

Croydon Council Equality Analysis Form

Stage 1 Initial Risk Assessment - Decide whether a full equality analysis is needed

At this stage, you will review existing information such as national or local research, surveys, feedback from customers, monitoring information and also use the local knowledge that you, your team and staff delivering a service have to identify if the proposed change could affect service users from equality groups that share a “protected characteristic” differently. You will also need to assess if the proposed change will have a broader impact in relation to promoting social inclusion, community cohesion and integration and opportunities to deliver “social value”.

Please note that the term ‘change’ is used here as shorthand for what requires an equality analysis. In practice, the term “change” needs to be understood broadly to embrace the following:

- Policies, strategies and plans
- Projects and programmes
- Commissioning (including re-commissioning and de-commissioning)
- Service Review
- Budgets
- Staff structures (including outsourcing)
- Business transformation programmes
- Organisational change programmes
- Processes (for example thresholds, eligibility, entitlements, and access criteria)

You will also have to consider whether the proposed change will promote equality of opportunity; eliminate discrimination or foster good relations between different groups or lead to inequality and disadvantage. These are the requirements that are set out in the Equality Act 2010.

1.1 Analysing the proposed change

1.1.1 What is the name of the change?

Croydon Best Start

1.1.2 Why are you carrying out this change?

Please describe the broad aims and objectives of the change. For example, why are you considering a change to a policy or cutting a service etc.

The council and its partners believe that it is vital that all young children get the best start in life. The purpose of the proposed change is to improve how services are planned and delivered with a view to improving outcomes for children, maximizing life chances and reducing the call on later more costly interventions.

Services for children aged under five years and their families are currently delivered by a range of

different agencies including midwives, health visitors, children's centres and family support teams, early years settings and voluntary, community and faith sector organisations as well as specialist providers such as speech and language therapists, paediatricians, CAMHS and children's social care. These different providers work together as independent organisations within an informal partnership. As a result their effectiveness is constrained by a lack of effective sharing of information, separate assessments and disjointed and sometimes duplicated services. Although most families¹ are satisfied with the services they get, a number report being confused about the roles of different practitioners and frustration at having to repeat their experiences when dealing with a number of different people.

Research² shows that the early years are the most influential time in the development of a child, when their brain grows the fastest and when love and security are crucial. By bringing together key services including children's centre, health visiting and family nurse partnership and early years services alongside social care and midwifery and the voluntary and community sector into an integrated model, the Croydon Best Start service delivery model will aim to improve how services are planned and delivered with a view to improving outcomes for children, maximizing life chances and reducing the call on later more costly interventions.

Best Start builds on the work undertaken through the Primary Prevention Plan (PPP) which incorporates the network of children's centres, early learning and the delivery of the Healthy Child Programme (HCP).

From October 2015 the responsibility for commissioning the HCP transfers from NHS England to the local authority. Certain elements of the HCP specification have been mandated (through a sunset clause) for a minimum of 18 months when the position will be reviewed. At this point Parliament will decide whether any further mandating is required. This transfer of commissioning responsibility has created an opportunity for greater collaboration between the Health Visiting service the Family Nurse Partnership and Children's Centre services. The wider Health Visitor Programme places the revitalisation of health visiting services at the centre of support for all parents and the provision of assistance when needed by families. It aims to improve access to evidence based interventions, improve the experience of children and families, improve health and well-being outcomes for under-fives and reduce health inequalities (HV transfer equality analysis, March 2015).

From October 2015 the current five children's centre localities will be replaced by three Best Start planning areas with detailed community profiles that outline key demographic data and equalities and deprivation data. These will be supplemented in some areas by community asset audits and maps that will help Best Start to identify local relationships between families with children under 5, networks and providers in ways that will support the transformation and reshaping of local services. Environmental factors such as geographical locations, travel distances and community facilities will be considered as part of the full Best Start equality assessment and data used to inform service planning.

A Best Start co-design parent involvement strategy is underway and is identifying parents and carers to be part of co-design groups which will inform and influence how services are developed and delivered. The make up of the co-design groups will be analysed using equalities protected characteristics and gaps in participation addressed through an engagement and involvement strategy.

