugees into the vivid life of the City and into the British society. Also, Coventry MiFriendly Cities and other projects e.g.: MyCoventry, LEAP, Your Vision Your Future added important value to the experience and knowledge base of the Team.

This work has resulted in the CCC Migration Team is having a better understanding and broader intelligence about the number, needs and demand, background situation, challenges and barriers of the above mentioned clients base and work on a daily basis to provide effective support for these vulnerable citizens of Coventry.

The RTOF project is aiming to use the baseline data (for example there are around 2000 asylum seekers in the City; 60% of asylum seekers, refugees in Coventry are single male, 15% are single female and 25% are families mainly single parent with child/ren; most of the asylum seekers arrive from Iraq, Iran, Syria, Eritrea, Sudan and Afghanistan) information and experience gathered so far. The programme will register 93 people with refugee leave to remain or humanitarian protection status who are in working age and fit to get into long term employment. There is no restriction on gender, ethnicity, religious belief.

With the help of the research team of Queen Margaret University a steering group will form during July and August of 2022 and will register small number of volunteers from the above mentioned client group also refugees who received their status 5-7 years ago so different opinions and experience can be compared to receive feedback and evaluation which can be used to improve the service Local Authorities and the Home Office provide for refugees in Coventry and the UK.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** | The programme only support people over the age of 18. |
| Age 19-64 | **P** | The programme aims to provide essential support with long term employment, safe and secure accommodation and wider integration to people in working age. |
| Age 65+ | **NI** | The programme only support people in working age. |
| Disability | **P** | The programme can support people with disability who are fit to work. Special arrangements for access to premises, assistive solutions are available to support people with e.g., hearing or visual impairment or wheelchair users. |
| Gender reassignment | **P** | The programme support people regardless they had gender reassignment surgery with long term employment, safe and secure accommodation and wider integration. |
| Marriage and Civil Partnership | **P** | The programme support people regardless their marital status with long term employment, safe and secure accommodation and wider integration |
| Pregnancy and maternity | **NI** | The programme cannot support families with safe and secure accommodation. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The programme support people regardless their race with long term employment, safe and secure accommodation and wider integration. |
| Religion and belief | **P** | The programme support people regardless their religion and belief. with long term employment, safe and secure accommodation and wider integration. |
| Sex | **P** | The programme support people regardless their sex with long term employment, safe and secure accommodation and wider integration. |
| Sexual orientation | **P** | The programme support people regardless their sexual orientation with long term employment, safe and secure accommodation and wider integration. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response: The end goal of the programme is to support the clients and their families in their integration journey by providing long term safe and secure housing to them. Also, through work experience and volunteering opportunities and employment workshops and trainings the project will prepare them to enter to the job market and be able to successfully apply for long term well-paid jobs.  The wider integration support will make sure that all participants will understand the life, the system of the UK, their English language skills are improved, clients are ready and happy to start an independent life.    All these factors can contribute to their overall health and wellbeing. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     Better integration means wider network and social capital which will improve the health and wellbeing of the above mentioned group and decrease the possibility of any HI. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups e.g., people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     The RTOF programme focuses on employment, accommodation and integration support which could have a very positive impact on the life of participants and their families. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| We monitor data, complete quarterly evaluation report, we ask for feedback from clients and delivery partners, we have set monthly targets which shows the effectiveness of our work. Complaints, challenges are investigated and mitigated in short time on a professional manner. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| The monthly targets help to monitor effectiveness and identify challenges and gaps in support/experience. With the help of Social Finance and Ecorys the whole programme is constantly evaluated based on the feedback of participating organisations.  With the collaborative work of Queen Margaret University, the clients themselves have the opportunity to register as members of a steering group and evaluate the project with the help of professional researcher with the aim of improving services provided to asylum seekers and refugees nation-wide. | |

2.6  Will there be any potential impacts on Council staff from protected groups?

N/A

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

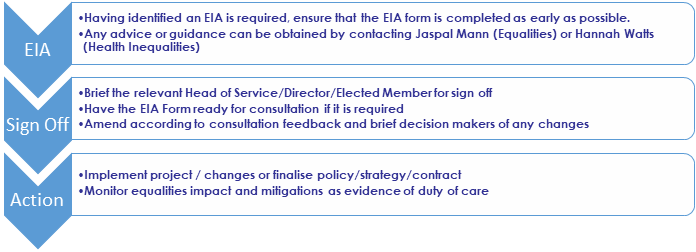
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service: Peter Barnett CBE** | **Date:  14/10/2022** |
| **Name of Director: Kirsten Nelson** | **Date sent to Director:** |
| **Name of Lead Elected Member: Cllr Abdul Salam Khan** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Coaching Culture Platform** |
| **EIA Author** | Name | **Edwina Quansah** |
|  | Position | **Organisational Talent and Change Lead** |
|  | Date of completion | **27th January 2022** |
| **Head of Service** | Name | **Grace Haynes** |
|  | Position | **Head of People & Culture** |
| **Cabinet Member** | Name | **Cllr Richard Brown** |
|  | Portfolio | **Strategic Finance & Resources** |

****

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☒​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| To support the successful delivery of the Council’s People Plan, it has been decided to purchase and implement the new Coaching Culture online platform, which will equip our workforce with the coaching capability required to establish a sustainable coaching culture within the organisation.    The online modules and resources are intended to equip employees and line managers with the tools and techniques required to conduct effective coaching conversations within the workplace. Work will commence on the implementation in early 2022, to be ready for the next appraisal submission window in April 2022. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Potentially all employees of the Council | |

1.4 Who will be responsible for implementing the findings of this EIA?

Grace Haynes, Head of People & Culture – Relationships & Development

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

Not applicable

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** |  |
| Age 19-64 | **NI** |  |
| Age 65+ | **NI** |  |
| Disability | **NI** |  |
| Gender reassignment | **NI** |  |
| Marriage and Civil Partnership | **NI** |  |
| Pregnancy and maternity | **NI** |  |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **NI** |  |
| Religion and belief | **NI** |  |
| Sex | **NI** |  |
| Sexual orientation | **NI** |  |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts** ([hannah.watts@coventry.gov.ukhannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) in Pu**blic Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:  We don’t currently capture workforce data on the geographical deprivation/ socio-economic groups, so we will be unable to evidence or measure this in practice. Insufficient data. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be     The intended consequences of the project will be that by establishing a coaching culture within the Council, we will be able to ensure that line managers have the capability required to better support their teams to achieve their full potential. Content will be signposted to employees on a staggered basis throughout the year according to relevance e.g. some modules will be released to all employees ahead of the appraisal submission window, to enable them to get into the right mind-set for feedback. This will help build a culture of trust and psychological safety which is required to enable people who share protected characteristics to thrive within the workplace.    The unintended consequences might be that some employees choose not to engage with the online platform or potentially decide to leave their current roles once they have improved their skillset.      No impact | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     The online modules and content will be accessible to all employees within the Council regardless of grade and needs will be identified through appraisals, which every employee has. A targeted approach will also be used to signpost specific groups to relevant content, such as those with line management responsibility due to the reasons outline above. Employees without an Active Directory account/ email address will also be able to register for the online platform using their personal email to ensure equal opportunties. We will also ensure that any employee who does not have access to a laptop will be able to access Coaching Culture through through other means and in line with the off-line appraisal process.      Engagement work will be undertaken with the workforce to help promote the benefits of using the online platform in terms of their development and the Employee Networks will also be utilised to help raise awareness and increase uptake amongst under-represented groups. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     No Impact | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| Not applicable | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| The effect of this work will be monitored using reports on uptake within the Council to determine which employees from the different service areas are using the platform. User completion records will also be uploaded onto ResourceLink. Appraisal completion data will be used to determine improvements in the coaching capability of our workforce.    Feedback will be obtained from employees and line managers who are using the platform to evaluate the extent to which their competence in key areas has improved after completing the modues compared with before.    No Impact. | |

2.6  Will there be any potential impacts on Council staff from protected groups?

There is likely to be a positive impact on employees with protected characteristics, given that one of the aims of the Coaching Culture platform is to develop trust and psychological safety, which are pre-requisites for creating an inclusive organisational culture which enables employees from these groups to thrive.

Those with a disability will also be affected through the use of screens, eg, font size, background colours. The Council’s standard approach to requesting assistive technology can be used to request this, and the project team will be able to provide support in the access to this.  The platform is mostly compatible with screen reader technology, although some content is not yet available in a fully accessible form. However, the supplier is able to provide closed captions and transcripts and is actively working on making all content fully accessible. The online platform is also accessible via a range of different devices such as mobile phones, laptops and tablets, which will enable users to determine what works best for them.

There may be an impact on some people in the older age groups, or across the range of age groups, in adapting to a new system, and appropriate guidance will be put in place during implementation to support them.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female | 3252 |
| Male | 1610 |
| 16-24 | 189 |
| 25-34 | 787 |
| 35-44 | 1010 |
| 45-54 | 1341 |
| 55-64 | 1329 |
| 65+ | 206 |

**Disability:**

|  |  |
| --- | --- |
| Disabled | 294 |
| Not Disabled | 3788 |
| Prefer not to state | 65 |
| Unknown | 715 |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other | 111 |
| Buddhist | 8 |
| Christian | 1519 |
| Hindu | 86 |
| Jewish | 4 |
| Muslim | 135 |
| No religion | 1136 |
| Sikh | 194 |
| Prefer not to state | 225 |
| Unknown | 1444 |

|  |  |
| --- | --- |
| White | 3385 |
| Black, Asian, Minority Ethnic | 863 |
| Prefer not to state | 28 |
| Unknown | 586 |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual | 2871 |
| LGBT+ | 136 |
| Prefer not to state | 259 |
| Unknown | 1596 |

 3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☐​

Negative impact has been identified for one or more protected groups    ​☐​

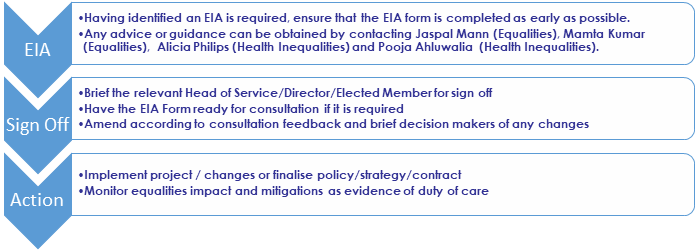
Both positive and negative impact has been identified for one or more protected groups     þ

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:  Grace Haynes** | **Date:  4th May 2022** |
| **Name of Director:  Susanna Newing** | **Date sent to Director:  4th May 2022** |
| **Name of Lead Elected Member:**  **Cllr Brown** | **Date sent to Councillor: 4th May 2022** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Luminarium EIA** |
| **EIA Author** | Name | **Jon Hogan** |
|  | Position | **City Events Manager Sports and Arts** |
|  | Date of completion | **14/04/2022** |
| **Head of Service** | Name | **David Nuthall** |
|  | Position | **Strategic Lead** |
| **Cabinet Member** | Name | **Cllr Abdul Salam Khan** |
|  | Portfolio | **Deputy Leader** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☒​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Architects of Air in conjunction with Coventry City Council are bringing the Luminariumto Broadgate, Coventry City Centre from the 14th April to the 24th April 2022.  Broadgate is largely empty space where there are benches doted around for city centre visitors to be able to take a break when visiting.  Only 2 of these benches will be removed but the council will ensure there are benches available for pedestrians.    The Architects of Air’s Luminaria has had millions of visitors around the world.  A luminarium gives access to a very broad audience, embracing all ages, all abilities, all cultures and communities.  The Luminaria is a maze of 27 egg-shaped domes - some feature Islamic ceiling patterns and some create the trunk of a monumental tree. The luminosity of light and colour inside is created purely by the light shining through the coloured plastic.  Once inside, the experience will last around 1 hr 30 mins.    Capacity inside the structure will be carefully controlled by the stewards and exhibition managers to ensure that numbers are kept well below what is deemed unsafe. The standard for the luminarium is 80 but this may fluctuate a little up or down with no adverse effect of overcrowding.  Children under 16 will not be allowed entry on their own and the adult to child ratio is 1:4. No alcohol is allowed within the structure and anyone deemed intoxicated will be refused entry.  Stewards will be patrolling the site inside and out and a presenter will monitor extreme weather forecasts and will inform the Exhibition Managers.  I have attached a copy of the full risk assessment.    The event organisers and the Council will ensure, the structure is inflated and deflated daily throughout the duration of the event and Coventry City Council staff will be the    Tickets are being sold through Assembly Festival Gardens (AFG) ticketing system. For advance sales there are 40 available every half hour, these can be purchased online via AFG’s website, on the phone or in person via the manned box office at AFG, the box office can take cash and card payments.    Tickets bought online or by phone will be e-tickets with the option of collecting a physical ticket from the box office if an online device isn’t available to the customer. Tickets will also be available on the door and this will be via card payment only. There will be city hosts on site to direct customers to the box office at AFG should they wish to pay in cash.    Tickets are priced at £4 for adults and £2 for concessions/ children, Babies in arms (under 2’s) are free of charge | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Coventry City Council Residents  Coventry City Council Events Team  Architects of Air’s | |

1.4 Who will be responsible for implementing the findings of this EIA?

Jon Hogan

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

This is the first time this type of event will be held at Coventry.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | The proposed event will have a positive impact to this group.  The event will be held during the Easter break, which will allow children to visit the event throughout the day with an adult. Concessions will be available for this group as stated in section 1.2. |
| Age 19-64 | **P** | The proposed event will have a positive impact to this group.  Due to the number of people that could possibly visit the event, local businesses will experience an increase in visitors to their business.    This group will be largely made up of families and concessions will be available for this group as stated in section 1.2. |
| Age 65+ | **P/N** | The proposed event will have a positive impact to this group.  Concessions will be available to this group.    However, this group could also face a potential negative impact because this group are most likely to use the benches at broadgate. To mitigate this possible negative impact Coventry City Council will ensure only 2 benches are removed temporality.  Council Officers will be present daily to monitor the effects of the event. |
| Disability | **P/N** | The proposed event will impact this group positively.  Architects of Air originally grew out of a theatre project for people with learning disabilities and presenters are particularly encouraged to promote that the luminarium is accessible to people with disabilities and wheelchair-users.    The proposed event could potentially impact people who have a visual impairment.  They would be used to this space being an open space.  To mitigate this impact the event organisers has ensured stewards will be on site to support.    Stewards will ensure wayfinding maps and signage is placed in visible locations to help park users maintain access while events are taking place.    The “Red route” of block paving around the edge of Broadgate – (used by Emergency Services), is kept clear of any infrastructure at all times |
| Gender reassignment | **NI** | We are not expecting any impact. |
| Marriage and Civil Partnership | **NI** | We are not expecting any impact. |
| Pregnancy and maternity | **NI** | We are not expecting any impact. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The proposed event will attract a considerable number of attendees, from a range of ethnicities. The immediate wards surrounding the park are already some of the most diverse communities in the country. The Council will use pictures and symbols in its signage to ensure that communication event attendees is clear and inclusive of the diverse range of communities in the area. |
| Religion and belief | **NI** | We are not expecting any impact. |
| Sex | **NI** | We are not expecting any impact. |
| Sexual orientation | **NI** | We are not expecting any impact. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section, please contact Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:    Nearly 22% of children in Coventry come from low income families (under 16s). Source: <https://www.coventry.gov.uk/facts-coventry/children-young-people>  Lower socio-economic groups tend to have a higher prevalence of risky health behaviours, worse access to care and less opportunity to lead healthy lives.  This event is an opportunity to support families to lead healthier lives and improve their wellbeing over the Easter break by providing a fun activity the whole family can get involved in.    The event has an offering of concessionary tickets, allows for tickets to be purchased not only online but also over the phone and picked up face to face. The event is also going to take place in an accessible location in the city centre which will encourage those from all backgrounds to take part. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be     Those families who are from higher socio-economic groups, are more likely to attend cultural events regularly, have proficient digital skills, have English as a first language or have strong social networks across the city may be more likely to attend this event.    Those families who are from lower socio-economic groups, are less likely to attend cultural events, struggle with digital skills, have additional health challenges/ barriers/ a disability, do not speak English as a first language or are socially isolated or excluded. All of these aspects may cause additional barriers to accessing the event.    This event is an opportunity to support families to lead healthier lives and improve their wellbeing over the Easter break by providing a fun activity the whole family can get involved in.    The event has an offering of concessionary tickets, allows for tickets to be purchased not only online but also over the phone and picked up face to face. Tickets can also be bought at the entrance on the day during quieter sessions. The event is going to take place in an accessible location in the city centre which will encourage those from all backgrounds to take part. All of these things will positively impact health inequalities. | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     Those families who are from lower socio-economic groups are less likely to attend cultural events and may be impacted by multiple disadvantage eg. have little digital skills, have a disability, don’t speak English as a first language or are socially isolated or excluded. This will mean they face additional barriers to accessing the event e.g paying for transport costs, or food for when the children are out. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     There should be no negative impacts on socially excluded groups however, ensuring socially excluded groups hear about the event may be a challenge. To combat this we will link in with community group and initiatives to share the message as far and wide as possible. We will also promote this online and on social media channels.  CCC Comms will use all channels and platforms they have available to promote the Luminarium | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| To ensure that families from lower socio-economic backgrounds are hearing about the event, we will promote the event through the Holiday Activities and Food Programme Team (<https://www.coventry.gov.uk/haf>)  to ensure those families on Free School Meals know about the event. We will also talk to the Schools team to promote the event and look at community groups in those postcodes that are more deprived so that the message is being spread to these groups. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| The Council monitors complaints that are received during the events to ensure that, where possible and appropriate, a different approach can be adopted in future events to further mitigate any impact.    Due this is been a ticketed event the council will be able to gather protected characteristics data for any future events | |

