

Equality Impact Assessment Form

Section One – Screening

Name of strategy/policy/project:

Proposed rationalisation of public conveniences in Melton Mowbray Town Centre

Name and telephone number of officer completing assessment:

David Blanchard

1. What is the main aim or purpose of the strategy/policy/project?

To rationalise the provision of public conveniences by the Council in order to make savings in annual expenditure and assist the Council in funding the capital refurbishment costs of Wilton Road toilets.

2. List the main activities or objectives of the strategy/policy/project (for strategies list the main policy areas):

Reduction in the number of public conveniences serving the town centre from 3 to 2, in order to generate a minimum of £4,300 annual revenue savings.

3. Who will be the main beneficiaries of the strategy/policy/project and in what way?

This is a reduction in service provision in order to make savings and assist the Council in setting its budget.

4. Use the table below to indicate:

- (a) Where you think that the strategy/policy/project could have a negative impact on any of the equality target groups i.e. it could disadvantage them
- (b) Where you think that the strategy/policy/project could have a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups.

Note that you do not have to complete all the boxes. Only those where there is a disproportionate or greater impact either way. See completed EQIAs on the Council's website

		Positive impact – it could benefit	Negative impact – it could disadvantage	Reason
Gender	Women	None	Women with: young children a mobility disability; illness such as Crohn's Disease; incontinence; pregnant women and elderly women.	See Reasons for Negative Impact: Women (below).
	Men	None	Men with: young children a mobility disability; illness such as Crohn's Disease; incontinence; and elderly men.	See Reasons for Negative Impact: Older People, Parents and Disabled People (below).
	Trans-gendered people	None	There is no differential impact upon this group; the impact will be the same as for men and women (see above).	See Reasons for Negative Impact (below)
Race	Asian or Asian British people	None	No specific greater impact to any particular race of people.	There is no known link between use of public conveniences and race.
	Black or black British people	None		
	People of mixed race	None		
	Irish people	None		
	White people	None		
	Chinese people	None		
	Gypsies/travellers	None		

	Other minority ethnic communities not listed above			
Disability	Physical	None	Yes	See Reasons for Negative Impact: Disabled People (below). There is also an impact upon carers.
	Sensory	None	Yes	
	Learning	None	Yes	
	Mental health	None	Yes	
Sexual Orientation	Lesbians, gay men and bisexuals	None	None	There will be no greater impact on this group than that of the general public.
Age	Older people (50 +)	None	Yes	See Reasons for Negative Impact: Disabled People (below).
	Younger people (17-25), and children	None	Yes	See Reasons for Negative Impact: Parents and young children (below).
Belief	Faith groups	None	None	Although in general terms there will be no greater impact on this group than that of the general public; for some faiths, the use of alternative private facilities may be constrained where visiting certain establishments (e.g. pubs) may be against faith or cultural beliefs.
Equal opportunities and /or improved relations		None	None	N/A

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs, Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the Race section are those used in the 2001 census. Consideration should be given to the needs of specific communities within the broad categories such as Bangladeshi people and to the needs of other communities such as Turkish/Turkish Cypriot, Greek/Greek Cypriot, Italian and Polish that do not appear as separate categories in the census.

5. If you have indicated there is a negative impact on any group, is that impact:

Legal YES
(not discriminatory under anti-discriminatory legislation? If uncertain see guidance notes or contact Policy Unit or Legal Services)

Intended? NO

Level of impact MEDIUM, although there is the possibility that there may be a localised high impact with a particular public convenience closing.

If the negative impact is possibly discriminatory and not intended and/or of high impact you must complete section two of this form. If not, complete the rest of section one below and consider if completing section two would be helpful in making a thorough assessment.

6. a) Could you minimise or remove any negative impact that is of low significance and if so how?

The potential negative impact is mitigated by the fact that there are alternative facilities within 300 metres of Park Lane at Wilton Road and St Marys.

b) Could you improve the strategy/policy/project's positive impact and if so how?

There is no positive impact.

You may wish to use the action sheet at the end of Section Two.

7. If there is no evidence that the strategy, policy or project promotes equality, equal opportunities or improved relations – could it be adapted so that it does? How?

This cannot be adapted whilst the main thrust is to save revenue per annum; public conveniences provide a useful public service to the general public, but in particular to specific groups of the population. Any dilution of this service can only be viewed as having a disproportionately greater negative impact on those specific groups.

8. Do you have data available which monitors the impact of the policy on minority groups? If not, please explain how you intend to continue monitoring the impact of this strategy/policy/project:

There is no specific data for Melton, although there is general information about the impact on specific groups as well as the general public in the following Government publications:
House of Commons Select Committee – Provision of Public Toilets. Twelfth report of session 2007-08
Improving Public Access to Better Quality Toilets – a strategic guide.

Reasons for negative impact

Older people

We have an ageing population: the 2001 census shows that the 65+ age group had increased by 31 per cent (to 9.7 million) whereas those aged 16 and under had fallen by 19 per cent (to 11.5 million). Help the Aged's paper *Nowhere to go: Public toilet provision in the UK (May 2007)* highlights the social cost to older people of the decrease in public toilets:

Twelve per cent. of older people (1.2 million) feel trapped in their own home, 13 per cent. of older people (1.26 million) do not go out more than once a week and about 100,000 never go out.