The shift from the current model to Best Start is complex and will be undertaken over two phases

with phase one (2015 – 2017) developing and working to an integrated delivery model based broadly on current commissioning arrangements and phase two (April 2017 onwards) delivering to a fully integrated 0-5 years commissioning framework.

Best Start is supported by a Department for Communities and Local Government (DCLG) Transformation award of just under £1.5m.

The two lead agencies for Best Start, Croydon Council and Croydon Health Service have agreed that there will be a combined equality assessment, covering both organizations. The proposed change will impact on both staff and service users and the initial assessment will determine whether these will require separate assessments.

1.1.3 What stage is your change at now?

See Appendix 1 for the main stages at which equality analyses needs to be started or updated. In many instances, an equality assessment will be started when a report is being written for Cabinet or Committee. If that report recommends that a proposed change takes place, the same equality assessment can be updated to track equality impacts as it progresses.

Best Start was approved by the Cabinet and by Croydon Health Service Board towards the end of 2014.

Planning for Best Start began in January 2015 and it is intended that a new delivery model will be in place by negotiation by October 2015 and by new working arrangements by April 2016. In order to manage this complex change, the implementation of Best Start has been broken down into seven workstreams, each with a detailed action plan. An overarching implementation plan underpins project management and helps to ensure interdependencies are identified and managed.

A Best Start Transformation Manager has been appointed and detailed action plans are in place. A Best Start Steering Group, attended by the Lead Member for children's services, is in place reporting to the Early Help Board which itself reports into the Children and Families Partnership and the Health and Wellbeing Board. Stage 1 of the equality assessment will, in the first instance be presented to this Steering Group in July 2015. Following this a full equality assessment will be undertaken covering the transformation period until March 2016.

An EIA working group from CHS and LBC is overseeing development of the assessment and will provide support and challenge at key stages.

Please note that an equality analysis must be completed before any decisions are made. If you are not at the beginning stage of your decision making process, you must inform your Director that you have not yet completed an equality analysis.

1.2 Who could be affected by the change and how

1.2.1 Who are your internal and external stakeholders?

For example, groups of council staff, members, groups of service users, service providers, trade unions, community groups and the wider community.

Best Start will affect practitioners and service users across both LB Croydon and Croydon Health Service. This equality assessment focuses on both.

Internal – staff

The main internal stakeholders will be staff who will be required to work in a more integrated way than currently, sharing information more frequently and in more considered ways, using a Best Start framework / Standard Operating Model .

1. Staff from the following Local Authority Early Intervention and Support Service teams:
 - a. Locality Early Help Team
 - b. Early Learning and Primary Prevention Team
2. Children’s Social Care (CSC) Team will integrate into the Best Start locality model, supporting those families stepping down from CSC or those at risk of requiring more intensive CSC support.
3. Health Visiting and the Family Nurse Partnership teams will deliver on the mandated and other elements of the HCP, ensure every family in Croydon has access to a Health Visiting service as well as contributing to the core purpose of children’s centres.

External – staff

1. Staff employed by children’s centres currently deliver universal and targeted services including family support. Going forward children’s centres will focus delivery on the universal and universal plus child development and school readiness elements of the HCP and children’s centre core purpose. Individual support at stage 2 and 3 of the Early Help pathway / Partnership Plus will be delivered through a retained local authority early help team working with Health Visiting and CSC.

External – all children aged from conception to five years and their families (service users)

1. Families expecting a child and those with babies and young children aged under five years should experience positive changes in the way services are made available to them. This could include for example more easily available information and more timely and easily accessible support.
2. Co-design is an important focus for Best Start and parents and carers will be more involved in helping to identified strengths and areas for improvement in how services are designed.
3. Co-design should also open up greater opportunities for co-production for example through peer to peer support and volunteering.

External - other

1. Designated children’s centre commissioned schools – as host agencies for children’s centres, these schools will be more closely involved as part of the Best Start integrated service. This could include, for example, working with family support teams to coordinate assessments and support packages, case management and information sharing.
2. Early education providers including nurseries and childminders will be supported by, and part of, an Early Learning Collaboration which will coordinate support for early years setting to raise standards and improve quality.
3. Health professionals including midwives, GPs, pediatricians and other specialist services will

be more involved in undertaking and sharing family assessments and delivering coordinated packages of support.