2.6  Will there be any potential impacts on Council staff from protected groups?

**n/a**

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☐​

Negative impact has been identified for one or more protected groups    ​☐​

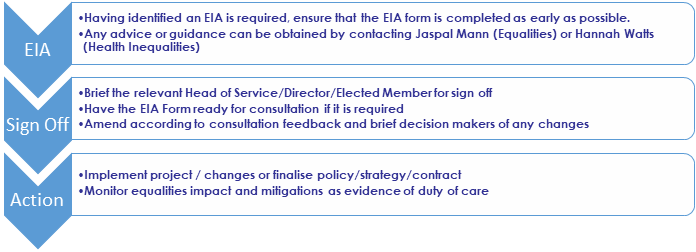
**Both positive and negative impact has been identified for one or more protected groups     ☐**

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date:** |
| **Name of Director:**  **Andy Williams** | **Date sent to Director: 19/04/22** |
| **Name of Lead Elected Member:**  **Cllr Abdul Salam Khan** | **Date sent to Councillor: 19/04/22** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Coventry City Council’s Youth Justice Strategy and Plan - 2021-23 - 2022 Update** |
| **EIA Author** | Name | **Nick Jeffreys** |
|  | Position | **Operational Lead – Coventry Youth Justice Service – Help & Protection, Children’s Services** |
|  | Date of completion | **7th September 2022** |
| **Head of Service** | Name | **Nick Jeffreys** |
|  | Position | **Operational Lead – Coventry Youth Justice Service – Help & Protection, Children’s Services** |
| **Cabinet Member** | Name | **Cllr Pat Seaman** |
|  | Portfolio | **Children and Young People** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☒​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Local authorities have a statutory duty to submit an annual youth justice (YJ) plan relating to their provision of youth justice services. Section 40 of the Crime and Disorder Act 1998 sets out the Youth Justice partnership’s responsibilities in producing a plan. It states that it is the duty of each local authority, after consultation with the partner agencies, to formulate and implement an annual  youth justice plan, setting out:  • how youth justice services in their area are to be provided and funded  • how the Youth Justice team (YOT) or equivalent service will be composed and funded, how it will operate, and what functions it will carry out.    This plan provides updates against the 2021-23 strategy and outlines the actviity over the coming year to realise the vision and priorities set last year.    CYJS Vision and Priorities: | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| CYJS is a multi-agency team with a Management Board that includes key stakeholder partners and includes statutory partners in the Local Authority, Police, Probation and Health, alongside the Youth Panel Chair for Coventry and Warwickshire Courts, Service Manager for Positive Choices (Substance Misuse Agency), Operations Manager for Coventry & Warwickshire Prospects Service, and the Programme Manager for the Violence Reduction Unit, alongside attendance from relevant Secure Estates, Chair of the Coventry Youth Partnership and agencies as required for updates.    The plan is jointly formed by the team, Management Board and engagement with children/young people and parents/carers open to the Service. | |

1.4 Who will be responsible for implementing the findings of this EIA?

Nick Jeffreys, Operational lead

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed, and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

* Page 27 of the plan details the services demographic picture (*The groupings used as per defined by the Youth Justice Board for aggregated national comparisons*):

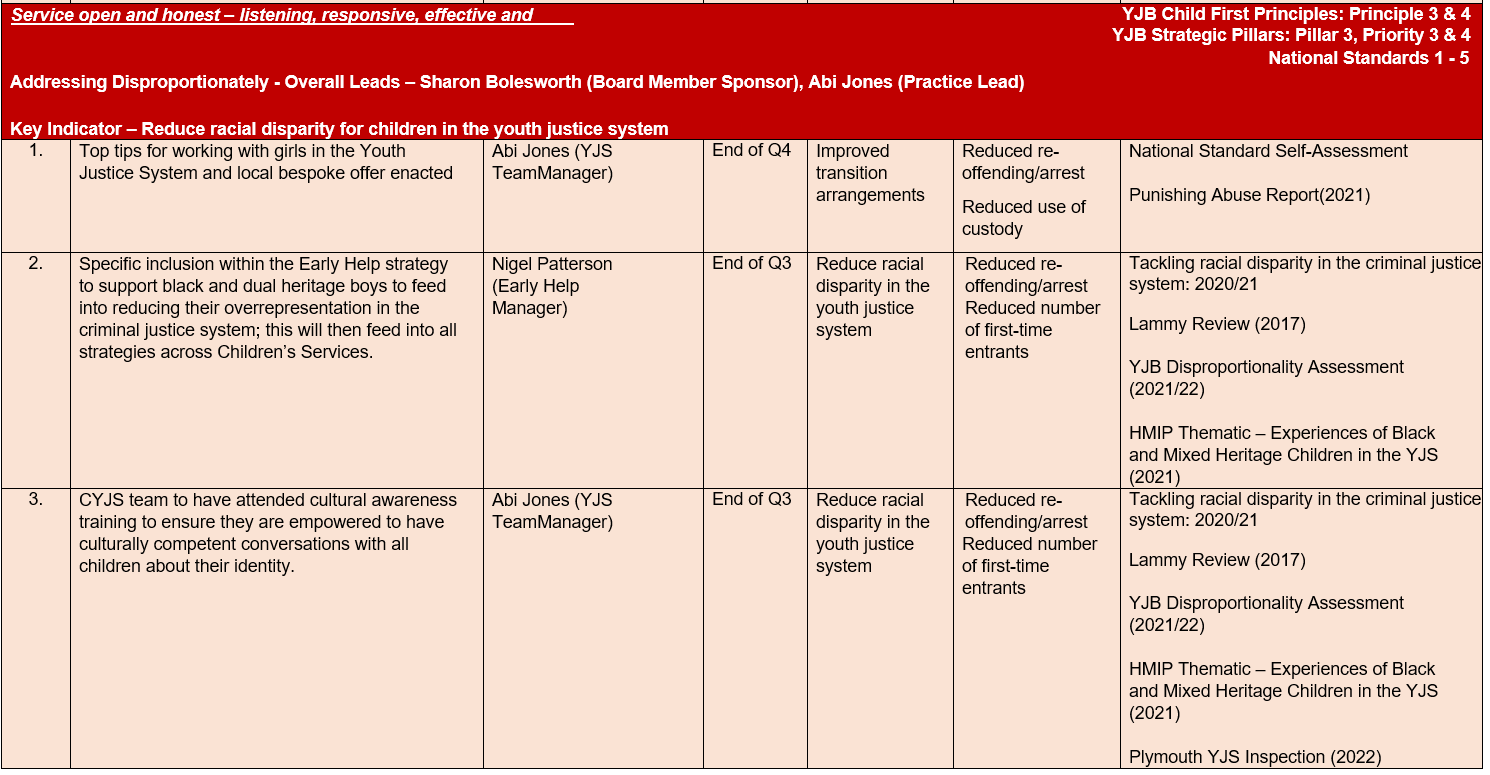
*There is an over-representation of Black, Mixed Heritage and White British children in the YJS cohort, and a large under-representation of Asian young people (see appendices). The ethnic makeup of the group was 48% White British, 8% White Ethnic Minority, 18% Black, 10% Asian, and 15% Mixed Heritage. As of January 2022, Coventry schools had a population makeup of 44% White British, 9% White Ethnic Minority, 13% Black, 22% Asian, 6% Mixed Heritage, 3% Chinese / Other, and 1.0% Refused.*

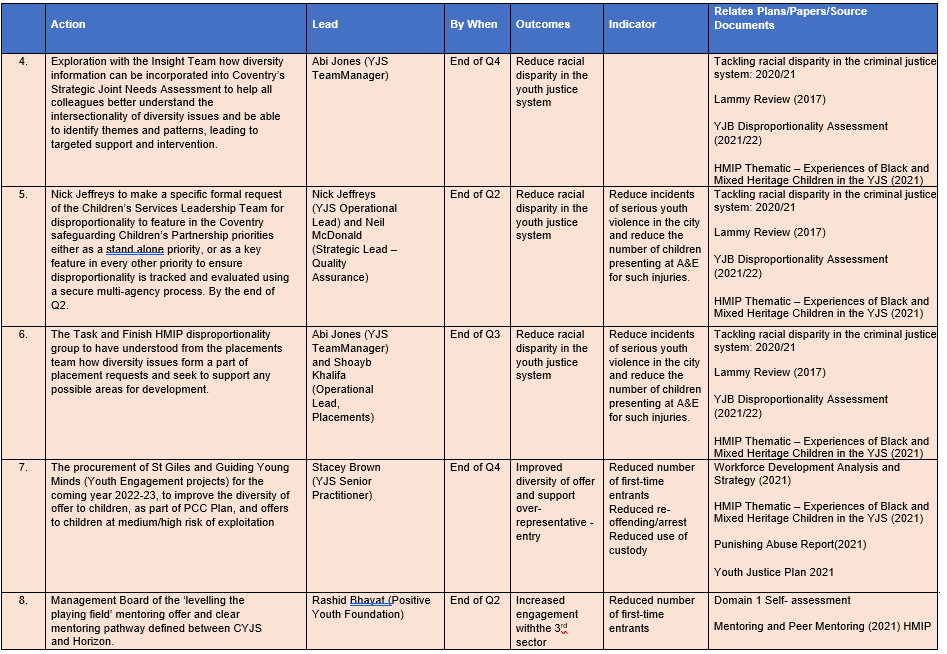
Plan link to be added once published.

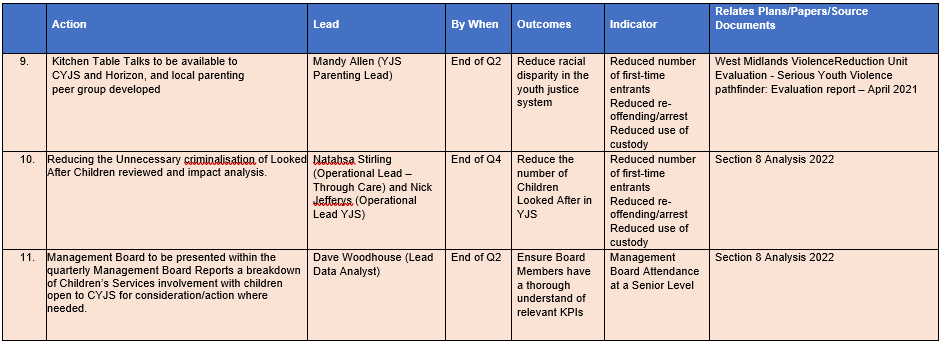
* page 28 details a racial disproportionality exercise undertaken by the Service.

The exercise compared White British children versus the wider cohort and identified that the non-white British children were twice as likely to be charged to Court but had an offence frequency of 2.37 verses 1.8. To understand this further, we undertook deeper dive into the details of this and circumstances around charging decisions. This identified that charging decisions were appropriate in line with the seriousness of offences and that both groups were offered the same number of Enhanced Community Resolutions; though, there was a significant difference in Youth Conditional Cautions where 86% of children were White British. It showed that non-white British children were more likely to reside in the CV2 postcode and be identified to be a victim of exploitation/concerns around serious youth violence. The review found children were more likely to have been NFA’d for offences before being charged for more serious offences. There is further data analysis information available on page 70 of the plan and the actviity from the last year on p.24. Addressing disproportionality continues to be identified as a key priority area with an improvement/business plan specific to this on pages 56-58.

Actions are:

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****

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2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | The strategy and plan seek to outline how the Service will deliver on the CYJS vision, which will see the delivery of the service putting children at the centre of decision making. |
| Age 19-64 | **NI** |  |
| Age 65+ | **NI** |  |
| Disability | **P** | The improvement plan details much activity around ensuring appropriate health and education support for children, with a specific plan around improving the access to Speech and Language Therapists. |
| Gender reassignment | **P** | The improvement plan details activity to support children in recognising and responding to a child’s unique identity, including gender and gender reassignment. |
| Marriage and Civil Partnership | **NI** |  |
| Pregnancy and maternity | **P** | The improvement plan includes a specific project around responding to girls within the youth justice system, which will explicitly consider support around pregnancy and maternity. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The service has commissioned a disproportionality project looking largely ethnic disproportionality and the business/improvement plan pages 56-58 details this. |
| Religion and belief | **P** | The improvement plan details activity to support children in recognising and responding to a child’s unique identity, including region and belief. |
| Sex | **P** | The plan on pages 24 details the ongoing regional project looking at how YJS can best respond to the needs of girls within the criminal justice system. The overrepresentation of boys to girls is reflective of the national youth justice system – comparative national data is available through the Youth Justice Board’s Youth Justice Application Framework. |
| Sexual orientation | **P** | The improvement plan details activity to support children in recognising and responding to a child’s unique identity, including sexual orientation. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics, and experiences, such as age, gender, disability, and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts** ([hannah.watts@coventry.gov.ukhannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) in Pu**blic Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:  The strategy outlines a development plan (p.39). This plan outlines how the Service will improve delivery to children, improving outcomes for children in open to CYJS and, in doing so, respond to the Marmot Principles, namely:     * Give very child the best start in life * Enable all to maximise their capabilities and control over their lives * Create good work for all * Ensure healthy standard of living * Create healthy and sustainable places * Tackle discrimination, racism and their outcomes * Strengthen the role of ill health prevention * Pursue Environmental sustainability and health equity     It is recognised that the Covid Pandemic has compounded health inequalities and the plan details the work to mitigate this. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:    Give every child the best start in life    Section 8 (p.25) of the strategy outlines the overrepresentation in the youth justice system for children who have experienced trauma, social deprivation, and other inequalities. The development plan (p.44) discusses actions to continue the development of trauma informed practice to support children through experiences of trauma and mitigate the impact of this through adulthood.    Enable all to maximise their capabilities and control over their lives & create good work for all  P.30 outlines the education needs and lower attainement levels for chidlren in the youth justice system. The development plan (p.50) details steps to improve the attainment and engagement in education, training or employment. The Service now has a seconded Speech and Language Therapist who will support in assessing and responding to children’s communication/speech/language needs; this will support in addressing the overrepresentation of these needs for children in the youth justice system and help close the gap with the wider population.    Ensure healthy standard of living  P.27 details the support offered to parents whose children are in the youth justice system; this activity includes work around life skills (financial management) and general empowerment; for example, the Kitchen Table Talks Project detailed on page 27. This activity will continue in the coming years, along with the development of a local parent peer support group; this is detailed on page 58.    Create healthy and sustainable places  Section 9 (p.4) details the activity to ensure children’s voices are at the centre of Service development with development activity, in response to this feedback, detailed on page 39.    Tackle discrimination, racism and their outcomes  ‘Addressing Disproportionality’ is an explicit priority for the Service. While there is a focus on addressing racial disparity in the youth justice system, page 57 details the overall plans for this area; for example, the procurement of mentoring opportunities through local provide to ensure appropriate mentoring matching can take place for children to meet their diversity needs.    Strenghen the role of ill health prevention  Page 13 and 14 detail the work of the Coventry Youth Violence Prevention Strategy. This focusses on taking a public health approach to the issue of Serious Youth Violence, investing in earlier intervention and early prevention; for example, the creation and funding of a Schools Violence Reduction Lead who has supported the delivery of trauma informed training across schools (see p.21).    Pursue Environmental sustainability and health equity  While the plan does not explicitly detail a focus on environmental substantiality, the plan details current and ongoing activities that promote sport as a mechanism for mentoring (see p.23), along with the continuation of more sustain hybrid models of working where this is an appropriate to ensure Service demand is met (see p.35).    Overall, the progression of the plan is expected to positively impact in the intergenerational transmission of criminogenic factors for the whole family; this is particularly the case where direct support is offered from the CYJS Parenting Lead. The assessment framework used for all children takes a whole system approach and supports in identifying areas of structural inequality, which will then be addressed via a child’s intervention plan.    The plan outlines how children within the youth justice system are a group of children who have experienced trauma, and the activity through the last year is detailed on pages 21/22; there is an additional priority plan for ‘trauma informed practice’ detailed on pages 44-46.    There is a continued specific priority on resettlement and looking at the whole system response to children exiting custody (p.54); it is expected that actions, as per the improvement plan, will support in this area of development. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| Actions outlined in the improvement and business plan – see page.38. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| Progression of the plan is monitored/evaluated via the quarterly CYJS Management Board through a quarterly update paper prepared by Nick Jeffreys Operational Lead for CYJS; the Management Board is made up of statutory and non-statutory leads who oversee the youth justice services within Coventry and are detailed as sponsors for relevant priority areas. Board Sponsors will take strategic responsbility for the areas they are attached to. The plan is also tracked operationally via CYJS’s Management Meeting, which includes statutory partners, at an operational level. | |

