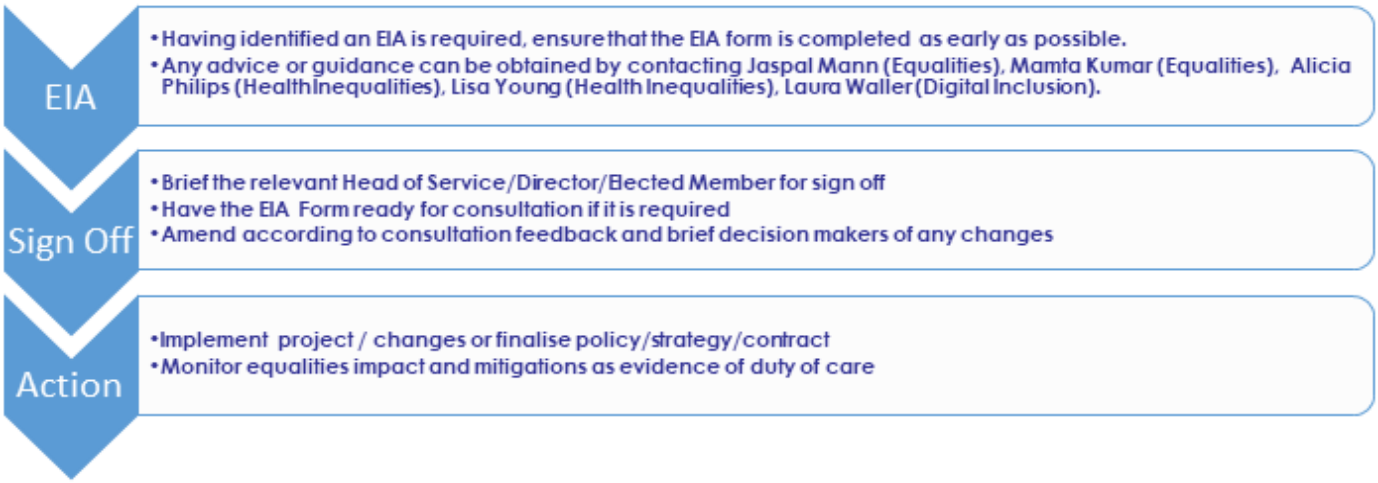
EQUALITY IMPACT ASSESSMENT (EIA)

Title of EIA		**Draft Equality, Diversity and Inclusion Commitment**
EIA Author	Name	**Mamta Kumar**
	Position	**Equality and Diversity Assistant**
	Date of completion	**March 2023**
Head of Service	Name	**Alison Duggal**
	Position	**Director of Public Health**
Cabinet Member	Name	**Abdul Khan**
	Portfolio	**Cabinet Member (Policing & Equalities)**



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

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☐Other project *(please give details)*

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

Engagement on the One Coventry Plan took place between February and September 2022. See figure 1 below.

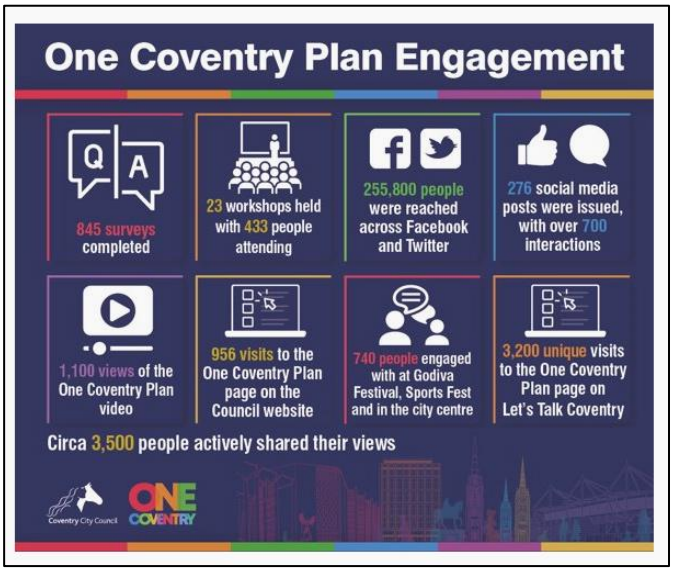

Figure 1

The feedback gathered 250 people's views on various aspects of external facing equality and diversity work. After reviewing the feedback, the Council's Equality, Diversity and Inclusion Commitment has been revised.