4. Voluntary, community and faith sector organisations working with families with young children will, through commissioning arrangements, be part of Best Start integrated teams, sharing information and taking an active part in assessing needs and delivering coordinated packages of support.
5. Trade union(s) will be consulted as part of the staff restructure.

1.2.2	What will be the main outcomes or benefits from making this change for customers / residents, staff, the wider community and other stakeholders?
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It is anticipated that Best Start will lead to better outcomes for children and their families. Evidence (see section 1.2.3) shows that many Croydon children demonstrate lower health and well being and poorer school readiness than children in London and across the country. In many parts of Croydon family poverty is high and parents and carers are less prepared for employment. Yet we know that across Croydon individuals and families show great resilience and have many untapped assets and strengths.

Through Best Start we aim to be better able to work with families at the earliest opportunity to identify those families who need some additional help and support in order to achieve improved outcomes. We aim to raise confidence in services and ensure positive relationships between families and practitioners and between practitioners themselves. We aim to improve how strengths and needs are identified through shared assessments and how these needs are met through integrated care plans. We anticipate that Best Start will build on community assets and strengths enabling families to identify and/or develop networks of support through which they will be able to support themselves and each other. By creating a single 'Best Start' service identity and by facilitating closer working relationships between staff (through co-location, shared assessments, information sharing etc) we aim to reduce inherent confusion and duplication in the current delivery models and thus improve how staff work together to identify needs as early as possible and put in place a support package delivered by practitioners that best meet these needs. By involving social care staff alongside health visitors, family support workers, children's centre staff and early years educators we aim to ensure that all families have a point of contact with Best Start and that the most vulnerable and at risk children are protected and safeguarded.

The outcomes for Best Start are:

- Children are healthy and well, emotionally and physically
- Children are prepared and ready for school
- Children are safe and protected from harm
- Parents are self-reliant and have strong and supportive social networks
- Parents are healthy and well, emotionally and physically
- Parents can access employment and training
- Practitioners are confident and skilled and work together to deliver high quality and inclusive services

A detailed outcomes framework is being developed alongside a theory of change and evaluation plan in partnership with Queen's University, Belfast

1.2.3 Does your proposed change relate to a service area where there are known or potential equalities issues?

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response
If you don't know, you may be able to find more information on the Croydon Observatory
(<http://www.croydonobservatory.org/>)

Yes.

Service users

It is anticipated that Best Start will improve the support available to all families including those with protected characteristics. Data is currently available in relation to race, disability, sex, age and social inclusion. Data is not collected on parents/carers in relation to gender re-assignment, sexual orientation and religion.

There are approximately 28,651 children aged under five years in Croydon.

The Index of Multiple Deprivation (IMD) 2010 data shows that Croydon has become more deprived between 2004 and 2010. The population is estimated to increase by 10% by 2021 and 14% by 2031 due to increasing birth rates and the inflow of people to Croydon.

Equalities data³ shows that:

- Approximately a quarter of children aged under 16 live in poverty but this is more concentrated within the youngest aged group.
- Just over a third (35%) of children under five live in the 20% most disadvantaged super output areas, as opposed to a fifth (20%) of young people aged 11-19 (ONS 2013 mid-population estimate).
- 42% of children in reception year are of Black or Asian ethnic origin and a further 16% of mixed ethnic origin (Schools Census 2013)
- 45% of the Croydon alcohol treatment population had children living with them in 2012/13, compared to 28% nationally.
- Approximately 77% of mothers fully breastfeed at birth (85% partially breastfeed) but rates vary considerably across the borough with significantly fewer mothers breastfeeding in areas of greater deprivation.
- Approximately a quarter of children in reception are obese with significant variations across the borough.
- Immunisation rates are relatively high with 91% of children fully vaccinated at age one, 87% at age two and 74% at age five.
- Levels of domestic abuse and sexual violence are also high in Croydon. Research by Women's Aid shows that 30% of domestic abuse occurs in pregnancy and therefore a significant proportion of our youngest children are at risk of the negative impact of violence within the home.