2.6  Will there be any potential impacts on Council staff from protected groups?

The plan outlines CYJS’s current workforce demographic and a graphic is viewable on page 61/62, with actions on pages 52-54. Page 17 and 24 of the plan detail progressive actions over the last year and a link to the plan will be added once published.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date:**    **27.08.22** |
| **Name of Director:**  **John Gregg** | **Date sent to Director:** |
| **Name of Lead Elected Member:**  **Councillor P Seaman** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** |  | **EIA Residential Design Guide SPD** |
| **EIA Author** | Name | **Clare Eggington** |
|  | Position | **Planning Policy Manager** |
| Date of completion | **08/06/2022** |
| **Head of Service** | Name | **David Butler** |
|  | Position | **Head of Planning Policy and Environment** |
| **Cabinet Member** | Name | **Councillor David Welsh** |
|  | Portfolio | **Housing and Communities** |

EIA

•

**Having identified an EIA is required, ensure that the EIA form is completed as early as possible.**

•

**Any advice or guidance can be obtained by contacting Jaspal Mann (Equalities) or Hannah Watts**

**Health Inequalities**

**)**

**(**

Sign Off

•

**Brief the relevant Head of Service/Director/Elected Member for sign off**

•

**Have the EIA Form ready for consultation if it is required**

•

**Amend according to consultation feedback and brief decision makers of any changes**

Action

•

**Implement project / changes or finalise policy/strategy/contract**

•

**Monitor equalities impact and mitigations as evidence of duty of care**

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

|  |
| --- |
| **SECTION 1 – Context & Background** |
|  |

1.1 Please tick one of the following options:

This EIA is being carried out on:

☐New policy / strategy

☐New service

☐Review of policy / strategy

☐Review of service

☐Commissioning

☒Other project *(please give details)Supplementary Planning Document for Householder Design*

1.2 In summary, what is the background to this EIA?

The Residential Design Supplementary Planning Document (SPD) adds further detail to the Local Plan which was adopted on 6th December 2017 and for which EIA was undertaken. SPDs do not introduce new policy, but provide further detail and guidance to enable the delivery of adopted policies.

Delivering high quality residential design over the Plan period to 2031 is a key objective of the adopted Coventry Local Plan. The aim of this SPD is to facilitate the delivery of high quality design as set out in the plan and in compliance with the most up to date national policy as set out in the National Planning Policy Framework.

The additional guidance provided within the SPD sets out detail for developers who are designing residential schemes.

1.3 Who are the main stakeholders involved? Who will be affected?

Developers, those who will live in the properties, the communities where the properties will be located, those who have an interest in the way in which plans are prepared (eg the various statutory consultees)

1.4 Who will be responsible for implementing the findings of this EIA?

Coventry City Council Planning Service

|  |
| --- |
| **SECTION 2 – Consideration of Impact** |
|  |

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | Whilst those aged 0-18 would generally not be directly involved in the design process, many will live in new build properties on new residential developments and the SPD will ensure that such developments are of a high standard. 19.5% of the population are aged 0-15 so well over a fifth of the population (when the 16-18 year olds are factored in) could potentially benefit. |
| Age 19-64 | **P** | 67% of the population of Coventry are of working age (16-64). Many will live in new build properties on new residential developments and the SPD will ensure that such developments are of a high standard. |
| Age 65+ | **P** | 13.5% of Coventry’s population aged above 65. As above, many will live in new build properties on new residential developments and the SPD will ensure that such developments are of a high standard. The guide provides advice on ensuring that developments are |
|  |  | accessible and adaptable, which could assist ageing resients in being able to remain in their own homes and communities. |
| Disability | **P** | 17.7% of Coventry’s residents have a limiting long term health problem or disability. The SPD encourages good design in new build developments to ensure that people can adapt their homes and communities in a way which meets their changing needs. |
| Gender reassignment | **P** | Good residential design has a positive impact on everyone in the community. |
| Marriage and Civil Partnership | **P** | Good residential design has a positive impact on everyone in the community. |
| Pregnancy and maternity | **P** | Good residential design has a positive impact on everyone in the community. |
| Race (Including:  colour, nationality, citizenship ethnic or national origins) | **P** | Good residential design has a positive impact on everyone in the community. |
| Religion and belief | **P** | Good residential design has a positive impact on everyone in the community. |
| Sex | **P** | Good residential design has a positive impact on everyone in the community. |
| Sexual orientation | **P** | Good residential design has a positive impact on everyone in the community. |

* Foster good relations between persons who share a relevant protected characteristic and those who do not

* 1. Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to [https://www.coventry.gov.uk/factsaboutcoventry)](https://www.coventry.gov.uk/factsaboutcoventry)

The Local Plan was independently examined by a Planning Inspector to ensure that its policies were robust and formulated using appropriate evidence before it could be sound and capable of adoption. Further detail on the Local Plan and the evidence base can be found here <https://www.coventry.gov.uk/localplan>

This SPD expands upon adopted Local Plan Policy DE1, Ensuring High Quality Design. It provides additional for guidance developers who are designing residential schemes to ensure they produce high quality design.

* 1. On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

# HEALTH INEQUALITIES

|  |  |
| --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts**  (hannah.watts@coventry.gov.uk) **in Public Health for more information. More details and worked examples can be found at**[https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equalityhttps://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspxImpact-Assessment-(EIA).aspx](https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx) | | | |
| Question | | Issues to consider | |  |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socioeconomic status or geographical deprivation | | |
|  | | Response:  The Residential Design Guide SPD supplements the policies of the adopted Local Plan which was subject to Health Impact Assessment. The Health and Wellbeing chapter of the plan, which includes Policy HW1, requires Health Impact Assessments for particular types and scale of development where there could be significant impacts. See <https://www.coventry.gov.uk/localplan>This was supplemented by a Health Impact Assessment SPD which provided further detail and guidance including that in relation to affordable housing. See <https://www.coventry.gov.uk/downloads/file/28900/health_impact_assessment_spd>Whilst only major residential applications are subject to HIA, the explanatory text still encourages the use of the toolkit for smaller developments than those covered by the policy (which relates to developments of 150 homes or more, or a site area of 5 hectares or more). This Residential Design SPD will help provide further guidance on good design and this will help to ensure decent living standards in terms of amenity, accessibility and adaptability, avoiding negative impacts and supporting people to carry on living in their community. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
| protected characteristics | |  | | |
|  | | Response:    a. Potential outcomes including impact based on socio-economic status or geographical deprivation  The Health Impact Assessment SPD referred to above includes the following: | | |
| b. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.    Ensuring well designed developments to meet a range of needs and circumstances is a key aim of the Local Plan design policy and the SPD provides the further detail to ensure that policy can be delivered.    Policy DE1 of the Local Plan sets out the context, and the SPD provides the detail for ensuring that residential developments are well designed and appropriate to meet the changing needs of the communities impacted. | | |

2.4 Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above?

This was considered through the Local Plan (the ‘parent document’), this document provides the detail to ensure the Local Plan policies can be delivered effectively.

The SPD elaborates on adopted Policy DE1 to ensure that high standards of design are implemented.

2.5 How will you monitor and evaluate the effect of this work?

Planning applications and their outcomes are monitored. However there is scope to improve the monitoring process and this is an action which will be undertaken by the planning policy team to consider moving forwards in terms of the effectiveness of design policy. In terms of the outcomes of further monitoring, if there are issues which are emerging, this can then be fed into a review of the wider local Plan policies.

2.6 Will there be any potential impacts on Council staff from protected groups?

No

You should

only

include the following data

if this

area of work

will

potentially

have an impact on Council

staff

.

This can be obtained from:

lucille.buckley@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |

|  |  |
| --- | --- |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Disability:**

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups ☐

Positive impact has been identified for one or more protected groups ☒

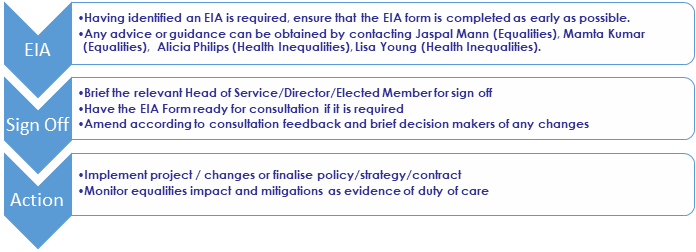
Negative impact has been identified for one or more protected groups ☐

Both positive and negative impact has been identified for one or more protected groups ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service: David Butler** | **Date:** |
| **Name of Director:**  **Andrew Walster** | **Date sent to Director:** |
| **Name of Lead Elected Member:**  **Councillor D Welsh** | **Date sent to Councillor:** |

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Coventry and Warwickshire Dementia Strategy** |
| **EIA Author** | Name | **Sharon Atkins** |
|  | Position | **Joint Commissioning Manager Dementia and Mental Health** |
|  | Date of completion | **15.09.2022** |
| **Head of Service** | Name | **Jon Reading** |
|  | Position | **Head of Commissioning and Quality** |
| **Cabinet Member** | Name | **Cllr Mal Mutton** |
|  | Portfolio | **Adult Services** |



**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☒​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Coventry and Warwickshire’s Living Well with Dementia Strategy is being refreshed, based on engagement and alignment with national and local strategies and guidance. As part of this, we wish to ensure services and support are inclusive to maximise access and uptake by people  with dementia and their carers. We also wish to further develop work to raise awareness and understanding of dementia, and access to, and uptake of services in specific groups with protected characteristics as we know this has been challenging to date and has the potential to further increase inequalities in health. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| * People Living with Dementia and their families * The City Council * Coventry and Warwickshire Integrated Commissioning Board * Warwickshire County Council | |

1.4 Who will be responsible for implementing the findings of this EIA?

Sharon Atkins – Joint Commissioning Manager for Dementia and Mental Health

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed, and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation, and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

There are an estimated 3,690 people in Coventry living with dementia, and this number is predicted to increase to 4,882 by 2040. While most people with dementia are over 65, dementia can affect people of all ages, and over 80 people aged under 65 in Coventry are estimated to be living with dementia.

Many people with dementia are older, and prevalence of dementia  increases with age although younger people are still affected.

Carers can be any age, but a range of potential issues could be faced at different ages, e. g older carers may be experiencing their own health concerns, younger carers may be juggling demands of working and caring for younger family members with their caring role.

People with dementia are more likely to be over 65 and, in consequence, can face both ageism and the stigma associated with dementia. For example, older people may be denied access to the full range of mental health services that are available to younger adults. This could particularly disadvantage people with dementia who are more likely to be over 65 and require mental health support. People may delay seeking a diagnosis, assuming symptoms are just part of ageing.

Dementia is a disability, according to domestic law and international convention. Thousands of people who responded to the All-Party Parliamentary Group (APPG) inquiry agreed that they see dementia as a disability. However, they told the APPG that society is lagging in this understanding and failing to uphold the legal rights of people with dementia. (APPG, 2019)

People with dementia may have other conditions which impact the timing of when they come forward for a diagnosis, when and how they receive a timely diagnosis and their ability to access services.

A study undertaken by PHE in 2015 found that Learning disability and lower socio-economic position both increased the prevalence of dementia. We need to consider numbers of people with dementia who have learning disabilities and impact of this on diagnosis and support.

Carers of people with dementia may have disabilities. Need to consider how these carers can be supported.

Data regarding transgender individuals with dementia is not widely available or collected by commissioned services. This needs to be addressed.

Data on ethnicity of people diagnosed with dementia is sparse. Data from NHS digital shows that 68% of people do not have ethnicity recorded. 28% are white, 3.5% Asian or Asian British. (https://digital.nhs.uk/data-and- information/publications/statistical/recorded-dementia- diagnoses/November-2020)

Alzheimer’s Society report that 3 per cent of people with dementia are from BAME communities – around 25,000 people. This number is expected to double by 2026 with the steepest increase expected in South Asian communities.

* Research suggests BAME communities often face delays in  dementia diagnosis and barriers in accessing services.
* https://[www.alzheimers.org.uk/for-researchers/black-asian-and-](http://www.alzheimers.org.uk/for-researchers/black-asian-and-)minority-ethnic-communities-and-dementia-research

PHE study in 2015 found Dementia was more common in people from African American, black-Caribbean, or Hispanic backgrounds. There was no information published on people from south-east Asian backgrounds.

A new study led by researchers from University College London has looked at difference in dementia diagnosis rates among different ethnic groups in the UK. The paper, published (on Wednesday 8 August 2018) in the journal *Clinical Epidemiology,* suggests that black men and women are more likely to develop dementia than their white counterparts. (Published in Alzheimer’s research UK, 2016) https://[www.alzheimersresearchuk.org/ethnic-differences-dementia-](http://www.alzheimersresearchuk.org/ethnic-differences-dementia-) diagnosis-up/

An article in Nursing Times (2018) found that rates of dementia diagnosis are higher among black ethnic groups compared to white and Asian groups in the UK. They found that the incidence of dementia diagnosis was 25% higher among black women than white women, and 28% higher among black men than white men. Asian women and men were 18% and 12% less likely than white women and men, respectively, to have a dementia diagnosis. https://[www.nursingtimes.net/news/research-and-innovation/likelihood-](http://www.nursingtimes.net/news/research-and-innovation/likelihood-) of-dementia-higher-among-black-ethnic-groups-08-08-2018/

Deaths from people in certain ethnic groups from dementia have been widely reported as being very high during the coronavirus pandemic.

Understanding and acceptance of dementia is limited / challenging in some cultures. Lower rates of diagnosis than expected in some BAME groups may affect access to support services. The number of people with dementia from BAME communities is expected to increase seven times by 2051. However, people from BAME communities are less likely to be diagnosed or receive post-diagnosis support (All-Party Parliamentary Group on Dementia, 2013). People from BAME groups face significant barriers when accessing support. There is a lack of culturally sensitive dementia services and families can be reluctant to use services that do not meet cultural or religious needs. Risk of dementia is greater in some BAME groups due to increased  cardiovascular risk factors and diabetes etc.

A study conducted by PHE in 2015 found that there was no information               to help understand if religion changed the prevalence of dementia.