Detailed below are the changes that are proposed to the Commitment:

1. A section on the One Coventry approach - this details how Coventry City Council is working collaboratively to make improvements to the services we deliver. This approach will be used to drive forward our diversity and inclusion work, so that the biggest impact can be made on the lives of local people.
2. Inclusion of social value and sustainability - This section details the importance the Council places on its procurement processes and contracts with third parties. These can help challenge inequality, promote inclusion, support the local economy and work with local communities.
3. Section on reducing health inequalities - Coventry became a Marmot City 2013. This allows Coventry City Council to work with colleagues from the Institute of Health Equity (IHE) to be part of a Marmot programme of work with the aim of reducing health inequalities and embedding the Marmot principles, which are:

- Give every child the best start in life
- Enable all children, young people and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all

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- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle discrimination, racism and their outcomes
- Pursue environmental sustainability and health equity together

4. Increased detailed around the work we are doing to improve the diversity of our workforce and create an inclusive workplace culture.

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

A range of internal and external stakeholders will need to be engaged as part of this process. This includes:

- senior management
- employees
- trade unions
- public sector partners
- voluntary and community organisations
- residents of the city.

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

Alison Duggal Director of Public Health and Wellbeing
Jaspal Mann, Strategic Lead (Equality, Diversity & Inclusion)

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

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- 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's population

The population of Coventry has increased by 8.9%, from around 317,000 in 2011 to around 345,300 in 2021. Since the last census in 2011 the overall population in Coventry has increased by a greater percentage than the overall population of both the West Midlands (up by 6.2%) and England (up by 6.6%).

Median age in Coventry

Between the last two census the median age of Coventry has increased to 35 years. The median age is the age of the person in the middle of the group, meaning that one half of the group is younger than that person and the other half is older.

The number of people aged between 50 to 64 years rose by around 8,800, an increase of 18.2%, while the number of residents aged 4 years and under decreased by around 2,000 - which equates to around 9.0%.

Ethnic groups in Coventry

In 2021, 8.9% of Coventry residents identified their ethnic group within the "Black, Black British, Black Welsh, Caribbean or African" category, up from 5.6% in 2011. The 3.3 percentage-point change was the largest increase among high-level ethnic groups in this area.
In 2021, 65.5% of people in Coventry identified their ethnic group within the "White" category (compared with 73.8% in 2011), while 18.5% identified their ethnic group within the "Asian, Asian British or Asian Welsh" category (compared with 16.3% the previous decade).
The percentage of people who identified their ethnic group within the "Other" category ("Arab" or "Any other ethnic group") increased from 1.7% in 2011 to 3.7% in 2021.
There are many factors that may be contributing to the changing ethnic composition of England and Wales, such as differing patterns of ageing, fertility, mortality, and migration. Changes may also be caused by differences in the way individuals chose to self-identify between censuses.

Country of Birth

In the latest census, around 242,100 Coventry residents said they were born in England. This represented 70.1% of Coventry's population. The figure has risen from just over 240,100 in 2011, which at the time represented 75.8% of Coventry's population.

India was the next most represented, with just over 15,600 Coventry residents reporting this country of birth (4.5%). This figure was up from just over 13,400 in 2011, which at the time represented 4.2% of the population of Coventry.
The number of Coventry residents born in Poland rose from around 6,400 in 2011 (2.0% of the local population) to just under 8,900 in 2021 (2.6%).