Data⁴ on families and young children show that during 2014-15

- 60% of families with children under five accessed children's centre services
- 697 families received support through the Family Engagement Partnership

Best Start will also support the SEND reforms ensuring children and parents with additional needs are able to access Best Start services alongside specialist provision. The full assessment will identify strengths and areas for improvement in the current model to inform the changes to be implemented through Best Start.

Best Start will plan services across three planning areas (see map) and will use community profiling to ensure that the distribution of resources reflects levels of need.

Workforce

As part of the EIA an analysis of the current workforce - children's centre staff, health visitors and in-scope staff employed by Croydon Council - will be undertaken. The analysis will gather equalities data on disability, ethnicity, gender and age before any changes are implemented and analyse and update this data as options for service re-design emerge.

Engagement and consultation

Statutory consultation will be undertaken with both children's centre users and in-scope staff and wider stakeholder engagement and communication will ensure that the views are considered from as broad a range of stakeholders as possible and risks identified and assessed. Best Start has already started a process of parent and carer engagement as part of a wider parent involvement in co-design and co-production strategy.

1.2.4 Does your proposed change relate to a service area where there are already local or national equality indicators?

You can find out from the Equality Strategy <http://intranet.croydon.net/corpdept/equalities-cohesion/equalities/docs/equalitiesstrategy12-16.pdf>). Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response

Yes, Best Start will have some relation to the following indicators from the Croydon Equality Strategy 2012-16:

To improve outcomes for children by providing a better start in life.

To achieve better learning outcomes for children and young people by narrowing the attainment gap for those who are vulnerable.

To improve economic outcomes for young people and adults by increasing opportunities to be in education, employment or training.

To achieve better outcomes for children and young people by increasing the proportion that say they are listened to and able to influence.

To improve support for vulnerable people by making it easier for them to have more choice and control over their lives.

To maintain a modern and diverse workforce by increasing the proportion of staff who say they are valued and treated fairly.

Furthermore Best Start will contribute to other local and national indicators including those relating to domestic abuse and sexual violence, children in poverty, lone parent families and young parents.

1.2.5 Analyse and identify the likely advantage or disadvantage associated with the change that will be delivered for stakeholders (customers, residents, staff etc.) from different groups that share a "protected characteristic"

Please see Appendix 2 (section 1) for a full description of groups.

	Likely Advantage 😊	Likely Disadvantage ☹️
Disability	Best Start should, through the Early Learning Collaboration, improve the quality of early learning. This will benefit all children including those with a disability or additional need.	
Race/ Ethnicity	Improved school readiness of children in reception.	
Gender	<p>Best Start will help to identify support fathers, particularly single fathers who may currently not be aware of services that they can access.</p> <p>Through the closer involvement of midwives, Best Start will help to identify women at risk of domestic abuse earlier.</p> <p>The universal health visitor key assessments will enable health visitors to identify maternal mental health needs at an earlier stage and put in place packages of support through the Early Help Pathway and improve maternal physical health.</p> <p>Men are under-represented in the workforce that will make up Best Start. Equalities analysis will monitor the impact of service redesign on the proportion of male staff. Best Start will also explore opportunities to create a more gender-mixed workforce through working with fathers and co-design.</p>	
Transgender		
Age	Young parents will benefit from closer working relationships between FNP and children's centres	
Religion /Belief	See 1.2.7	
Sexual Orientation	See 1.2.7	
Social inclusion issues	Best Start will enable the community and children's centre offer to focus more clearly on aspects of social inclusion such as	See 1.2.8

	parenting aspirations, employability and developing local support networks.	
Community Cohesion Issues	<p>Through a pro-active policy of co-design and co-production it is anticipated that Best Start will bring together people from different communities into local networks providing support to each other and also helping to ensure that Best Start strengthens community assets and is informed by local needs.</p> <p>Best Start should have a positive impact on a wide range of factors (health, education, poverty etc) that can lead to disadvantage.</p>	See 1.2.8
Delivering Social Value	Best Start co-design will support the identification and development of community assets through improved engagement and involvement of parents in local networks and community-led provision.	