Dementia is more common in women (PHE, 2015). Data by age and sex indicates that from the ages 65 to 79 years the split between males and females with dementia is quite similar. However, from the age of 80 years, females make up an increasing proportion of recorded dementia prevalence.

**Early onset dementia**

Dementia is 'young onset' when it affects people of working age, usually      between 30 and 65 years old. It is also referred to as 'early onset' or 'working-age' dementia. In 2019, the crude recorded prevalence of dementia in those aged under 65 for Coventry and Rugby was 2.54 per 10,000 population slightly below the England figure. *Source: Fingertips/PHE/Dementia profiles, August 2020*

Priority three of the Strategy “Supporting Well” includes the specific aim of raising awareness of and adapting services to work towards equality of access for people with protected characteristics.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** |  |
| Age 19-64 | **P** | Many people with dementia are older, and prevalence of dementia                   increases with age although younger people are still affected.    Carers can be any age, but a range of potential issues could be faced at different ages, e. g older carers may be experiencing their own health  concerns, younger carers may be juggling demands of working and caring for younger family members with their caring role.    Implementation of the strategy is expected to have positive benefits through e.g. encouraging younger people to                 come forward if concerned about memory. Addressing misconception that dementia only affects older people.    Healthy lifestyles incorporated into the strategy can reduce risk of early onset dementia. Support to younger adult carers. |
| Age 65+ | **P** | Most people with dementia and many carers are aged 65 and over.  The strategy will support raising awareness that people can live well with dementia - positive examples / case studies.    Develop use of arts programmes and other interventions such as Cognitive Stimulation Therapy (CST) Opportunity with re- commissioning dementia support services to consider unique challenges and therefore support required    Implementation of the strategy will help to establish whether all service settings likely to be accessed by people with               dementia are accessible, whether or not they have additional disabilities. |
| Disability | **P** | Dementia is now recognised as a disability           which may help people access services, benefits, and support.    Opportunity with re- commissioning dementia support services to consider unique challenges and therefore support required to those that have disabilities including ensuring good pathways and joint working between key agencies such as adult social care, GPs, providers etc. |
| Gender reassignment | **P** | This needs assessment and engagement provide an opportunity to  consider how we can improve meeting needs of all potential clients.    Implementation the Strategy should improve our understanding of the needs of those individuals living with dementia or their carers who have had gender reassignment |
| Marriage and Civil Partnership | **NI** |  |
| Pregnancy and maternity | **NI** |  |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | Implementing the strategy will open up opportunities to raise awareness of issues concerning dementia for BAME groups. Use of range of images          people from different backgrounds on resources. Translation of resources into different languages.    Need to build on risk reduction messages for all but tailored to specific at-risk groups. The needs assessment and engagement provide an opportunity to consider how we      can improve meeting the needs of people from different communities. |
| Religion and belief | **NI** | A study conducted by PHE in 2015 found that there was no information     to help understand if religion changed the prevalence of dementia. |
| Sex | **P** | The needs assessment and engagement provide an opportunity to consider how we can improve how we best meet needs of both males and females.    An opportunity to consider how we work with local voluntary    groups to support people with dementia in community, recognizing that there are many more females than males living with dementia. |
| Sexual orientation | **NI** | A study conducted by PHE in 2015 found that there was no information to help understand if sexual orientation changed the prevalence of dementia. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics, and experiences, such as age, gender, disability, and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section, please contact: Alicia Philips or Lisa Young**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:    Service users and residents living with dementia who are council funded will have met eligibility criteria under The Care Act (2014), specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     The Strategy will support improved diagnosis through Priority 2 “Diagnosing Well “with timely and accurate diagnosis leading to appropriate health and wellbeing support. Good diagnostic services will be available across the Coventry and Warwickshire footprint. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups e.g. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     People with dementia and their families can be subject to stigma and thus specific social exclusion.  Priority three of the Strategy “Supporting Well” includes the specific aim of raising awareness of and adapting services to work towards equality of access for people with protected characteristics. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| * Ensure EIA is considered and regularly reviewed as part of development and delivery of Delivery    Plans. * Themed workshops / meetings will be considered for multi-agency professionals to review current commissioned support service offer at various stages of Dementia pathway and design future offer. To have a focus on issues identified in the EIA in relation to impact on individuals with protected characteristics. * Consideration to be given as to how current and potential users of dementia support services can be engaged with and involved in co-production. * Engagement approach to consider the barriers for some groups to participate in surveys / focus groups etc and identify ways in which this may be overcome. For examples, consider sessions with BME community, sessions with people with a learning disability and / or physical disability * Continue to review data relating to delivery of Dementia support services in terms of access by people with protected characteristics | |
|  | |

**DIGITAL INCLUSION**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.5** | The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English [(NHS Digital.)](https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is)    Some of the barriers to digital inclusion can include lack of:   * **Access** to a device and/or data * **Digital skills** * **Motivation** to get online * **Trust** of online safety     Digital exclusion is not a fixed entity and may look different to different people at different times.    Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.    Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.    Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.    It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.    **Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Laura Waller (*Digital Services & Inclusion Lead, CCC*). More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.5 What digital inequalities exist in relation to your work / plan / strategy? | | * Does your work assume service users have digital access and skills? * Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? * Consider what the unintended consequences of your work might be. | |
|  |  | Response:  Implementation of the dementia strategy does not assume that all stakeholders are proficient in digital skills, nor does it assume digital access. It is appreciated that some will be potentially disadvantage in this respect. | |
| 2.5b How will you mitigate against digital inequalities? | | * If any digital inequalities are identified, how can you reduce these?   For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online. | |
|  |  | Response: To address inequities in digital access people living with dementia and their carers will be involved using a wide variety of media including written material telephone conversations etc. Should Cabinet Member approve the establishment of the Dementia Hub this will be a rich source of information and advice both through visits to the building and through outreach work. As part of strategy implementation communication with stakeholders will be monitored to try and ensure that harder to reach stakeholders do not remain additionally disadvantaged.  The strategy includes work towards reducing the digital divide by supporting people with dementia and their carers to use technology to enjoy a range of virtual activities and stay connected with others | |

|  |  |
| --- | --- |
| 2.6 | How will you monitor and evaluate the effect of this work? |
| As part of strategy implementation communication with stakeholders will be monitored to try and ensure that harder to reach stakeholders do not remain additionally disadvantaged. | |

2.7 Will there be any potential impacts on Council staff from protected groups?

There may be postive impacts on council employees who are carers of people living with dementia, however, numbers are not currently available

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

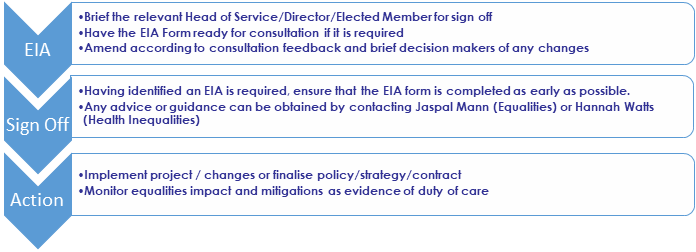
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date: 15.09.2022** |
| **Name of Director: Pete Fahy** | **Date sent to Director:** |
| **Name of Lead Elected Member: Councillor Mal Mutton** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **British Nationals Overseasa ( Hong Kong)** |
| **EIA Author** | Name | **Mandy Sanghera and Brony Woo** |
|  | Position | **Project Manager and Education and BNO Co-Ordinator** |
|  | Date of completion | **18/02/2022** |
| **Head of Service** | Name | **Peter Barnett** |
|  | Position | **Head of Service, Libraries and Migration** |
| **Cabinet Member** | Name | **Cllr Abdul Khan** |
|  | Portfolio | **Policing and Equalities** |

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**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☒​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| We are looking at delivering specialist Support **for Hong Kong British Nationals (Overseas) (BN(O)**  Hong Kong British Nationals (Overseas) (BN(O)) status holders can apply for a new immigration route, enabling them and their dependents to come to the UK to live, work and study, on a pathway to citizenship. The West Midlands Welcome Hub has been set up to support new arrivals from Hong Kong on the British Nationals (Overseas) visa to access information to help their integration into the UK    We are looking to support about 300 BNOs , A mixture of ages and gender spilt is 50/50    We are looking to deliver     * Economically inactive or unemployed * Have a pre-ESOL proficiency level of English * Have one of the following immigration statuses: * Support  to access services | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Coventry City Council will be subcontracting to a provider once they have been successful via the procurement / tendering process which will start on 1st  September 2021    After a process of tendering, Coventry City Council’s Migration Team has signed Data Sharing  Agreements with partners:    Coventry City Council  British Nationals Overseas ( Hong Kong)  Job Shop  St Francis Employability  Coventry Refugee and Migrant Centre  Positive Youth Foundation  Ashley Community Housing  Together For Change  Ethnic Minorities Achievement Services CCC  West Midlands Strategic Migration Partnership (WMSMP)  Chinese Christian Church  Adult Education Service | |

1.4 Who will be responsible for implementing the findings of this EIA?

Peter Barnett and Mandy Sanghera

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

This a new project , there is no real data there is an estimate of about 150 BNOs  gender split is 50/50.

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | Young people may find it easier to mix with their peers at school and develop their understanding of the British way of life through what their parents/guardians have learnt from previous project delivery  Creche facilities will be provided to the children of ESOL learners. |
| Age 19-64 | **P** | Newly arrived migrants to develop their English and upskill themselves by volunteering which may lead into employment. |
| Age 65+ | **P** | Clients have come via the  Job Shop  and may struggle to adapt as they may not get into employment, there is risk of isolation and lack of integration if clients don’t learn English. LEAP and My Coventry projects  will help prospective clients to gain essential skills through improving their English, promoting both personal and community development. |
| Disability | **P** | By including disabled migrants, we are creating inclusive cities where everyone can thrive. |
| Gender reassignment | **ID** | Client may not disclose due to cultural attitude |
| Marriage and Civil Partnership | **ID** | Client may not disclose due to cultural attitude |
| Pregnancy and maternity | **ID** | Client may not disclose due to cultural attitude |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | As language is one of the key barriers to independence, ESOL will aid quicker integration into society, allowing for more effective communication, understanding of cultural norms and public service regulations, thereby reducing frustration and fear within the host community. |
| Religion and belief | **P** | It will also help shift society’s perception of migrants from being “dependent migrants” to becoming “contributing migrants” who support the city to progress forward economically as well as socially and contribute by securing jobs and paying taxes. |
| Sex | **P** | By empowering more women improving migrant’s ability to secure paid employment, thereby becoming less reliant on state hand outs and able to contribute more quickly to society, they will become more independent. |
| Sexual orientation | **ID** | Client may not disclose due to cultural attitude |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Hannah Watts** ([hannah.watts@coventry.gov.uk](mailto:hannah.watts@coventry.gov.uk)) i**n Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)*   * CCC health inequality report from 2018 shows deep deprivation within city communities with high migrant and BAME populations who are likely to have lower standards of English. This is exacerbated by low home-ownership among these groups and higher levels of overcrowding within houses. This problem of overcrowding has been especially relevant during the pandemic. * Coventry has a long history of welcoming migrants, for which it now has established and concentrated communities in Foleshill, St Michael’s and Radford wards. 23.8% of Coventry residents were born outside of the UK1, in some wards figures are as high as 44%2. Unemployment here is particularly high, with a strong links to low skills in spoken English. Lack of English language skills pose a hinderance to social and economic progression as well as the city’s cohesion and integration.     Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation.   * Due to the concentration of protected characteristic groups in certain Coventry wards, some may not feel the need to improve their English skills due to the ability to speak their indigenous language to access key services. This increases the difficulty in members of these community accessing citywide services offered only in English, further increasing isolation, deprivation and health inequalities. | | |
|  |  | Response: newly arrived communities will face many inequalities by providing ESOL it will help clients to get jobs and move into areas of the city with less deprivation  We actively want to address the barriers  facing newly arrived communities | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**    Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income   * Consider what the unintended consequences of your work might be * BNO Services  is projected to benefit all age groups. Younger age groups accessing LEAP and My Coventry  will find it easier to integrate and mix with their peers at school/college and eventually find employment. Meanwhile, older age groups will find it easier to integrate, thus decreasing social isolation and increasing access to employment opportunities. In both cases, access to the LEAP and My Coventry  courses will decrease the likelihood of mental health deterioration due to social isolation, loneliness, and depression. * LEAP and My Coventry projects  may also have the unintended consequences of breaking barriers to discussions about mental health problems, which remains a major taboo within many communities within Coventry. | | |
|  |  | Response:    Potential outcomes including impact based on socio-economic status or geographical deprivation:   * By holding LEAP sessions at multiple locations across the city, wards with more entrenched geographical deprivation can be more easily targeted. * The project being free to access, with the inclusion of Information, Advice and Guidance (IAG) which will directly tackle health inequalities, will also address socio-economic boundaries of low-income clients and will help to increase their social mobility. | | |
|  |  | Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.     * Conversation Club sessions within LEAP, designed to increase inter-community and interfaith relations, will have the largest impact of positively impacting socially excluded and vulnerable groups such as asylum seekers, roma gypsies and refugees. Inter-community bonds will not only be formed between these groups, but also with other groups within Coventry who do not face the same levels of social exclusion. * These improved inter-community and interfaith relations will help these groups to collectively tackle common problems within their respective communities, including health inequalities and deprivation. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| We are working with the community across the West Midlands and sharing best practice | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| We capture regular data and case studies through spreadsheets, attendance and demographic data as well as individual informal feedback. | |

2.6  Will there be any potential impacts on Council staff from protected groups?

**No impact**

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: [lucille.buckley@coventry.gov.uk](mailto:lucille.buckley@coventry.gov.uk)

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☒​

Negative impact has been identified for one or more protected groups    ​☐​

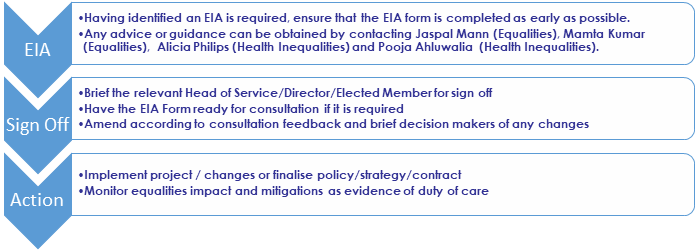
Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:**    **Peter Barnet** | **Date:**    **12/06/2022** |
| **Name of Director:**    **Kirsten Nelison** | **Date sent to Director:**  **12/06/2022** |
| **Name of Lead Elected Member:**    **Cllr A Khan** | **Date sent to Councillor:**  **12/06/2022** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Alternative Service - Coventry Bin Strike** |
| **EIA Author** | Name | **Mamta Kumar** |
|  | Position | **Equality and Diversity Assistant** |
|  | Date of completion | **29th June 2022** |
| **Head of Service** | Name | **Valerie De Souza** |
|  | Position | **Public Health Consultant** |
| **Cabinet Member** | Name | **Councillar Khan** |
|  | Portfolio | **Policing and Equalities** |



**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☐​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☒​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Over several years, the Waste department has closed during the Christmas week, this year (2021) staff across Coventry City Council were informed the Council will not be closing and staff are now required to work. Waste Refuge drivers as part of this action balloted over the Christmas working and pay rates for drivers.    Following the ballot outcome - Industrial action started on the 5th January 2022, with 49 drivers from Domestic Waste on strike, this number has fluctuated but does not include the street pride or highways drivers.    In 2018 a full job evaluation took place and as a result the job grade changed from 4 to 5. During this industrial action the role has been job evaluated 3 times and there has been no change to the grade. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| Coventry Residents  Coventry Business  Staff with waste services  Coventry City Council Management team  Unions | |

1.4 Who will be responsible for implementing the findings of this EIA?

Steve Wightman

Sarah Elliot

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

Waste Services collect over 210,000 bins a week; therefore, the impact of the strike is going to be significant. Coventry City Council initial set up 4 waste drop off sites to give residents some way of disposing of their waste.  The four locations were utilising land/property owned by CCC and the sites were designed to take wheeled bin waste only and the waste was sent to incineration.

Following the success of the sites a further 6 sites were opened, two of which were locations donated by local community groups. However, since then waste services have had 7 drivers return to work and started working alongside Tom White.