Religion in Coventry
In 2021, 29.6% of Coventry residents reported having "No religion", up from 23.0% in 2011. The rise of 6.6 percentage points was the largest increase of all broad religious groups in Coventry.
43.9% of people in Coventry described themselves as Christian (down from 53.7%), while 10.4% described themselves as Muslim (up from 7.5% the decade before).
There are many factors that can cause changes to the religious profile of an area, such as a changing age structure or residents relocating for work or education. Changes may also be caused by differences in the way individuals chose to self-identify between censuses. Religious affiliation is the religion with which a person connects or identifies, rather than their beliefs or religious practice.

Gender Identity in Coventry

For the first time, the 2021 census asked residents aged 16 and over about their Gender Identity with one voluntary question.

In Coventry, 91.6% of eligible residents (276,873) indicated that their gender identity was the same as their sex registered at birth, 7.6% did not answer the question and 0.8% that it was different, this is higher than the 0.5% in the West Midlands and England.

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**

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Age 0-18	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly. These include: • improving employability of young people by supporting young people into apprenticeships • promote the safeguarding and welfare of children and young people • Improving the health and wellbeing for children and young people, and reducing health inequalities, around school readiness, educational attainment and young people's mental health and well-being.
Age 19-64	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly. These include: • promoting the safeguarding and welfare of young people and vulnerable adults • Improving the health and wellbeing of local residents, and reducing health inequalities • support the creation of jobs, upskill local people and support and empower local people to connect with jobs. • Maximise knowledge, training opportunities, skills & access to employment opportunities via economic growth • A focus on enabling people to remain healthy and independent for longer.
Age 65+	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly. These include: • promoting the safeguarding and welfare of vulnerable adults • Improving the health and wellbeing of local residents, and reducing health inequalities • A focus on enabling people to remain healthy and independent for longer. • support the creation of jobs, upskill local people and support and empower local people to connect with jobs. • Maximise knowledge, training opportunities, skills & access to employment opportunities via economic growth

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Disability	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly. These include: • Improving the health and wellbeing of local residents, including employees and reducing health inequalities • A focus on enabling people to remain healthy and independent for longer. • Provide opportunities e.g. employment opportunities for all, including the most vulnerable, to make a valuable contribution • Promote the safeguarding and welfare of vulnerable adults • a workforce that is representative of the communities we serve, where relevant and proportionate
Gender reassignment	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly. These include: • a workforce that is representative of the communities we serve, where relevant and proportionate
Marriage and Civil Partnership	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly.
Pregnancy and maternity	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly.
Race (Including: colour, nationality, citizenship ethnic or national origins)	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly. Disparities in respect of race continue to exist; for example, data shows that pupils with a Black Caribbean ethnic background are amongst the groups that are lower performing at KS2; and there are inequalities in employment, with residents of White British ethnicity having higher employment rates than amongst residents from BME backgrounds overall.
Religion and belief	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly.
Sex	**P**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group indirectly.
Sexual orientation	**p**	It is anticipated that the revised equality diversity and inclusion commitment will have positive impacts on this group

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		indirectly. LGBTQ+ communities are among some of the most excluded and disadvantaged in society.

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: Lisa Young** (lisa.young@coventry.gov.uk) or Alicia Phillips (Alicia Phillips@coventry.gov.uk in Public He**alth 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 proposed changes will ensure that reducing health inequalities and our work as Marmot City is integral to the Councils EDI commitment. We are being supported by Professor Sir Michael Marmots team at University College London

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	to help us to measure how our work is helping us to tackle health inequalities in our communities The work of the Coventry's Health Determinants Research Collaboration (HDRC) will strengthen our work as a Marmot city, enabling Coventry to develop an infrastructure to create an evidence base in addressing health inequalities. We recognise that for some of our residents, life is hard because of issues such as unemployment, homelessness, poor unsuitable housing conditions, insecure housing with high housing and energy costs, poverty, discrimination, and poor health. For some of our residents this may mean they live more years in poor health and that they may not live longer healthier lives in our most deprived wards compared to our most affluent wards. • Coventry's life expectancy at birth for females is 82 years and for males it is 78 years. The West Midlands average of 82.5 for women and 78.5 for men. • Coventry's population density per square kilometre in is 3,846.0. • Coventry's Index of Multiple Deprivation (IMD) score is 25.6 • 15.4% of the Coventry population are experiencing deprivation relating to low income. • In 2019, Coventry's Child Poverty, Income Deprivation Affecting Children Index (IDACI) is 21.8% (number of children aged under 16 (0-15) living in families in relative low income during the year). • In 2020, 23.3% of Coventry households are living in fuel poverty. Reducing health inequalities is a strategic priority in the One Coventry Plan and Coventry strategies.
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: a. Potential outcomes including impact based on socio-economic status or geographical deprivation

