#### **APPENDIX 2**

## **Equality and Consultation Analysis**

Coventry City Council

1a
Pre-consultation

**About the project** 

Project or review Enforcement of Display of Fees for Letting Agents and Property

Management.

Service Regulatory Services

Directorate Place

**About the person completing this form** 

Name Allan Harwood

Role Trading Standards Business Compliance Manager

Email Alan.harwood@coventry.gov.uk

Telephone 02476 831885
Date section 1a completed 28/09/2015

### 1. Provide brief details of the aims of the project / review

To provide a transparent fines policy for letting agents and property management businesses when not displaying their fees correctly, as required by Part 3, Chapter 3 of the Consumer Rights Act 2015. Please refer to accompanying Cabinet Member report for full details.

#### Impact on service users

## 2. What are the possible impacts of this project / review on the following groups?

Protected		
characteristic	Impacts	Mitigating actions
Age	Positive impacts: None identified	Set out the mitigation for negative
	Negative impacts: None identified	impacts.
	Commentary: Any further commentary	
	/ reasons for no impact.	
Disability	Positive impacts: None identified.	Set out the mitigation for negative
	Negative impacts: None identified	impacts.
	Commentary: Any further commentary	
0 1	/ reasons for no impact.	
Gender	Positive impacts: None identified	Set out the mitigation for negative
	Negative impacts: None identified	impacts.
	Commentary: Any further commentary	
0	/ reasons for no impact.	
Gender	Positive impacts: None identified	Set out the mitigation for negative
Reassignment	Negative impacts: None identified	impacts.
	<b>Commentary</b> : Any further commentary / reasons for no impact.	
Marriage/Civil	Positive impacts: None identified	Set out the mitigation for negative
Partnership	Negative impacts: None identified	impacts.
raitheiship	Commentary: Any further commentary	ппрасіз.
	/ reasons for no impact.	
Pregnancy/Maternity	Positive impacts: None identified	Set out the mitigation for negative
1 regnancy/materinty	Negative impacts: None identified	impacts.
	Commentary: Any further commentary	impacto.
	/ reasons for no impact.	
Race	Positive impacts: None identified	Set out the mitigation for negative
	Negative impacts: None identified	impacts.
	Commentary: Any further commentary	'
	/ reasons for no impact.	



Protected characteristic	Impacts	Mitigating actions
Religion/Belief	Positive impacts: None identified Negative impacts: None identified Commentary: Any further commentary	Set out the mitigation for negative impacts.
Sexual Orientation	/ reasons for no impact.  Positive impacts: None identified  Negative impacts: None identified  Commentary: Any further commentary	Set out the mitigation for negative impacts.
Looked After Children	/ reasons for no impact.  Positive impacts: None identified  Negative impacts: None identified  Commentary: Any further commentary	Set out the mitigation for negative impacts.
Carers	/ reasons for no impact.  Positive impacts: None identified  Negative impacts: None identified  Commentary: Any further commentary  / reasons for no impact.	Set out the mitigation for negative impacts.
Deprivation (e.g. income, educational attainment, worklessness)	Positive impacts: None identified Negative impacts: None identified Commentary: Any further commentary / reasons for no impact.	Set out the mitigation for negative impacts.

## 3. Have you considered social value requirements as part of this project/review?

Please note that this question only applies if you are intending to outsource / commission the service / project under review. Please refer to the Council's <u>Social Value Policy</u> for further information.

Not applicable to this project.

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	-					

4. How many staff belong to the following categories?
No workforce are affected by the proposals.
5. What are the likely impact of this project / review on different groups of staff?
Not applicable

6. Do you plan to undert	ake fo	rmal cons	ultatio	n as pa	art of this	project?
Yes		No	$\boxtimes$			

No equalities issues have	been id	entified.		
7. Has a report to elected	l memb	ers been p	orepared	in relation to this work?
Yes	$\boxtimes$	No		
Web link to the report:	Insert lir	nk to the repo	ort (usually	http://moderngov.coventry.gov.uk/).

**1b** 

				Post-consultation
1	The section be	low should be c	ompleted followin	g consultation.
Name	a 1b completed	What is your name?		
	1 1b completed			
F c	Please update this consultation proce	table to reflect any r ss. Under mitigating named person in an	new information that ma actions, please identify	question 2) as required.  by have come to light during the the directly responsible individual consible for completing the action
9. What w	vere the key fir	ndings from the	consultation proc	ess?
Please sta	ate the key find	ngs.		
	any of the pre the consultat Yes	ion?	ptions or service	model(s) changed
ir yes, piea	ase state what	nas cnanged.		
	any of the pre promote health Yes	outcomes?		model(s) changed in
If yes, plea	ase state what	has changed and	what health outcor	nes are being promoted.
F	Please update this		new information that ma	<b>question 4) as required.</b> by have come to light during the
				ollowing best describes
	•	his review/project	option is implemented	
		• •	ne proposed option is	
The			implemented ne proposed option is be objectively justified	

## 14. Will this form be used to compile a Programme Level Analysis (Part 2)?

	Yes		No		
If yes, please state the name of the programme:	Enter th	ne name o	of the progr	amme.	

## 15. Approvals from Director and Cabinet Member

To Approvate from Director and Gabinet member					
Name	Date				
Director: Name of Director.	Click here to enter date agreed.				
Cabinet Member: Name of Cabinet Member.	Click here to enter date agreed.				

# 16. Please detail below any committees, boards or panels that have considered this analysis.

Name	Date	Chair	Decision taken
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.
Name of board.	Click here to enter meeting date.	Name of chair.	Decision made / link to report.

### **Next steps**

Please send the completed pre-consultation form to the Chief Executive's Policy Team: Jaspal Mann (Jaspal.Mann@coventry.gov.uk 024 7683 3112); or Wendy Ohandjanian.

#### **Version control**

Find the latest version on Beacon at http://beacon.coventry.gov.uk/equalityanddiversity/

Version	Date	Summary of Changes (Author)
1.0.0	17 July 2014	Initial release (Jaspal Mann)
1.0.1	05 August 2014	Added protected characteristic of Disability under section 2 (Si Chun Lam)