Coventry City Council currently have 9 operational sites:

|  |
| --- |
| 1. Sowe Common |
| 1. War Memorial Park |
| 1. Hersall Common |
| 1. Aldermans Green |
| 1. Leicester Row |
| 1. Wellington Street |
| 1. Coventry Resource Centre |
| 1. Willenhall Social Club |
| 1. Telfer Road |
|  |

The map below highlights the 9 operational sites, and isochrones show they 5, 10 and 15-minute walking distance from each of the sites.



The 9 existing drop sites are within 15 minutes walking distance of 185,582 residents, or around 49% of the city’s 379,387 residents. All the drop sites are within 10 minute’s drive for all of the city’s residents.

The sites have been compared against the index of deprivation. where 1 = most deprived and 10 = least deprived.



2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI or ID | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** |  |
| Age 19-64 | **N** | The alternative service as a potential to negatively impact this group of people if you are in the 51% of residents and business who do not have access to a car or are not within 15 minutes walking distance.    Coventry City Council are prioritising this group and working with Tom White Waste and the drivers who are not currently on strike to ensure their bins are collected as and when they are able to do so. |
| Age 65+ | **N** | The alternative service as a potential to negatively impact this group of people if you are in the 51% of residents and business who do not have access to a car or are not within 15 minutes walking distance.    Coventry City Council are prioritising this group and working with Tom White Waste and the drivers who are not currently on strike to ensure they bins are collected as and when they are able to do so. |
| Disability | **N** | The alterative service as the potential to adversely negatively  impact people with a physical disability. Residents who were  receiving assisted collections are no longer being supported  and have received guidance to ask family and friends to  support. For this group of people, the alternative service  heavily relies on friends and families support, however not all  residents have family and friends who can support  The alternative service as the potential to negatively impact  residents with mental health. The bins not being collected can  further increase anxiety and stress. To mitigate the Council have opened drop up sites, however, for residents who do not  have access to a car could potential be walking miles or  carrying their rubbish on buses.  If a resident / business cannot access a car the alternative  service is heavily reliant on family and friends to support but  many residents do not have family and friends who are able to  support.  The alternative service has the potential to impact residents  and business with learning disability. Effective communication  is key to keep the residents informed and to the use of plain  simple English.  To mitigate and support Coventry City Council have updated  the website with information regards to the strike. Alongside  this channel the existing channels.  Residents can call the customer service centre and meet and greet staff are available to face to face. |
| Gender reassignment | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of Gender Reassignment. |
| Marriage and Civil Partnership | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of Marriage and Civil Partnership. |
| Pregnancy and maternity | **N** | The alternative service as the potential to adversely impact  residents on maternity negatively. This group of people tend to  have more waste than average. If the resident does not have access to a car, they will be reliant on family and friends to support.    The alternative service will adversely negatively impact  residents who are pregnant. Pregnant residents will not be  able to lift heavy bags and travel to a drop off point. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **N** | The alternative service as the potential to impact this group  of residents and business negatively if English is not there first language    The 2011 Census tells us that 1 in every 5 people living in Coventry (21%) were born outside the UK, and over 35% of births in 2011 were to non-UK born mothers.    It is important to ensure any key messages relating to the strike are translated and key communication is understood by all regardless of their Race |
| Religion and belief | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of Religion and Belief. |
| Sex | **N** | The alternative service as a potential to impact females more adversely.  The number of males having access to a car is greater that the number of females. |
| Sexual orientation | **NI** | No impact, the impacts of the alternative service will apply to everyone irrespective of sexual orientation. |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics, and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:    The correlation between geographical deprivation and health is the more deprived the area the more likely someone will live less years and is more likely to impact on poor health outcomes. This is due to the wider social environments that many are living in. The maps above show the sites have been mapped against the index of deprivation. There are some areas of deprivation that fall outside of the 15-minute walking distance on the map. There will be additional barriers for those living in areas of multiple deprivation in being able to access some of the drop off sites. As the graph below suggests, the higher the level of deprivation, the less likely residents are to book to use the tip in Coventry. This may also correlate under such circumstances.        Those from lower socio-economic backgrounds and/or live in areas of geographical deprivation may be more impacted by the following due to the strike:   * Environmental health impacts if refuse builds up (e.g. mice/rats etc) * Barriers to access to drop off points if it’s not within walking distance * A higher prevelance of disability, mental health, single parent households, those on benefits etc * May be less likely to afford transport to drop off points     As mentioned previously these populations would be impacted more if they do not have a support network.    Areas with higher elderly populations may also be impacted more negatively as a proportion may be less mobile. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be     The bin strikes may impact those with additional barriers to access to a drop off site; those who have mobility issues, those who are from low socio-economic backgrounds, single parent households, those with a physical or mental disability.  These groups may be more negatively impacted if they do not have the support of friends and family. It could cause further stress and anxiety, financial strains or environmental health challenges if rubbish builds up and assistance is not available for those who do not have the means to travel to a drop off point.    To address these issues the areas the bin collectors attend to are priority areas that target areas of deprivation and will mitigate the above barriers for some groups. | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation     With the cost of living and energy prices increasing additional expenses to remove any rubbish such as travel expenses may impact these groups. By targeting areas of most need for bin collections the service will support those from lower socio-economic group or those from areas of multiple deprivation. | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community. | | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| By targeting areas of most need for bin collections the service will support those from lower socio-economic group or those from areas of multiple deprivation. There service has also called for support from the community to volunteer to assist those vulnerable households who cannot access drop off sites. | |

|  |  |
| --- | --- |
| 2.5 | How will you monitor and evaluate the effect of this work? |
| Comments, complaints and compliments will be collated and will be monitored on a weekly basis.  As staff numbers increase, we will look at providing an increased service to:     * Residents / business who are on assisted collections * Residents / business who are not within the 15 minutes walking distance | |

2.6  Will there be any potential impacts on Council staff from protected groups?

The workforce affected by this dispute are male manual workers in the main whose salary level reflects that of the average for Coventry. The average age of the worker does not reflect the overall average for Coventry as there is an ‘older’ workforce which is an issue for the authority as whole as 50% and over are 50 years old in age. There are also low numbers of female workers and those from black and ethnic minorities – these are both ‘known’ issues the authority is aware of and developing plans to address.

Disability data is also inconclusive due to the high numbers of not known that also need to be addressed.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Age** | **No. employees** | **Percentage** |  |
| 16-24 | 6 | 3.14 % |  |
| 25-34 | 36 | 18.85 % |  |
|  |
| 35-44 | 47 | 24.61 % |  |
|  |
|  |
| 45-54 | 37 | 19.37 % |  |
|  |
| 55-64 | 57 | 29.84 % |  |
|  |
| 65+ | 8 | 4.19 % |  |
| **Total:** | **191** | **100.00 %** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Workforce profile data for: 50 Waste Management Support** | | **31/05/2022** |  |
|  |
|  |
| **Ethnicity (Short)** | **No. employees** | **Percentage** |  |
|  |
|  |
| Black, Asian, Minority Ethnic | 6 | 3.14 % |  |
|  |
| Unknown | 69 | 36.13 % |  |
|  |
| White | 116 | 60.73 % |  |
|  |
| **Total:** | **191** | **100.00 %** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Ethnicity (Long)** | **No. employees** | **Percentage** |  |
| Mixed White/Black African | 1 | 0.52 % |  |
| Mixed White/Black Caribbean | 3 | 1.57 % |  |
|  |
| Other Ethnic Background | 1 | 0.52 % |  |
|  |
|  |
| Other Mixed Background | 1 | 0.52 % |  |
|  |
| Other White Background | 9 | 4.71 % |  |
|  |
| Unknown | 69 | 36.13 % |  |
| White British | 106 | 55.50 % |  |
| White Irish | 1 | 0.52 % |  |
| **Total:** | **191** | **100.00 %** |  |

|  |  |  |
| --- | --- | --- |
| **Length of Service** | **No. employees** | **Percentage** |
| 0 - 5 years | 92 | 48.17 % |
| 6 - 10 years | 30 | 15.71 % |
| 11 - 15 years | 22 | 11.52 % |
| 16 - 20 years | 20 | 10.47 % |
| 21 - 25 years | 5 | 2.62 % |
| 26 - 30 years | 2 | 1.05 % |
| 31 - 35 years | 14 | 7.33 % |
| 36 - 40 years | 2 | 1.05 % |
| 41 - 45 years | 4 | 2.09 % |
| **Total:** | **191** | **100.00 %** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grade** | **SCP** | **No. employees** | | **Percentage** | |
| GRD3 | 04 | 1 | | 1.61 % | |
|  | 05 | 19 | | 30.65 % | |
|  | 06 | 14 | | 22.58 % | |
|  | 07 | 28 | | 45.16 % | |
| **GRD3** |  | **32.46 %** | | **100.00 %** | |
|  |  |  | |  | |
| GRD4 | 07 | 5 | | 10.42 % | |
|  | 08 | 3 | | 6.25 % | |
|  | 09 | 5 | | 10.42 % | |
|  | 10 | 4 | | 8.33 % | |
|  | 11 | 3 | | 6.25 % | |
|  | 12 | 1 | | 2.08 % | |
|  | 14 | 27 | | 56.25 % | |
| **GRD4** |  | **25.13 %** | | **100.00 %** | |
|  |  |  | |  | |
| GRD5 | 12 | 6 | | 7.41 % | |
|  | 13 | 4 | | 4.94 % | |
|  | 14 | 10 | | 12.35 % | |
|  | 15 | 2 | | 2.47 % | |
|  | 16 | 3 | | 3.70 % | |
|  | 18 | 3 | | 3.70 % | |
|  | 19 | 2 | | 2.47 % | |
|  | 20 | 3 | | 3.70 % | |
|  | 21 | 1 | | 1.23 % | |
|  | 23 | 47 | | 58.02 % | |
| **GRD5** |  | **42.41 %** | | **100.00 %** | |
|  |  |  | |  | |
| **Total:** |  | **191** | | **100.00 %** | |
|  |  |  |  |  |  |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Disability Status** | | **No. of employees** | | **Percentage** | |  | | No | | 96 | | 50.26 % | |  | | Unknown | | 90 | | 47.12 % | |  | |  | | Yes | | 5 | | 2.62 % | |  | |  | |  | | **Total:** | | **191** | | **100.00 %** | |  | |  | | **Sex** | **No. of employees** | | **Percentage** | |  |  | | F | 5 | | 2.62 % | |  |  | | M | 186 | | 97.38 % | |  |  | |  |  | | **Total:** | **191** | | **100.00 %** | |  |  | |  |  | |  |  | |  |  |  |  |  |
|  |  |  |  |  |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☐​

Negative impact has been identified for one or more protected groups    ​☒​

Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:**  **Sarah Elliot** | **Date:**  **29/06/2022** |
| **Name of Director:** | **Date sent to Director:** |
| **Name of Lead Elected Member:** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Installation of 3 Changing Places Toilets** |
| **EIA Author** | Name | **Mamta Kumar** |
|  | Position | **Equality and Diversity Officer** |
|  | Date of completion | **10/10/2022** |
| **Head of Service** | Name | **Valerie DeSouza** |
|  | Position | **Consultant Public Health** |
| **Cabinet Member** | Name | **Councillor Khan** |
|  | Portfolio | **Policing and Equalities** |

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

|  |
| --- |
| **SECTION 1 – Context & Background** |

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:  New policy / strategy  New service  Review of policy / strategy  Review of service  Commissioning  Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| September 2021, Coventry City Council successfully applied for £120,000 funding from the Department of Levelling up Housing and Communities to install 3 Changing Places Toilets in Coventry.  Changing Places Toilets are specialist toilets that meet the needs of disabled children and adults with complex care needs who need carer support, appropriate equipment and more space whereas Standard accessible toilets were designed to meet the needs of disabled people who can use the toilet independently.  The 3 organisations below have partnered with Coventry City Council.  **Tesco Arena Ricoh Arena -** [Arena Park Shopping Centre](https://en.wikipedia.org/wiki/Arena_Park_Shopping_Centre) contains one of UK's largest [Tesco Extra](https://en.wikipedia.org/wiki/Tesco_Extra) hypermarkets, 20 big name stores (Next, Marks and Spencer’s etc) and 10 places to eat.    A few minutes walk is Coventry Building Society Arena which includes:   1. a 32,609-seater stadium, home to [Championship](https://en.wikipedia.org/wiki/EFL_Championship) club [Coventry City F.C.](https://en.wikipedia.org/wiki/Coventry_City_F.C.) and rugby club [Wasps](https://en.wikipedia.org/wiki/Wasps_RFC). The capacity rises to 40,000 when hosting music concerts. 2. [exhibition hall](https://en.wikipedia.org/wiki/Exhibition_hall) 3. Double Tree Hilton Hotel with pitch side rooms and a second hotel to open soon 4. C[asino](https://en.wikipedia.org/wiki/Casino). 5. The arena will also hold the [rugby sevens](https://en.wikipedia.org/wiki/Rugby_sevens), wrestling and judo events at the [2022 Commonwealth Games](https://en.wikipedia.org/wiki/2022_Commonwealth_Games).     Due to the opening times of Tesco, the  CPT’s will be available for 18 hrs per day Monday to Saturday and Sunday for 6 hours making this the most popular choice which was proven by the results of survey of local people with disabilities that was conducted earlier in September.    Tesco Arena is located North side of Coventry less than 1 mile to the M6.  On this side of the city there is currently no CPT’s available and as explained this is the hub for live sports, entertainment and shopping combined which all people should feel encouraged to access if reassured about CP toilet provision.  **Albany Theatre** - High percentage of respondents confirmed they would like to see toilet installed with a theatre. theatre. Albany theatre is located next door to Premier Inn and is waking distance to the city centre.  **University Hospitals Coventry & Warwickshire** - On average more than 700,000 people visit the hospital for an outpatient appointment, 250,000 for Accident and Emergencies with around 170,000 inpatient and day cases per year equating to around 3,000 visitors per day.    Our survey highlighted many of these patients require access to a changing places toilet, but they find they must schedule appointments times around their current routine of toilet breaks. This means patients sometimes wait far longer for an appointment.   On many occasions patients have had to leave before their actual appointment due to the hospital not currently having CP toilet facilities or, worse still, been placed on the floor to be changed.    By installing a Changing Places toilet, the hospital will be able to give all their visitors full access to inclusive facilities when it comes to using the toilet as well as providing much needed reassurance - as they are able to stay away from home longer, knowing that they can visit a safe, hygienic bathroom in the hospital without any worry.  It will also ensure all visitors to the hospital are treated with respect and integrity. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved? Who will be affected? |
| Coventry City disabled residents and carers  Tesco Arena  Albany Theatre  University Hospitals Coventry & Warwickshire  Coventry City Council | |

1.4 Who will be responsible for implementing the findings of this EIA?

|  |
| --- |
| Each of the 3 host venues  Coventry City Council |

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| --- |
| **SECTION 2 – Consideration of Impact** |

*Refer to guidance note for more detailed advice on completing this section.*

To ensure that we do not discriminate in the way our activities are designed, developed, and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation, and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Compared to other West Midland Cities Coventry City has lower provision of CPT’s to its residents and visitors. Table 1, highlights Coventry has the highest population and the least number of CP toilets   |  |  |  | | --- | --- | --- | |  | **2020**  **Population** | Number of changing place toilets | | Coventry | 379,387 | 6 | | Wolverhampton | 264,407 | 7 | | Dudley | 322,363 | 7 | | Telford and Wrekin | 181,322 | 8 |     Changing Places toilets can be found at the following locations please note postcodes:   1. University of Warwick Sports and Wellness Hub 1st  one **CV4** 2. University of Warwick Sports and Wellness Hub 2nd one **CV4** 3. Coventry Central Library **CV1** 4. Wilfred Spencer Resource Centre **CV5** 5. Asda  Abbey Park **CV3** 6. Coventry Train Station **CV1**   During August 2021, Coventry City Council produced an 8 question survey which was shared with:     * Disabled Employee Network * Disability Equality Action Partnership. * Grapevine   35 respondants completed the survey and the results are as per below:   * 54% of the respondants were aware of changing places places toilets * 29% of the respondants had used changing places toilets in the UK * 19 of 20 respondants would use them in Coventry * 14 out of 21 respondants stated location of Changing Places Toilets influence their decision when planning trips or activities   If people knew changing places toilets were avaible at all locations below are the activities, they would like to carry out   1. Have days out 2. Go Shopping 3. Take part in/ enjoy sports and leisure activities 4. Go on Holiday 5. Attend Hospital 6. Other |