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The work of the Marmot Partnership will impact positively, by working collaboratively across the system to identify things that we can change to reduce health inequalities collectively and influence how these are prioritised across wider systems.

The EDI commitment will impact our work positively by embedding reducing health inequalities using the eight domains' recommendations in the Marmot Review Fair Society, Healthy Lives report and the Institute of Health Equity Building Back Fairer Reports in our strategic priorities, our One Coventry approach and work in our communities. These are:

- Give every child the best start in life
- Enable all children, young people, and adults to maximise their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention
- Tackle racism, discrimination and their outcomes
- Pursue environmental sustainability & health equity

The methodology and governance around our approach to undertaking Equality Impact Assessments (EIAs), will ensure that all Council functions are engaging with, and assessing the impact of their services for Coventry's communities as appropriate, as well as considering any potential health inequalities in these communities. Our approach will impact positively by using data and evidence-based practice to help us to understand what health inequalities exist. And how we can tackle these and increase health equity.

b. 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.

We recognise that there are groups of people who are disproportionately impacted by health inequalities; and are at risk of having poorer health and lower life expectancy. Our approach will impact positively by using data and evidence-based practice to help us to understand what health inequalities exist for these groups and how we can use this data to understand their specific needs and improve our services.

The methodology and governance around our approach to undertaking Equality Impact Assessments (EIAs), will ensure that all Council functions are assessing the

impact of their services for these vulnerable groups ensuring access to services continues and that their specific needs are met. The application of proportionate universalism across services would ensure that resources are allocated across the social gradient, proportionate to need.

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

Equality objectives will be monitored very closely in the form of comments, complaints, from stakeholders and data analysis. This will ensure negative impact is addressed as soon as possible. The Marmot Partnership have produced a draft monitoring tool which contains the programmes of work that take place to reduce health inequalities across the system. The monitoring tool has high level indicators which will measure progress and real life case stories will help us to understand the local impact in communities. The Marmot Partnership will report progress to the Health and Well-being Board. All Council functions are required to monitor the actions in completed EIA's that have been taken to reduce health inequalities. These actions should be reviewed 12 months after completion.

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.) 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.

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	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:
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:

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

Equality objectives are formally monitored quarterly and an annual report is produced on the equality impact assessments that have been completed throughout the year.

Progress against the actions on the Workforce D&I Strategy Action Plan are also formally reported on.

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

None

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:

Female	3237
Male	1604

Age:

16-24	186
25-34	772
35-44	1010
45-54	1346
55-64	1326
65+	201

Disability:

Disabled	288
Not Disabled	3768
Prefer not to state	65
Unknown	720

Ethnicity:

Religion:

Any other	110
Buddhist	8
Christian	1507
Hindu	86

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White	3374
Black, Asian, Minority Ethnic	848
Prefer not to state	28
Unknown	591

Jewish	4
Muslim	134
No religion	1111
Sikh	194
Prefer not to state	226
Unknown	1461

Sexual Orientation:

Heterosexual	2836
LGBT+	132
Prefer not to state	262
Unknown	1611

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: **Valerie De Souza**	**Date:** **15.03.23**
Name of Director: **Allison Duggal**	**Date sent to Director:** **15.03.23**
Name of Lead Elected Member: **Councillor A S Khan**	**Date sent to Councillor:** **20.03.23**

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Email completed EIA to equality@coventry.gov.uk