

equality impact assessment

stage 1 quick check

questionnaire



If you are planning on making a change to an existing service or policy, or launching something new, fill out this quick questionnaire to find out if you need to complete a full equality impact assessment. You can also use this form to check your current services or policies. To find out more about the legal background to equality impact assessments, or for advice on which of your current services should be assessed, read our equality impact assessment help notes.

Section 1: About you and your service area

Your name:	Clive Gibbins
Your service area:	Community Housing & Health
Your director/line manager:	Helen Titterton
Your cabinet member:	CLlr Doug Pullen

Section 2: About your plans

Name of service/policy you are assessing:	Fit for the Future Community Transport Review
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Is it? (please delete as appropriate)

- A review of an existing policy/service
- ~~A new policy/planned service~~
- ~~A change to an existing policy/service~~
- ~~A proposal to close a service~~

Who are the main users of your service/policy? (please delete any that are not appropriate)

- ~~All residents~~
- ~~Visitors to the district~~
- ~~Mixture of residents and visitors~~
- **Users of a specific service (e.g. leisure centre customers)**
- ~~Internal (employees)~~
- ~~Disability specific groups~~
- ~~Race specific groups~~
- ~~Gender specific groups~~
- ~~Religious groups~~
- ~~Sexual orientation groups~~
- ~~Marriage and civil partnerships~~
- **Older people**
- **Young people**
- ~~Other (please specify)~~

Please briefly describe why you are creating a new service/changing an existing service or reviewing current policy/service (where appropriate, include sources of evidence such as customer feedback):

Within the context of renewed financial pressures on the Council, the Council needs to be satisfied that the Community Transport Scheme is delivering value for money to local tax payers and is using its resources in the best way possible.

The main objectives of the Review are to better understand the needs of current member groups and the wider need for the service and then to assess whether the council is achieving value for money from the current service and identify alternative options for delivery.

Section 3: Will your plans impact on any particular groups?

3a: ^ Please fill in all boxes that apply in the table below. If any boxes don't apply, please leave blank.

Hints & tips Think about who will benefit from or be affected by your plans/policy. Will any particular group be negatively affected, or not able to use the service? For further guidance please see Section 3 of the help notes.

Impact of plans	Will your plans have a positive impact on this group? If so please explain why?	Will your plans have a negative impact? If so please explain why? ^ If there is a negative impact on any group(s), please complete section 4 for each group.
Groups of users		
Age ranges (indicate range/ranges)		Ending the service would have a negative impact, as younger and older people are the main users of the service
Disability (physical, sensory or learning)		Ending the service would have a negative impact, as some disability groups are regular users of the service
Gender/sex		
Transgender/gender reassignment		
Race (includes ethnic or national origins, colour or nationality)		
Gypsies and travellers		
Refugees / asylum seekers		
Sexual orientation		
Marriage and civil partnership		
Religion or belief (includes lack of belief)		
Pregnancy and maternity		
Carers or the people cared for (dependants)		Ending the service would have a negative impact, as some carers may benefit from the respite the service can provide and the people cared for are able to benefit from the service provided.
Other (please specify)		

3b: Further details

Please use this space to provide further details if necessary

Section 4: Can you justify and evidence, or lessen any impact?

4a: ^If you have identified a negative impact(s) on any group(s) please complete the below table for each affected each group. If any boxes don't apply, please leave blank. If you didn't identify any negative impact(s) on the previous page, skip to section 6.

Hints & tips Is there something you can do to reduce or alter any negative impact you have identified? *For example when we changed waste and recycling collections to kerbside collections, we offered disabled/less able people assisted collections.* Please list all the evidence you have gathered to support your decision(s) - this could include customer feedback, statistics, comparable policies, consultation results. If you don't have any evidence, please carry out appropriate studies and research to gather the evidence you need to support your decision(s). If you have no/insufficient evidence or cannot gather any, you will need to complete a full EIA. For further guidance, see Section 4 of the help notes.

Actions you need to take	We will make the following change(s) to the service/policy to reduce the negative impact. Explain the change(s) and the evidence you have to support your decision? ^ Use section 4b below if you want to give more details.	We won't make changes as we can justify our decision and there are sound reasons behind our decision. Justify why and detail the evidence you have gathered to support your decision. ^ Use section 4c below if you want to give more details.	There is a negative impact, and we cannot justify it and/or have no, or insufficient, evidence to support our decision. ^ You will need complete a full equality impact assessment. See the help notes for more details.
Groups of users			
Age ranges (indicate range/ranges)		The decision can be justified and there are sound reasons for it (see section 4c)	
Disability (physical, sensory or learning)		The decision can be justified and there are sound reasons for it (see section 4c)	
Gender/sex			
Transgender/ gender reassignment			
Race (includes ethnic or national origins, colour or nationality)			
Gypsies and travellers			
Refugees / asylum seekers			
Sexual orientation			
Marriage and civil partnership			
Religion or belief (includes lack of belief)			
Pregnancy and maternity			
Carers or the people cared for (dependants)		The decision can be justified and there are sound reasons for it (see section 4c)	
Other (please specify)			

4b: Further details on changes

Please use the space below to give more details on the changes you will make, if necessary:

4c: Further details on justification

Please use the space below to give more details on the justification/evidence you have gathered, if necessary:

The review has identified that the service is not cost effective and cannot continue without further investment. It has also identified other transport providers, with capacity, who could maintain service provision.

An action plan will be developed to mitigate the effects of the discontinuation of the service by:

- talking to the regular users of the service in order to understand their needs.
- providing the contact details of other providers to the non-regular users of the service.
- talking to other providers to identify their ability to provide a replacement service.

The timing of the closure of the service will also be considered, as the impact could be worsened during the winter months.

Section 5: Your action plan

Help notes If, as a result of this assessment, you are going to adapt your plans or policy, please include details below. Please include a quick action plan and key dates that will show how you will review your decisions and when. Please include responsibility and expected outcomes. For full guidance on how to complete this section, please refer to the help notes.

The recommendations contained within the report will be developed into an action plan, which would need to undergo a further equalities impact assessment.

Section 6: Record your actions (delete as appropriate)

	No	Yes
I have sent this to Policy and Performance for publication on the intranet and on www.lichfielddc.gov.uk		
Date completed:		