1.2.6	<p>In addition to the above are there any other factors that might shape the equality and inclusion outcomes that you need to consider?</p> <p>For example, geographical / area based issues, strengths or weaknesses in partnership working, programme planning or policy implementation</p>
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Detailed needs analyses³ are in place for each of the five children's centre localities – these are updated annually and were last updated in September 2014. The needs analyses show that certain areas such as Selhurst in the West of the borough, Crosfield in Central Croydon, New Addington and Fieldway in the East of the borough and parts of the North of the borough have higher levels of deprivation with most of the borough's 0-20% most deprived LSOAs, lower than average health and well-being indicators (such as breastfeeding, births to young parents) and greater numbers of adults with no or few qualifications, greater numbers of children living in households claiming out of work benefits and more children from black and minority ethnic communities.

These needs analyses will be replaced in June 2015 by three Best Start Community Profiles – one for each planning area. Best Start Community Profiles will be used to inform Best Start planning with a more targeted deployment of resources that can respond to identified needs.

1.2.7	<p>Would your proposed change affect any protected groups more significantly than non-protected groups?</p> <p>Please answer either "Yes", "Don't know" or "No" and give a brief reason for your</p>
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response. For a list of protected groups, see Appendix.....

Yes.

Disability: mental health is a common presenting factor amongst parents and carers seeking support from early intervention services; Best Start will also identify and support parents/carers with physical and learning disabilities and help to identify children with additional needs such as speech and language and development delay. There will be an equalities analysis of workforce data to assess the likely impact on staff with a disability before changes are implemented

Race/ethnicity: there will be an equalities analysis of workforce data to assess the likely impact on staff across all ethnic groups before changes are implemented.

Sex/gender: whilst women are generally the main carers of young children, Best Start will help to focus on the role of fathers using assessment and review visits to identify families where the father is the main or significant carer. Best Start will, over time, seek to address the imbalance of male workers.

Age: Best Start will support children from conception to age five. It will also target young parents aged under 21 years.

Religion/Belief: Informal mechanisms are currently in place across some of the services that will form Best Start to capture and record the needs of groups with religious or other beliefs. However this is not consistent and Best Start will seek to address how this information is gathered and, through co-design, how we can ensure that these protected groups receive the support they need. In the current model for example children's centres deliver provision from mosques and other community venues and it is anticipated that this outreach work will continue and be strengthened through Best Start.

Sexual orientation: Best Start assessment will help to identify gay and lesbian couples with children; these parents and carers will be invited to join the co-design parent involvement work to help ensure that their voices are heard and that services are responsive to their needs.

Social inclusion: Best Start community profiles will enable resources to be targeted and utilised more flexibly to respond to changing needs

Community cohesion: A challenge for Best Start is meeting the needs of a diverse population with a diverse workforce all using the same space.

1.2.8 As set out in the Equality Act, is your proposed change likely to help or hinder the Council in advancing equality of opportunity between people who belong to any protected groups and those who do not?

In practice, this means recognising that targeted work should be undertaken to address the needs of those groups that may have faced historic disadvantage. This could include a focus on addressing disproportionate experience of poor health, inadequate housing, vulnerability to crime or poor educational outcomes etc.

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response

Yes. Best Start is likely to help the Council and CHS in advancing equality of opportunity between people who belong to protected groups and those who do not. Best Start will refocus activities and services so that those parents, carers and families who most need support get help as early as possible. A proactive parent engagement and involvement strategy will ensure that families

from protected groups are instrumental in helping to shape Best Start through a co-design process that will lead to aspects of Best Start being co-produced and greater mutual support through local networks and strengthening community assets. Best Start will focus on addressing inequalities in health and education

By targeting support in this way Best Start will help men and women of parenting and grand parenting age, babies and young children from conception through to school age, across all ethnic communities, those with special education needs and disabilities and those living in or at risk of living in poverty and those experiencing other forms of disadvantage

Best Start will also seek better to identify and support transgender, gay and lesbian parents.

1.2.9 As set out in the Equality Act, is the proposed change likely to help or hinder the Council in eliminating unlawful discrimination, harassment and victimisation in relation to any of the groups that share a protected characteristic?