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI | **Nature of impact and any mitigations required** |
| Age 0-18 | **P** | Any vulnerable person, regardless of age with relevant need will be able to access the changing place facilities and so this initiative will have a positive impact and outcome for both people with disabilities and carers |
| Age 19-64 | **P** | Any vulnerable person, regardless of age with relevant need will be able to access the changing place facilities and so this initiative will have a positive impact and outcome for both people with disabilities and carers |
| Age 65+ | **P** | Any vulnerable person, regardless of age with relevant need will be able to access the changing place facilities and so this initiative will have a positive impact and outcome for both people with disabilities and carers |
| Disability | **P** | The changing place facilities are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Gender reassignment | **P** | The changing place facilities irrespective of Gender are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Marriage and Civil Partnership | **P** | The changing place facilities irrespective of marriage or civil partnership status are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Pregnancy and maternity | **P** | The changing place facilities irrespective of pregnancy and maternity status are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | The changing place facilities irrespective of race are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Religion and belief | **P** | The changing place facilities irrespective of religion and belief status are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Sex | **P** | The changing place facilities irrespective of sex are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers. |
| Sexual orientation | **P** | The changing place facilities irrespective of sexual orientation are provided for the most vulnerable members or visitors to our communities. Consequently, delivery of these facilities will have a positive impact and outcome for persons with this protected characteristic along with their family / carers |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.  Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity  A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities  **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**  **If you need assistance in completing this section please contact: Alicia Philips or Pooja Ahluwalia**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | |
| Response:  Over 250,000 people in the UK need personal assistance to use the toilet or change continence pads, including people with profound and multiple learning disabilities, spinal injuries and people living with stroke.Key findings from the Changing Places Toliets consultation highlighted the impact of not having access to these facilties that disabled people and their carers face, and the potential impact on their health and well being. By not having access to adequate safe changing places may mean that disabled people, their families, friends and carers may reduce the amount of time out of their home, risking social isolation and poor mental health.  Changing Places Toliets are accessible in the City in a number of facilties/ venues. The addition of 3 new Changing Place Toliets will enhance the availability of these facilties for people and provide equitable access to a wider range of leisure, sport, retail and health facilities services for people to access a wider range of activities, participate in days out with their families, friends and carers, and access changing and toilet facilities with dignity, improving healthy living condtions. | |
| 2.3b How might your work affect HI (positively or negatively).  How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | |
| Response:   1. Potential outcomes including impact based on socio-economic status or geographical deprivation   The location of the additional CPT’s will impact health inequalities positively ensuring that all disabled people regardless of where they live will have equitable access to a wider range of activities i.e the theatre, Ricoh Arena shopping, sports and leisure facilties and health care at University Hospital Coventry and Warwickshire (UHCW) in the City and are able to access safe toilet and changing facilties. . | |
| 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.   The recent Governments Consultation on Changing Place Toilets consultation in 2018 highlighted the impact on disabled people not having access to safe hygienic appropriate toilet and changing facilities for example the risk of dehydration or infection by limiting liquid intake, sitting in soiled clothing and not having access to adequate changing facilities.  The addition of the new CPT’s will enhance the number of locations that CPT’s are accessible and contribute to reducing health inequalities and poor health outcomes for the most vulnerable residents or visitors to our City. | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
|  | |

**DIGITAL INCLUSION**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.5** | The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English [(NHS Digital.)](https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is)  Some of the barriers to digital inclusion can include lack of:   * **Access** to a device and/or data * **Digital skills** * **Motivation** to get online * **Trust** of online safety   Digital exclusion is not a fixed entity and may look different to different people at different times.  Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.  Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.  Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.  It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.  **Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.**  **If you need assistance in completing this section please contact: Laura Waller (*Digital Services & Inclusion Lead, CCC*). More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.5 What digital inequalities exist in relation to your work / plan / strategy? | | * Does your work assume service users have digital access and skills? * Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? * Consider what the unintended consequences of your work might be. | |
| Response:  None | |
| 2.5b How will you mitigate against digital inequalities? | | * If any digital inequalities are identified how can you reduce these?   For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online. | |
| Response:  None | |

|  |  |
| --- | --- |
| 2.6 | How will you monitor and evaluate the effect of this work? |
| Liaise with partners to monitor the usage and assure any negative impact is logged and actioned. | |

2.7 Will there be any potential impacts on Council staff from protected groups?

|  |
| --- |
| **No Impact** |

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |

|  |  |
| --- | --- |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

|  |
| --- |
| **As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**  No impact has been identified for one or more protected groups  Positive impact has been identified for one or more protected groups  Negative impact has been identified for one or more protected groups  Both positive and negative impact has been identified for one or more protected groups ☐ |

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:**  **Jaspal Mann** | **Date:**  **10/10/2022** |
| **Name of Director:** | **Date sent to Director:** |
| **Name of Lead Elected Member:** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Housing first re- commissioning** |
| **EIA Author** | Name | **Sophie hall** |
|  | Position | **Housing and homelessness commissioning and partnerships lead** |
|  | Date of completion | **20/9/2022** |
| **Head of Service** | Name | **Jim Crawshaw** |
|  | Position | **Head of housing and homelessness** |
| **Cabinet Member** | Name | **Cllr David Welsh** |
|  | Portfolio | **Housing & Communities** |

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

|  |
| --- |
| **SECTION 1 – Context & Background** |

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:  ☐New policy / strategy  ☐New service  ☐Review of policy / strategy  ☐Review of service  ☒Commissioning  ☐Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| Since 2019 Coventry, as a consitituent member of the West Midlands Cohmbined Authority, have been part of a national pilot of Housing First, funded by Central Government. The initial funding period ends on the 31st March 2023, however additional funding for the following two years has been secured. Therefore due to the original time period in the initial contract we are required to re-commission the service. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved? Who will be affected? |
| People who are homeless or at risk of rough sleeping / currently rough sleeping  People who require support and assistance to maintain a tenancy or independent living  Coventry City Council Rough Sleeping service  Change Grow Live (CGL) rough sleeping team  Homelessness organisations and charities operating in Coventry  Advice agencies operating in Coventry  Registered Providers (housing associations)  Private Landlords | |

1.4 Who will be responsible for implementing the findings of this EIA?

|  |
| --- |
| Sophie Hall- Housing & Homelessness Commissioning and Partnerships Lead |

|  |
| --- |
| **SECTION 2 – Consideration of Impact** |

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The government defines rough sleeping as being a person who is ‘bedded down’ (sleeping/trying to sleep) or ‘about to bed down’ in the open air or another place not designed for habitation. This will include being on the street, in a doorway, park, derelict building, bus/train station, tent or car. A person’s housing status is not relevant; the key criteria is that they have been found ‘bedded down’/’about to bed down’ in a place where someone ordinarily wouldn’t try to sleep.  Very few people choose rough sleeping as a permanent lifestyle option. Many people will have held tenancies or been supported in specialist housing but have been unable to sustain or manage the accommodation provided. This is often due to complex life experiences such as loss of job, family breakdown, bereavement, periods in care or prison, and serious health issues, or personal lifestyle choices such as substance misuse, criminal behaviour, or street culture activities. These issues can often lead to a harmful cycle of multiple exclusions from services.  Rough sleeping is the most visible and acute form of homelessness. The life expectancy of long-term rough sleepers is 47yrs compared to 77yrs for the general population. Rough sleeping is emotive, and it generates public interest, which can be both negative and positive. Witnessing people sleeping rough can evoke negative feelings, which generate uncomfortable, challenging questions for individuals, as well as organisations.  Those affected most by rough sleeping are often hard to engage with, defensive, do not welcome intervention and often have deep rooted mistrust of statutory organisations. However Rough sleeping is not in a single statutory function’s ability to resolve. Partnership, joint accountability, and responsibility are required across all organisations who engage or work with people who are either at risk of or sleeping rough in Coventry.  The Governments new rough sleeping strategy (published September 2022) sets out how the government intends to work with partners to eliminate rough sleeping. This includes the fact that prevention is at the heart of the cross-government strategy that recognises the need to work across disciplines to prevent rough sleeping. Where rough sleeping does occur the aim is to ensure that it is  • Rare,  • Brief and  • Non-reoccurring  Continuation of WMCA Housing First pilot  Housing First is a housing and support approach which:   * Gives people who have experienced homelessness and chronic health and social care needs a stable home from which to rebuild their lives. * Provides intensive, person-centred, holistic support that is open-ended. * Places no conditions on individuals; however, they should desire to have a tenancy.   The Housing First approach was first developed in New York by Pathways to Housing in 1992. It has since been widely adopted in the USA and become central to the national homelessness strategies in Canada, Denmark, Finland and France, demonstrating widespread success.  In England, since 2010, a growing number of local areas have established Housing First services to meet and identified need. To be successful, services must follow the [Principles of Housing First](https://hfe.homeless.org.uk/principles-housing-first)  .• Principle 1: people have a right to a home.  • Principle 2: flexible support is provided for as long as it is needed.  • Principle 3: housing and support are separated.  • Principle 4: individuals have choice and control.  • Principle 5: an active engagement approach is used.  • Principle 6: the service is based on people’s strengths, goals, and aspirations; and  • Principle 7: a harm reduction approach is used.  Housing First is based on the concept that rough sleepers should be offered a stable, permanent home as soon as possible, followed by wrap-around support.  Housing first in Coventry went live in September 2019 – in the first 7 months of the programme we successfully housed 14 individuals. In March 2020 the Covid 19 pandemic hit. The pandemic and the subsequent 2 years of lockdowns meant that delivering the programme was challenging and sourcing and securing appropriate housing for those enrolled on the programme was difficult.  As of August 2022, Coventry housing first have housed a total 73 people on the programme (both current and former tenants) with, 16 people still yet to be housed – xxx of these individuals have been housed in the last 10 months meaning that their housing first accommodation journey is less than 2 years. 10 of these individuals have been accommodated in RSAP accommodation which is for 2 to 3 years meaning that alternative accommodation will need to be found. We are also continuing to see individuals rough sleeping meaning that additional capacity within our housing first programme is needed.  Current housing first Co-hort as at the 31st August 2022.  [Housing first dataset sepetember 2022](https://coventrycc-my.sharepoint.com/personal/cvsop494_coventry_gov_uk/Documents/Housing%20first%20dataset%20sepetember%202022.docx?web=1)  *Coventry rough sleepers*  The landscape of rough sleeping has changed in Coventry  All local authorities were given the instruction from Government on 27th March 2020 to shut down night shelters and get “everyone in “  The Rough Sleeper Outreach Team has grown substantially since 2019 through the increase in the DLUHC Rough Sleeping Initiative (RSI) funding we have received as well as through additional funding streams. In addition several posts have been created in partnership and through statutory services (Public Health/ Coventry & Warwickshire Partnership Trust) to further enhance the team and their ability to respond. Coventry has seen a significant decrease in the number of rough sleepers since the implementation of its rough sleeping partnership strategy and the Covid 19 emergency.  The last official count for Coventry was in November 2020 there were 12 rough sleepers found.  **Official count figures 2018- 22**   |  |  | | --- | --- | | 2018 | 9 | | 2019 | 23 | | 2020 | 8 | | 2021 | 12 |   **BI-monthly count figures**  As well as the national count we also conduct bi-monthly counts as part of the rough sleeping initiative funding requirements which helps us map patterns and trends in local rough sleeping:   |  |  | | --- | --- | | Count Date | Numbers found: | | July 19 | 58 | | Official Count 19 | 23 | | March 20 | 17 | | May 20 | 7 | | July 20 | 6 | | Sept 20 | 15 | | Official Count 20 | 12 | | Mar 21 | 6 | | May 21 | 7 | | July 21 | 15 | | Sept 21 | 13 | | Official Count 21 | 12 | | Jan 22 | 8 | | Mar 22 | 6 | | May 22 | 6 | | July 22 | 6 |   **Outreach walks (emergency response)**  The Rough Sleeping Outreach team carry out walks 5 days per week at 6am, these cover well known locations as well as responding to Streetlink or partner referrals.  Through Outreach so far for 2022 we can see the following:   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Month | Total for Month | New that Month | Average number of people found per night | Uk Nationals | Non-UK Nationals | | Jan 22 | 18 | 4 | 8 | 16 | 2 | | Feb 22 | 14 | 3 | 8 | 13 | 1 | | Mar 22 | 25 | 7 | 7 | 20 | 5 | | April 22 | 23 | 6 | 11 | 20 | 3 | | May 22 | 19 | 3 | 8 | 15 | 4 | | June 22 | 25 | 10 | 10 | 22 | 3 | | July 22 | 31 | 15 | 6 | 24 | 7 | | August 22 | 51 | 27 | 9 | 36 | 15 |   There is generally a spike in numbers during the Summer months where people who have accommodation will sleep out for various reasons; wanting to stay out with friends, having an early appointment the next day in town, lost keys, etc.  **TPG**  Whilst the number of people sleeping on the streets fluctuates, there are 20 people who are in the Target priority group (TPG). This group is formed with DLUHC using the following definition:  Long-term/repeat rough sleepers who have been sleeping rough in two or more years out of the last three, or in two or more months out of the last 12 months.  The TPG is our target group in the city that we use to benchmark success of interventions and journey travelled. .  **Useful links**  <https://www.gov.uk/government/publications/homeless-adults-with-complex-needsevidence-review>,  <https://www.gov.uk/government/publications/ending-rough-sleeping-for-good>  <https://homeless.org.uk/knowledge-hub/>  <https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports> |

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** |  |
| Age 19-64 | **P** | Support for those rough sleeping or at risk of rough sleeping in this age group |
| Age 65+ | **P** | Support for those rough sleeping or at risk of rough sleeping in this age group |
| Disability | **P** | Support for those rough sleeping or at risk of rough sleeping with a disability |
| Gender reassignment | **P** | Support for those rough sleeping or at risk of rough sleeping who have undergone gender reassignment |
| Marriage and Civil Partnership | **p** | Support for those rough sleeping or at risk of rough sleeping who are married or in a civil partnership |
| Pregnancy and maternity | **p** | Support for those rough sleeping or at risk of rough sleeping who may be pregnant |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **p** | Support for those rough sleeping or at risk of rough sleeping regardless of colour, nationality, citizenship ethnic or national origins |
| Religion and belief | **p** | Support for those rough sleeping or at risk of rough sleeping regardless of religion or believe |
| Sex | **p** | Support for those rough sleeping or at risk of rough sleeping regardless of sex |
| Sexual orientation | **p** | Support for those rough sleeping or at risk of rough sleeping regardless of sexual orientation |