Their evidence suggests that lack of public toilets is a significant contributory factor in the isolation of older people, with more than half of older people finding that a lack of local public toilets prevented them from going out as often as they would like.

Women

Women make up slightly more than half of the UK population, and a higher proportion of older people. Yet the balance of toilet provision (taken as a whole for the public/customers) for men and women is at best 50:50 and more typically 70:30 in favour of men, because cubicles take up more room than urinals. Women, with or without babies and young children, may be reluctant to use facilities in pubs, so limiting the scope of alternative conveniences to them.

Parents and young children

Parents and guardians of young children and babies need to be able to use suitable facilities in both male and female public toilets when visiting public spaces, and often at short notice. Of the current 3 conveniences all have baby changing facilities.

Disabled people

There are around 10 million disabled people in Great Britain, and disability rates increase with age. The lack of suitable facilities can prevent them from taking part in everyday activities that others take for granted. This in turn can lead to social isolation, particularly where the disability may impede the person's ability and confidence to access alternative private provision.

Disabled people and their carers also lack the freedom to leave their homes without the reassurance of adequate toilet facilities being available. The National Association for Colitis and Crohn's Disease (NACC) is a national charity offering support to people who have Colitis or Crohn's Disease; diseases that can strike at any age. It raises concerns about the lack of public toilet provision:

Ulcerative Colitis and Crohn's Disease, known collectively as Inflammatory Bowel Disease (IBD), affects approximately 1 in 400 people living in the UK.... The sudden and uncontrollable need to use a toilet is a genuine and recognised symptom of IBD....

Having an 'accident' in public is every patient's worst fear and can have a devastating effect on their ability to undertake everyday activities such as going to work, shopping or socialising.

There are 3 disabled toilets within the town centre, if Park Lane is closed there will only be 2 remaining toilets with disabled facilities.

Tourists & visitors

Tourists and visitors rank the availability of toilets high in their lists of reasons why a location is worth visiting, a point made by Peter Hampson, Director of the British Resorts and Destinations Association (BRADA): *"If you are a visitor and there on a temporary basis, provision of toilets becomes absolutely fundamental...most journeys start and finish with people going to the loo."*

Older people and women with young children make up a significant proportion of tourists and visitors to Melton and its local shopping facilities.

Section Two – Full Assessment

Name of strategy/policy/project:

Proposed rationalisation of public conveniences

Date: October 2010

Part A

1. Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender	Yes
Race	No
Disability	Yes
Sexual Orientation	No
Age	Yes
Faith	No

2. Summarise the likely negative impacts.

A reduction in public conveniences may have a restrictive effect upon the willingness of specific groups to access public spaces, socialise and shop. This in turn can lead to isolation and negatively impact upon a person's well-being.

3. a) What previous or planned consultation on this topic/policy area/project has taken place/will take place with groups/individuals from equality target groups?

The views of representative groups will be canvassed by letter.

b) If there has already been consultation what does it indicate about negative impact of this strategy/policy/project?

Equality target groups	Summary of consultation carried out or planned
Women	None obtained at this stage
Transgender people	None obtained at this stage
Black and minority ethnic communities	None obtained at this stage
Disabled people	None obtained at this stage
Lesbians, gay men and bisexuals	None obtained at this stage
Older people	None obtained at this stage
Young people/children	None obtained at this stage
Faith groups	None obtained at this stage

4. What consultation has taken place with other stakeholders – including staff that have, or will have, direct experience of implementing the strategy/policy/working on the project?

Public consultation has been undertaken and if the proposed rationalisation is approved there will be revenue savings but no impact on staff

5. Check that research /studies/reports concerning the equality target groups and the likely impact have been used to plan the project and guide it or indicate what research you intend to carry out.

Equality target groups	Title/type/details of report/research
Women	None planned
Transgender people	None planned
Black and minority ethnic communities	None planned
Disabled people	None planned
Lesbians, gay men and bisexuals	None planned
Older people	None planned
Young people/children	None planned
Faith groups	None planned

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

YES (Please list them and explain how you will obtain their views)

Representations from representative bodies such as Age Concern, Help the Aged.

NO

Part B

Complete this section when consultation and research has been carried out

7. a) As a result of this assessment and available evidence collected, including consultation, state whether there will need to be any changes made/planned to the strategy/policy/project.

This proposal is a cut in service provision that will have a negative impact on the general public and disproportionately effect specific groups of concern. Members have yet to decide upon whether toilets should be closed and any closure is yet to be decided upon.

b) As a result of this assessment and available evidence is it important that the Council commissions specific research on this issue or carry out monitoring/ data collection?

In real terms, once a decision has been made to close a toilet, it is most unlikely to be re-opened unless a further toilet is closed in it's place. Therefore, it is difficult to foresee the value of any data collection in this current economic climate.

(You may wish to put this information directly onto the action sheet at the end of this form)

8. Will the changes planned ensure that negative impact is:

Legal (*not discriminatory under anti-discriminatory legislation*)? Yes

Intended? No

Low impact? A medium impact is likely, with potential higher localised impacts

9. a) Have you set up a monitoring/evaluation/ review process to check the successful implementation of the strategy/policy/project?

NO

b) How will this monitoring/evaluation further assess the impact on the equality target groups/ensure the strategy/policy/project is non-discriminatory?