In practice, this means that the Council should give advance consideration to issues of potential discrimination before making any policy or funding decisions. This will require actively examining current and proposed policies and practices and taking mitigating actions to ensure that they are not discriminatory or otherwise unlawful under the Act

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response.

Detailed community profiling and information sharing will ensure that families that may experience discrimination in relation to accessing services are identified and proactively supported to engage through robust multiagency planning.

Best Start is likely to help the Council in eliminating harassment and victimisation of people experiencing domestic abuse and sexual violence. Most of the people benefitting are likely to be women and research shows that pregnancy is a key point during which the severity and frequency of abuse is likely to increase (Croydon Domestic Sexual and Gender Based violence Strategy 2015-2018).

A potential disadvantage that has been flagged up by the EIA task and finish group is whether Best Start will lead to changes in the perceptions of service users such that they may be more or less willing to reveal personal information. For example we know that some parents see children's centres as places for "*problem families*" and therefore don't attend because they don't want to be labelled as such whereas they are more likely to engage with health visitors who provide a service for all families. Other parents worry that by engaging with a "local authority" family support service they run a greater risk of their child being taken into care. Best Start will endeavour to monitor and evaluate parents' perceptions of Best Start services and whether this is impacting on their willingness to engage with Best Start.

1.2.10 As set out in the Equality Act, is your proposed change likely to help or hinder the Council in fostering good relations between people who belong to any protected groups and those who do not?

In practice, this means taking action to increase integration, reduce levels of admitted

discrimination such as bullying and harassment, hate crime, increase diversity in civic and political participation etc.

Please answer either "Yes", "Don't know" or "No" and give a brief reason for your response

Best Start is likely to help the Council and CHS in fostering good relations between people who belong to any protected groups and those who do not. It will do this by working with all families with children from conception to age five years, by creating opportunities for families to support each other through volunteering, peer support, networking and asset based community development and by ensuring services are easily and locally available. Best Start will particularly benefit young parents, fathers,

1.3 Decision on the equality analysis

If you answer "yes" or "don't know" to ANY of the questions in section 1.2, you should undertake a full equality analysis. This is because either you already know that your change or review could have a different / significant impact on groups that share a protected characteristic (compared to non-protected groups) or because you don't know whether it will (and it might).

Decision	Guidance	Response
No, further equality analysis is not required	<p>Please state why not and outline the information that you used to make this decision. Statements such as 'no relevance to equality' (without any supporting information) or 'no information is available' could leave the council vulnerable to legal challenge.</p> <p>You must include this statement in any report used in decision making, such as a Cabinet report</p>	
Yes, further equality analysis is required	<p>Please state why and outline the information that you used to make this decision. Also indicate</p> <ul style="list-style-type: none"> • When you expect to start your full equality analysis • The deadline by which it needs to be completed (for example, the date of submission to Cabinet) • Where and when you expect to publish this analysis (for example, on the council website). <p>You must include this statement in any report used in decision making, such as a Cabinet report.</p>	<p>Best Start will undertake a full equalities impact for service users and staff. The analysis will begin in June 2015 and will be an ongoing process until Best Start is fully implemented (March 2016). The full assessment will be informed by further feedback from the Best Start parent co-design activity and by consultation with staff and service users. The equality assessment will be published on the Council's website.</p>

Decision	Guidance	Response
Officers that must approve this decision	Name and position	Date
Report author	Denise Clements (Best Start Transformation Manager)	27 May 2015
Director	Ian Lewis	1 st July 2015

1.4 Feedback on Equality Analysis (Stage 1)

Please seek feedback from the corporate equality and inclusion team and your departmental lead for equality (the Strategy and Planning Manager / Officer)

This document has been co-produced with the on-going support and involvement of the local authority equality lead and CHS.

Name of Officer	Yasmin Ahmed	
Date received by Officer	1 June 2015	Agreed at the Best Start Equalities Assessment Task and Finish group
Should a full equality analysis be carried out?	Yes	Complex transformation programme

Stage 2 Use of evidence and consultation to identify and analyse the impact of the change

Use of data, research and consultation to identify and analyse the probable impact of the proposed change

This stage focuses on the use of existing data, research, consultation, satisfaction surveys and monitoring data to predict the likely impact of proposed change on customers from diverse communities or groups that may share a protected characteristic.