**HEALTH INEQUALITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.  Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity  A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities  **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**  **If you need assistance in completing this section please contact: Alicia Philips or Lisa Young**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | |
| Response:  This project will only work with those identified as rough sleeping or at risk or rough sleeping  There are strong correlations between homelessness/ rough sleeping and complex needs such as substance misuse and a multiplicity, and heightened severity, of both physical and mental health conditions. Research demonstrates that the cohort are:  • 50 times more likely to have Hepatitis C  • 34 times more likely to have Tuberculosis 1  • 12 times more likely to have epilepsy  • 6 times more likely to have heart disease 2  • 9 times more likely to commit suicide  They are also more likely to have multiple health needs, in one study the average age of the cohort was 42.8 years, but the levels of multimorbidity recorded were comparable to those of individuals aged ≥85 years in the general population.  Among homeless people, the mean age at death was 45.9 years for males and 43.4 years for females in 2019; in the general population of England and Wales, the mean age at death was 76.1 years for men and 80.9 years for women.  Coventry has a dedicated homelessness GP surgery, the Anchor Centre, which offers a flexible approach to supporting the cohort to access health care via in practice drop ins and rapid and longer appointments. However, not all homeless individuals are registered with this practice and the practice is not commissioned to provide clinical outreach services. The Anchor Centre currently has approximately 600 patients registered, whilst the city is aware of and supports 700 individuals which meet the NICE definition.  Research and local consultation have demonstrated that the following health service and patient led issues impact on the health of the cohort which may mean that they access secondary care services at a higher level of severity which may result in longer stays and early death.  • many homeless people do not see their health as important due to other pressing needs such as accessing a bed for the night, food, and drugs.  • healthcare services are generally highly structured and inflexible and rely on the individual contacting and going to the health care service, this may be more difficult for the cohort if they do not have a phone, or credit to use their phone and do not have the money to access the service  • chaotic lifestyles and or a cognitive behaviour deficit may mean they forget appointments and do not adhere to or complete treatment  Research by the homelessness charity St. Mungo’s found that 43% of residents had a physical illness. One in three had a condition for which they were not being treated and the majority of their ambulance call-outs were for pre-existing conditions that had reached emergency status.  The DoH (2010) research into the NHS costs of treating single people sleeping rough, the hidden homeless or living in a hostel concluded that the total cost of hospital usage by this cohort is conservatively estimated to be £85 million per annum. This is around 4 times the level of the general population, with inpatient costs (the bulk of the usage for this client group) being 8 times higher than for the comparison population (aged 16-64). These extra costs are thought to arise from the severity of their health conditions and because they are more likely to be admitted as emergency admissions.  The needs assessment for homeless patients in contact with UHCW demonstrated that in 2019:  • A&E attendances totalled 1289 from843 individual patients  • of that number 143 (11.1%) attendances resulted in the individual leaving before being seen. Higher than the UK average of 3.2% in 2017.  • 493 (58.4%) attendances resulted in an admission, 99% of those were referred via emergency pathways  • 37 of the 843 individual patients had 5 or more A&E attendances  • The average Length of Stay (LOS) was 5.4 days compared to 4.2% non elective LOS in the general population | |
| 2.3b How might your work affect HI (positively or negatively).  How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | |
| Response:  The principles that under pin housing first housing is that  Principle 1: people have a right to a home.  Principle 2: flexible support is provided for as long as it is needed.  Principle 3: housing and support are separated.  Principle 4: individuals have choice and control.  Principle 5: an active engagement approach is used.  Principle 6: the service is based on people’s strengths, goals, and aspirations; and  Principle 7: a harm reduction approach is used.  If the principles are worked to and applied, then all those who are on the programme who meet the criteria, and complete the programme should experience better outcomes  The Housing First projects 7 principles protect good health and well-being.  The Housing First project will contribute to reducing health inequlaities by:   1. Female and male life expectancy is significantly impacted by rough sleeping (Public Health England Health Matters). To improve life expectancy adults will be supported to access to access safe good quality housing and receive support tailored to meet their needs aligned to the 7 principles. 2. The project aims to support adults to access safe good quality housing to reduce inequalities . 3. Rough sleepers experience includes exposure to poor living conditions, difficulty in maintaining personal hygiene, poor diet, high levels of stress and drug and alcohol dependence. Personal Plan is made tailored to provide 1 to 1 in all aspects   . | |
| 1. Potential outcomes impact on specific socially excluded or vulnerable groups e.g., people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.   Housing first is a support programme for those who are rough sleeping and/ or at risk of rough sleeping.  The very nature and purpose of the programme is that it is designed to support those who are vulnerable and are experiencing multiple disadvantages. | |

|  |  |
| --- | --- |
| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| N/A | |

**DIGITAL INCLUSION**

|  |  |  |  |
| --- | --- | --- | --- |
| **2.5** | The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English [(NHS Digital.)](https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is)  Some of the barriers to digital inclusion can include lack of:   * **Access** to a device and/or data * **Digital skills** * **Motivation** to get online * **Trust** of online safety   Digital exclusion is not a fixed entity and may look different to different people at different times.  Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.  Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.  Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.  It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.  **Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.**  **If you need assistance in completing this section please contact: Laura Waller (*Digital Services & Inclusion Lead, CCC*). More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.5 What digital inequalities exist in relation to your work / plan / strategy? | | * Does your work assume service users have digital access and skills? * Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? * Consider what the unintended consequences of your work might be. | |
| Response:  The service does not assume or require people to have digital skills or access to digital tools to benefit from any element of the Housing First programme. | |
| 2.5b How will you mitigate against digital inequalities? | | * If any digital inequalities are identified, how can you reduce these?   For e.g., if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online. | |
| Response:  1 to 1 support will be provided in this area if required. We will work with partner prgnaistions to redulce digital inequality. | |

|  |  |
| --- | --- |
| 2.6 | How will you monitor and evaluate the effect of this work? |
| The contract will be monitored against the agreed KPIs that have been developed, in an addition there is a requirement for base line data to be shared with the WMCA as part of the pilot oversight and governance  An independent evaluation of the pilot has been carried outThe key recomdations from the evaluation where  • Continue to prioritise steps to ensure the fidelity of the Housing First services  offered, which may face pressures as delivery scales up.  • Take steps to collect learning from delivery on an ongoing basis, to inform  service development locally and, through facilitated exchanges of learning,  inform delivery across the three Pilot areas.  • Ensure that the lived experience perspective is captured as delivery scales up,  and that there are routes for the user experience to be fed back to inform service  delivery.  • While the majority of accommodation across all three areas is expected to be  sourced from social housing/Housing Associations, continue to take steps to  engage with PRS landlords to help ensure a sufficient supply of housing, and  share learning on what works in engaging the PRS. More widely and given  concerns regarding the supply of suitable properties across the Pilot areas, the  Pilots should continue to make efforts to identify new opportunities in both  the private and social sectors, and by so doing maximise the extent to which  choice can be offered.  • Pilots, and their providers as appropriate, should consider how to best ensure a  sufficient supply of appropriate support workers, particularly as services  scale up delivery. In so doing, the Pilots should consider their impact on the wider  homelessness infrastructure, while at the same time ensuring the most  appropriate individuals are recruited. Pilots should seek to be creative in their  recruitment plans. Existing examples of this include recruiting outside of the  traditional homelessness sector (on the basis of attitudes and behaviours rather  than detailed knowledge of the sector) and using secondments (which also the  benefit of 'spreading the word' within the home organisation).  • As they emerge, capture early success stories and document individual case  studies and share these with stakeholders (including landlords reluctant to offer  properties to the cohort) to show the benefits of, and foster commitment to, the  Housing First approach. | |

2.7 Will there be any potential impacts on Council staff from protected groups?

|  |
| --- |
| **No** |

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female |  |
| Male |  |

|  |  |
| --- | --- |
| 16-24 |  |
| 25-34 |  |
| 35-44 |  |
| 45-54 |  |
| 55-64 |  |
| 65+ |  |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled |  |
| Prefer not to state |  |
| Unknown |  |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian |  |
| Hindu |  |
| Jewish |  |
| Muslim |  |
| No religion |  |
| Sikh |  |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White |  |
| Black, Asian, Minority Ethnic |  |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual |  |
| LGBT+ |  |
| Prefer not to state |  |
| Unknown |  |

3.0 Completion Statement

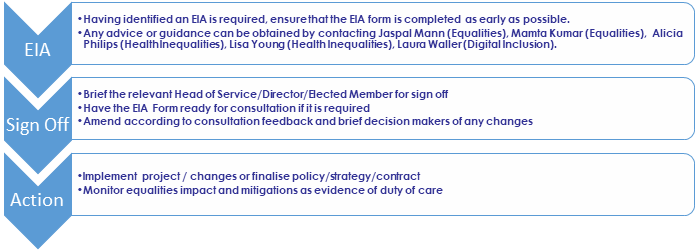
|  |
| --- |
| **As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**  No impact has been identified for one or more protected groups ☐  Positive impact has been identified for one or more protected groups ☐x  Negative impact has been identified for one or more protected groups ☐  Both positive and negative impact has been identified for one or more protected groups ☐ |

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:**  **Jim Crawshaw** | **Date: 28/09/2022** |
| **Name of Director:** | **Date sent to Director:** |
| **Name of Lead Elected Member:** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)

|  |  |  |
| --- | --- | --- |
| **Title of EIA** | | **Market Sustainability Plan** |
| **EIA Author** | Name | **Chloe Elliott** |
|  | Position | **Carers and Engagement Lead** |
|  | Date of completion | **09/02/2023** |
| **Head of Service** | Name | **Jon Reading** |
|  | Position | **Head of Service – Commissioning and Quality** |
| **Cabinet Member** | Name | **Cllr Mal Mutton** |
|  | Portfolio | **Adult Services** |

****

**PLEASE REFER TO** [**EIA GUIDANCE**](https://coventrycc-my.sharepoint.com/personal/cvjma120_coventry_gov_uk/Documents/EIAs/New%20folder/FINAL%20EIA%20Guidance%20May%2021.pdf) **FOR ADVICE ON COMPLETING THIS FORM**

**SECTION 1 – Context & Background**

|  |  |
| --- | --- |
| 1.1 | Please tick one of the following options: |
| This EIA is being carried out on:    ​​☒​New policy / strategy  ​​☐​New service  ​​☐​Review of policy / strategy  ​​☐​Review of service  ​​☐​Commissioning  ​​☐​Other project *(please give details)* | |
| 1.2 | In summary, what is the background to this EIA? |
| As part of the [**People at the Heart of Care: adult social care reform white paper**](https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-care-reform-white-paper/people-at-the-heart-of-care-adult-social-care-reform), local authorities are required to complete a [**Cost of Care**](https://www.gov.uk/government/publications/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance/market-sustainability-and-fair-cost-of-care-fund-2022-to-2023-guidance) (COC) exercise to arrive at a shared understanding with providers of the local cost of providing care. In addition, authorities are required to publish a Market Sustainability Plan detailing how they plan on working towards the ‘fair’ cost of care (where this is not already being paid) over the next 3 years and support market sustainability.  In undertaking the exercise, local authorities must identify the lower quartile, median and upper quartile costs in the local area for the following care categories:   * 65+ care homes * standard residential care * residential care for enhanced needs * standard nursing care * nursing care for enhanced needs * 18+ domiciliary care (home support – excluding short term or reablement provision.   The Department of Health (DHSC) consider the median cost of care across the market to be the 'Fair Cost' and has indicated they will provide additional funding over the next few years to **move towards** this fair cost where local authorities are paying below this rate.  Whilst the exercise is not a mandatory requirement for providers, all providers who are registered to deliver the above care in Coventry have been invited to participate, regardless of whether they contract with the City Council. Participating providers are required to submit their costs via the nationally commissioned tools for the exercise; [iESE](https://landing.iese.org.uk/Form/form_register_interest_fair_cost_of_care.html) supply the tool for care homes and [CHIP](https://www.local.gov.uk/our-support/sector-support-offer/care-and-health-improvement/commissioning-and-market-shaping/cost-of-care-toolkit) the toolkit for domiciliary care.    Coventry City Council were allocated an initial fund of £1.047million to assist in moving towards the payment of the established “fair” cost for year one, which has been distributed to the above providers with contracted rates below the median cost. As per requirements from central government and CoC grant conditions, the following documents were submitted to the Department of Health and Social Care on the 14 October 2022:     * cost of care exercises for 65+ care homes and 18+ domiciliary care (published in line with DHSC requirements) * a provisional Market Sustainability Plan * a spend report detailing how funding allocated for 2022 to 2023 is being spent in line with the fund’s purpose   All decisions and funding allocations in respect of the exercise will be made following approval in line with CCC governance procedures.    The final Market Sustainability Plan (MSP) is now required to finalise compliance with grant conditions and summarise support to the market following execution of the exercise. Whilst focused predominately on the above specific markets, the MSP will outline planned support for the Coventry care market in its entirety in recognition of the need for robust support to all areas of the market and appreciating market interdependencies where meaningful support cannot be given in isolation. This will include how the Council will be engaging with services and supporting commissioned providers on both a financial and non-financial basis. | |

|  |  |
| --- | --- |
| 1.3 | Who are the main stakeholders involved?  Who will be affected? |
| * Coventry City Council * Integrated Care Board (ICB) * Providers of adult social care in Coventry (full list available from Commissioning) * Individuals in receipt of adult social care services * LGA (Local Government Association) * ADASS (Directors of Adult Social Services) * DHSC (Department of Health and Social Care) * Neighbouring local authorities e.g. Solihull, Warwickshire | |

1.4 Who will be responsible for implementing the findings of this EIA?

Chloe Elliott – Carers and Engagement Lead

**SECTION 2 – Consideration of Impact**

*Refer to guidance note for more detailed advice on completing this section.*

In order to ensure that we do not discriminate in the way our activities are designed, developed and delivered, we must look at our duty to:

* Eliminate discrimination, harassment, victimisation and any other conflict that is prohibited by the Equality Act 2010
* Advance equality of opportunity between two persons who share a relevant protected characteristic and those who do not
* Foster good relations between persons who share a relevant protected characteristic and those who do not

2.1 Baseline data and information

Please include a summary of data analysis below, using both your own service level management information and also drawing comparisons with local data where necessary (go to <https://www.coventry.gov.uk/factsaboutcoventry>)

As above, the original scope of the COC exercise and Market Sustainability Plan only covered care homes catering for people aged 65 and over and home support (domiciliary care) care providers providing long term support for those aged 18 years and over. However for 2023/24, we will be applying the principles of the exercise across the whole market as outlined in our final MSP, meaning all commissioned providers will benefit from the support and financial offer facilitated via this programme of work.

Data taken from the Capacity Tracker (a national database that adult social care providers are legally required to update) indicates the following number of people were in receipt of a services as of 08/02/2023 (regardless of funding source) and therefore potentially affected by this exercise:

* 3926 people are in receipt of community support in the city e.g. home support, supported living; of these 3048 people receive a home support service specifically.
* 1778 people in total live in a residential care home or nursing provision in the city; 1587 people living in a 65+ care / nursing home specifically.

The above data therefore captures all individuals recorded as in receipt of registered support in Coventry.

The exercise itself will not impact service users directly but any implementation of increased fee rates and provider support (e.g. staff recruitment and retention support) may indirectly serve to improve service user experience through improved financial sustainability of care provision helping to support the continuity of care received, overall quality and outcomes delivered.

**General Data: Coventry City Population and Workforce**

**Age**

The number of older people within the City is increasing, with this group expected to accelerate and outpace other groups. Coventry City Council [population and demographics](https://www.coventry.gov.uk/facts-coventry/population-demographics) data indicates there are 55,846 people aged 65+ in Coventry, around 16% of Coventry’s population and a 9% increase since 2011. By 2029, the city should expect to have an additional 8900 people aged over 65 and an additional 2000 aged over 85.

The population of adults aged 18-65, alongside the general population of Coventry, also continues to increase; Census 2021 data notes an increase of 8.7% for the 15-64 age range.

Coventry also has an aging care workforce. Data from Skills for Care\* indicates the average age of a worker in adult social care is 43 years; 66% are aged between 25-54, 24% above 55 and only 11% are under 25.

**Diversity**

33% of Coventry's population are BME, with the city expected to become even more diverse; half of Coventry pupils (52%) are from BME backgrounds. In respect of Coventry’s\* social care workforce, 26% of individuals are from a BME background. Only 15% of the workforce are male.

*\*Information is in respect of Coventry and Warwickshire ICS data via* [*Skills for Care*](https://www.skillsforcare.org.uk/adult-social-care-workforce-data/Workforce-intelligence/publications/local-information/My-ICS-area.aspx)*, February 2023*

2.2 On the basis of evidence, complete the table below to show what the potential impact is for each of the protected groups.

* Positive impact (P),
* Negative impact (N)
* Both positive and negative impacts (PN)
* No impact (NI)
* Insufficient data (ID)

*\*Any impact on the Council workforce should be included under question 2.6 –* ***not below***

|  |  |  |
| --- | --- | --- |
| **Protected**  **Characteristic** | **Impact type**  P, N, PN, NI | **Nature of impact and any mitigations required** |
| Age 0-18 | **NI** | The exercise does not cover this age group |
| Age 19-64 | **P** | This group could be positively impacted.    Moving towards a more sustainable care market and having a robust support offer from the local authority will benefit providers of adult social care in the city. Through the MSP, we hope to encourage investment and innovation, improve staff retention and best practice, and in turn facilitate a wider range of flexible services better able to meet the varied needs of individuals in receipt of care. With increased recruitment and retention, we expect to improve both the quality and the continuity of care recieved.    In addition to service users benfiting from the MSP we envisage provider staff captured within this age range will benefit from:     * Assurance of payment of the NLW (or above, where possible) * Increased financial stability of their employer * Access to training and support facilitated by the local authority * Access to employment in the care sector through a variety of recruitment campaigns and programmes     In line with Herzbergs Two Factor theory, we recognise provider staff require both motivational and hygiene factors to achieve job satifcation and deliver quality care. As such, our MSP ensures both hygiene factors (for example, enabling payment of a competitive wage, job security) and motivational factors (professional training and development, creativity and innovation) are key components of our offer to the market. |
| Age 65+ | **P** | This group could be positively impacted.    69% of individuals in receipt of social care support in Coventry are over 65. This demographic will therefore be the user group most commonly affected by anticipated improvements to the stability and quality of the social care market in the city and experience improved  care outcomes. |
| Disability | **P** | This group could be positively impacted.    The Market Sustainability Plan should positively benefit individuals with a disability supported by adult social care providers. The MSP specifically outlines plans to support providers with both financial and practical support, for example, training and information sharing on best practice.  For some individuals with a disability, e.g. a learning disability, the potential impact of this on staff retention and continuity of care and support may be significant; it can be particularly distressing for individuals when their support offer or individual staff members change. We therefore hope to keep continuity of this care by retaining staff who have supported individuals for prolonged periods of time and learnt an individual’s communication methods and preferences, and therefore increase the health and wellbeing of people in receipt of support.    The Census 2021 survey indicates 1 in 5 of the working age population are classed as disabled and a national disability employment rate of 52.7%  (compared to 81% for non-disabled people). In Coventry, 8.4% of residents identified as being disabled and were limited a lot; 10% identified as disabled and limited a little. Where appropriate, recruitment support outlined in the MSP may be able to support individuals with a disability into employment in the care sector. It is noted by CQC the positive impact and perspective that individuals with lived experience as ‘Experts by Experience’ themselves can have through being involved in care work. |
| Gender reassignment | **NI** |  |
| Marriage and Civil Partnership | **NI** |  |
| Pregnancy and maternity | **NI** |  |
| Race (Including: colour, nationality, citizenship ethnic or national origins) | **P** | This policy is expected to impact this group positively.    There is some evidence that some ethnic groups may be more likely than others to have care needs. For example, disability-free life expectancy is lowest for Pakistani and Bangladeshi groups [(source Gov.uk)](https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-public-sector-equalities-duty-impact-assessment#fn:9) and health-related quality of life score for older adults are lower amongst many ethnic minority groups relative to the White British group, according to the 2017 GP patient survey [(source Gov.uk)](https://www.gov.uk/government/publications/build-back-better-our-plan-for-health-and-social-care/adult-social-care-charging-reform-public-sector-equalities-duty-impact-assessment#fn:10). By supporting those with care needs to access appropriate and affordable care, this policy may have particular benefits for some ethnic groups and thereby encourage equality of opportunity for those who share a protected characteristic and those who do not.    People from BAME communities form 31.4% of the social care workforce (source WM ADASS).  The Council will work to ensure that at least a proportion of any fee rate increases are passed on to the workforce thus having a positive impact on wages. |
| Religion and belief | **P** | This group could be impacted positively.  We know that some people with different religions or beliefs may have different social care needs. For example, some people may face language or cultural barriers to accessing services, while other people may have special dietary requirements or needs to mark religious days. Likewise, people of different backgrounds or faiths may not believe a career in care is open to them or be aware of the career paths available.  Through our recruitment support offer we hope to attract a range of individuals of different cultural backgrounds and beliefs into the care workforce. In turn, we envisage (alongside facilitating jobs) this will bring different perspectives into the care workforce and assist in providers delivering support in line with an individual’s religious preferences and beliefs by carers with shared faiths and experience. |
| Sex | **NI** | This policy does not treat people differently based on their sex or gender. However, there are various factors which may mean that women are more likely to benefit from the support this policy offers, and that this policy will thereby promote equality of opportunity between these 2 groups.  Women are more likely than men to be disabled. In the [2019 to 2020 Family Resources Survey](https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020), 24% of females reported having a disability compared to 19% of males. Across all age groups except those below aged 15, a higher proportion of females than males reported that they were disabled.  [Office for National Statistics](https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/articles/humancapitalestimates/2004to2018#human-capital-by-sex) (ONS) indicate that women’s lifetime earnings are substantially lower than men’s: in 2018 women received, on average, equal to 59% of men’s lifetime earnings. This means that they are likely to have less certainty over how they will meet the costs of their future care needs and will be particularly likely to benefit from this policy. |
| Sexual orientation | **NI** | The new policy is aimed at specific types of care and age ranges and is provided irrespective of sexual orientation. |

**HEALTH INEQUALITIES**

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| **2.3** | Health inequalities (HI) are unjust differences in health and wellbeing between different groups of people which arise because of the conditions in which we are born, grow, live, work and age. These conditions influence our opportunities for good health, and result in stark differences in how long we live and how many years we live in good health.    Many issues can have an impact: income, unemployment, work conditions, education and skills, our living situation, individual characteristics and experiences, such as age, gender, disability and ethnicity    A wide range of services can make a difference to reducing health inequalities. Whether you work with children and young people, design roads or infrastructure, support people into employment or deal with welfare benefits – policy decisions and strategies can help to reduce health inequalities    **Please answer the questions below to help identify if the area of work will have any impact on health inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Alicia Philips or Lisa Young**  **in Public Health for more information. More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  | |
| 2.3a What HIs exist in relation to your work / plan / strategy | | * Explore existing data sources on the distribution of health across different population groups *(examples of where to find data to be included in support materials)* * Consider protected characteristics and different dimensions of HI such as socio-economic status or geographical deprivation | | |
|  |  | Response:    Service users and residents in care provision who are council funded will have met eligibility criteria under The Care Act 2014, specifically that their needs relate to a physical or mental impairment effecting a number of aspects of their daily life. Services are designed to support individuals in meeting their health and wellbeing outcomes – including health inequalities - and meet individual support needs in a tailored way. Such care is delivered equitably, fairly and in a proportionate way, recognising the individual need of the person. The ethos of the COC  and MSP works to ensure providers are paid in a manner which ensures the longevity and sustainability of the market, therefore ensuring providers can maintain service delivery. In turn, the improvement to market sustainability will assist in ensuring providers can deliver the best care possible and meet health and care outcomes.    Inequalities may also be faced by provider staff, or potential staff, in accessing care roles; language barriers, accessibility issues and cost of transport to interviews or work ,for example, may prevent individuals accessing careers in the care sector. | | |
| 2.3b How might your work affect HI (positively or negatively).    How might your work address the needs of different groups that share protected characteristics | | **Consider and answer below:**   * Think about whether outcomes vary across groups and who benefits the most and least, for example, the outcome for a woman on a low income may be different to the outcome for a woman a high income * Consider what the unintended consequences of your work might be | | |
|  |  | Response:     1. Potential outcomes including impact based on socio-economic status or geographical deprivation | | |
|  |  | 1. Potential outcomes impact on specific socially excluded or vulnerable groups eg. people experiencing homelessness, prison leavers, young people leaving care, members of the armed forces community.       The DHSC advised scope of the policy itself specifically focuses on providers of care within 65+ residential settings and (long term) home support providers supporting individuals age 18+; provider staff and service users are therefore the parties who will be affected by the implementation and outcome of the CoC exercise. Coventry have however decided to expand the remit of the MSP to cover and benefit all areas of the adult social care market and will look to influence HIs in a positive manner through this plan.    **Service Users:**  The health of individuals in receipt of the services may benefit in a positive way through improved continuity of care, resulting in better outcomes.    **Provider staff:**  There may be positive impact on the health of provider staff.  The Council has and will continue to work with providers to ensure best use of funding within the financial envelope available. Any effect of this on provider staff will likely be positive in relation to:     * Increased job security * Fair recruitment practices (supported by CCC) * Payment of the NLW or above * Good working conditions     We will work with the home support market to understand the benefits of access to green travel / electric vehicles and investigate options to facilitate this, in turn reducing both fuel costs and the carbon footprint of this method of care delivery.    The Council will also be supporting on recruitment events to assist in diversifying the workforce; Skills for Care data states only 15% of the workforce are male and 26% of the general workforce are BAME. Such statistics are not reflective of the city’s demographics and by assisting in recruitment in this area we hope providers will be in a stronger position to meet the cultural needs of the service users they support. Examples of events which have taken place so far have included job fayres specifically supporting refugee and migrant workers into adult social care employment and held in Churches or community halls. Future events are planned to be held in a range of wards / areas across the city to eliminate barriers in respect of transport, enable ease of access by different communities and create links between local people and local businesses; likewise, events aimed specifically to support unpaid carers and individuals with a disability are also planned. Wherever possible, we will look to facilitate interpretors at events to reduce potential communication barriers in accessing and understanding role requirements. | | |

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| 2.4 | Next steps - What specific actions will you take to address the potential equality impacts and health inequalities identified above? |
| Funding will be distributed (following Cabinet approval of budgets) to all commissioned providers as quickly as possible in the new financial year (April 2023). Specific support sessions and recruitment events will also be facilitated by the Council on an ongoing basis; the impact of these will be monitoring to ensure these are fit for purpose and meeting the aims of the MSP and EIA. | |

**DIGITAL INCLUSION**

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| --- | --- | --- | --- |
| **2.5** | The Covid-19 pandemic accelerated the uptake of digital services nationally, whereby people who are digitally enabled have better financial opportunities, can access new information and are better connected to others (Lloyds Consumer Digital Index, 2021). However, for those who are digitally excluded, the digital divide has grown during the last two years, and without intervention people will be left behind with poorer outcomes across employment, health and wellbeing, education and service access. Some people are more likely to be excluded including: older people, people from lower income households, unemployed people, people living in social housing, disabled people, school leavers before 16 with fewer educational qualifications, those living in rural areas, homeless people, or people who’s first language is not English [(NHS Digital.)](https://digital.nhs.uk/about-nhs-digital/our-work/digital-inclusion/what-digital-inclusion-is)    Some of the barriers to digital inclusion can include lack of:   * **Access** to a device and/or data * **Digital skills** * **Motivation** to get online * **Trust** of online safety     Digital exclusion is not a fixed entity and may look different to different people at different times.    Example 1. Person A, has access to a smartphone and monthly data and can access social media apps, however lacks the digital skills and confidence, and appropriate device to create a CV, apply for jobs and attend remote interviews, and/or access educational and skills resources.    Example 2. Person B, is digitally confident and has their own laptop, however due a lower household income and other financial priorities, they cannot afford their monthly broadband subscription and can no longer get online to access the services they need to.    Example 3. Person C has very little digital experience and has heard negative stories on the news regarding online scams. Despite having the financial resource, they see no benefit of being online and look for alternatives whenever possible. A new council service requires mandatory online registration, therefore they do not access it.    It is important that we all consider how we can reduce digital inequalities across our services, and this may look very different depending on the nature of our work.    **Please answer the questions below to help identify if the area of work will have any impact on digital inequalities, positive or negative.**    **If you need assistance in completing this section please contact: Laura Waller (*Digital Services & Inclusion Lead, CCC*). More details and worked examples can be found at** <https://coventrycc.sharepoint.com/Info/Pages/What-is-an-Equality-Impact-Assessment-(EIA).aspx> | | |
| Question | | Issues to consider |  |
| 2.5 What digital inequalities exist in relation to your work / plan / strategy? | | * Does your work assume service users have digital access and skills? * Do outcomes vary across groups, for example digitally excluded people benefit the least compared to those who have digital skills and access? * Consider what the unintended consequences of your work might be. | |
|  |  | Response:    Our Market Sustainability Plan includes reference to the following areas which may require mitigations to reduce the potential for digital inequalities:     * **Digital switchover**: individuals in receipt of the support of assistive technology may experience a possible disturbance when switched over from analogue to digital. This is a national programme and control over this by the Council is minimal. * **Knowledge of digital technologies and systems to support a move towards a more digitalised care offer**: We are aware staff may not necessarily have the skills to support a move to a more digital based care offer and its associated systems. * **Advertisement of recruitment fayres:** Digital advertisement of our recruitment initiatives e.g. advertising job fayres / recruitment days, job descriptions and advertisements, are publicised online. | |
| 2.5b How will you mitigate against digital inequalities? | | * If any digital inequalities are identified how can you reduce these?   For e.g. if a new service requires online registration you may work with partner organisations to improve digital skills and ensure equitable processes are available if someone is unable to access online. | |
|  |  | Response:    **Digital switchover**: We will work with providers and relevant stakeholders to ensure, as much as possible, both individuals and providers effected by the switch are informed and able to remain safe should an issue arise.   * **Digital technologies / digital support offer**: Support and ‘digital champion’ training will be offered to providers via the Coventry Connects digital training scheme to ensure staff are appropriately skilled in an effective, sensitive manner. * **Advertisement of recruitment fayres:** To supplement digital advertisement, posters / paper advertisement and conversations will be utilised to ensure as many people are aware of up coming events. Paper information will also be available during events, including the ability to complete paper job applications (online application options also available) at job fayres the day. | |

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| --- | --- |
| 2.6 | How will you monitor and evaluate the effect of this work? |
| The Council will be required to produce an updated winter Market Sustainability Plan where we will reflect on the impact of our April MSP and outline plans for future support, especially across the winter 2023/24 period where pressures and risk to the market and individuals are most prevalent due to heightened demand.  Intelligence drawn from provider feedback e.g. through provider forums and specific engagement sessions, and market sustainability data e.g. contract monitoring and review of provider quality ratings and entrances and exits to/from the market will also be used to understand the impact of our MSP and support offer. | |

2.7 Will there be any potential impacts on Council staff from protected groups?

Internally Provided Care Services will be captured under this framework. Whilst impact will likely be minimal any impact would be positive.

You should only include the following data if this area of work will potentially have an impact on Council staff. This can be obtained from: Nicole.Powell@coventry.gov.uk

**Headcount:**

**Sex:**  **Age:**

|  |  |
| --- | --- |
| Female | 88.9% |
| Male | 11.11% |
| 16-24 | 5.56% |
| 25-34 | 5.56% |
| 35-44 | 11.11% |
| 45-54 | 27.78% |
| 55-64 | 38.89% |
| 65+ | 11.11% |

**Disability:**

|  |  |
| --- | --- |
| Disabled |  |
| Not Disabled | 88.89% |
| Prefer not to state | 5.56% |
| Unknown | 5.56% |

**Ethnicity:**  **Religion:**

|  |  |
| --- | --- |
| Any other |  |
| Buddhist |  |
| Christian | 50% |
| Hindu | 5.56% |
| Jewish |  |
| Muslim | 5.56% |
| No religion | 22.22% |
| Sikh | 16.67% |
| Prefer not to state |  |
| Unknown |  |

|  |  |
| --- | --- |
| White | 72.22% |
| Black, Asian, Minority Ethnic | 27.78% |
| Prefer not to state |  |
| Unknown |  |

**Sexual Orientation:**

|  |  |
| --- | --- |
| Heterosexual | 94.44% |
| LGBT+ |  |
| Prefer not to state | 5.56% |
| Unknown |  |

3.0 Completion Statement

**As the appropriate Head of Service for this area, I confirm that the potential equality impact is as follows:**

No impact has been identified for one or more protected groups             ​☐​

Positive impact has been identified for one or more protected groups      ​☐​

Negative impact has been identified for one or more protected groups    ​☐​

Both positive and negative impact has been identified for one or more protected groups     ☐

4.0 Approval

|  |  |
| --- | --- |
| **Signed: Head of Service:** | **Date: 03.03.2023** |
| **Name of Director:** | **Date sent to Director:** |
| **Name of Lead Elected Member:** | **Date sent to Councillor:** |

**Email completed EIA to** [equality@coventry.gov.uk](mailto:equality@coventry.gov.uk)