Please see Appendix 2 (section 2) for further information.

2.1 Please list the documents that you have considered as a part of the equality analysis review to enable a reasonable assessment of the impact to be made and summarise the key findings.

This section should include consultation data and desk top research (both local and national quantitative and qualitative data) and a summary of the key findings.

2.2 Please complete the table below to describe what the analysis, consultation, data collection and research that you have conducted indicates about the probable impact on customers or staff from various groups that share a protected characteristic.

Group's with a "Protected characteristic" and broader community issues	Description of potential advantageous impact	Description of potential disadvantageous impact	Evidence Source

2.3 Are there any gaps in information or evidence missing in the consultation, data collection or research that you currently have on the impact of the proposed change on different groups or communities that share a protected characteristic? If so, how will you address this?

Please read the corporate public consultation guidelines before you begin:
<http://intranet.croydon.net/finance/customerservices/customerserviceprogramme/stepbystepguide.asp>.

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2.4 If you really cannot gather any useful information in time, then note its absence as a potential disadvantageous impact and describe the action you will take to gather it.

Please complete the table below to set out how will you gather the missing evidence and make an informed decision. Insert new rows as required

Group's with a "Protected characteristic" and broader community issues	Missing information and description of potential disadvantageous impact	Proposed action to gather information

Stage 3 Improvement plan

Actions to address any potential disadvantageous impact related to the proposed change

This stage focuses on describing in more detail the likely disadvantageous impact of the proposed change for specific groups that may share a protected characteristic and how you intend to address the probable risks that you have identified stages 1 and 2.

3.1 Please use the section below to define the steps you will take to minimise or mitigate any likely adverse impact of the proposed change on specific groups that may share

	a protected characteristic.
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Equality Group (Protected Characteristic)	Potential disadvantage or negative impact e	Action required to address issue or minimise adverse impact	Action Owner	Date for completing action

3.2	How will you ensure that the above actions are integrated into relevant annual department or team service plans and the improvements are monitored?
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3.3	How will you share information on the findings of the equality analysis with customers, staff and other stakeholders?
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Section 4	Decision on the proposed change
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4.1	Based on the information in sections 1-3 of the equality analysis, what decision are you going to take?
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Decision	Definition	Yes / No
We will not make any major amendments to the proposed change because it already includes all appropriate actions.	Our assessment shows that there is no potential for discrimination, harassment or victimisation and that our proposed change already includes all appropriate actions to advance equality and foster good relations between groups.	
We will adjust the proposed change.	We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between	

	groups through the proposed change. We are going to take action to make sure these opportunities are realised.	
We will continue with the proposed change as planned because it will be within the law.	<p>We have identified opportunities to lessen the impact of discrimination, harassment or victimisation and better advance equality and foster good relations between groups through the proposed change.</p> <p>However, we are not planning to implement them as we are satisfied that our project will not lead to unlawful discrimination and there are justifiable reasons to continue as planned.</p>	
We will stop the proposed change.	The proposed change would have adverse effects on one or more protected groups that are not justified and cannot be lessened. It would lead to unlawful discrimination and must not go ahead.	

4.2 Does this equality analysis have to be considered at a scheduled meeting?
If so, please give the name and date of the meeting.

4.3 When and where will this equality analysis be published?

An equality analysis should be published alongside the policy or decision it is part of.

As well as this, the equality assessment could be made available externally at various points of delivering the change. This will often mean publishing your equality analysis before the change is finalised, thereby enabling people to engage with you on your findings.

4.4 When will you update this equality analysis?

Please state at what stage of your proposed change you will do this and when you expect this update to take place. If you are not planning to update this analysis, say why not

4.5	Please seek formal sign of the decision from Director for this equality analysis? This confirms that the information in sections 1-4 of the equality analysis is accurate, Comprehensive and up-o-date.
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Officers that must approve this decision	Name and position	Date
Head of Service / Lead on equality analysis		
Director		
<p>Email this completed form to equalityandinclusion@croydon.gov.uk, together with an email trail showing that the director is satisfied with it.</p>		