

## Customer Impact Assessment

### Name and brief description of policy being analysed

Briefly summarise the policy including any key information such as aims, context etc; note timescales and milestones for new policies; use plain language – NO JARGON; refer to other documents if required

### Public Convenience Service

To provide clean and safe public conveniences that are easy to access and create facilities available to customers when visiting town centres.

### Information used for customer analysis

Note relevant consultation; who took part and key findings; refer to, or attach other documents if needed; include dates where possible

The service is provided for all visitors of the towns. We publish the facilities for people with disabilities so they are aware of where toilets can be accessed when they are in Fenland. If any issues relating to equality, or any other matter are raised during consultation, during events or by telephone or correspondence they are recorded, reviewed and appropriate action taken.

	Could particularly benefit	Neutral	May adversely impact	Explanations	Is action possible or required?	Details of actions or explanations if actions are not possible  Please note details of any actions to be placed in your Service Plan
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Separate facilities are available at each toilet to accommodate people with a disability.	Y / <input checked="" type="checkbox"/> N	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
Sexual orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	

<b>Pregnancy &amp; maternity</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Facilities are available in each cubicle for baby changing facilities for both male and female parents.	Y / <input checked="" type="checkbox"/> N	
<b>Marriage &amp; civil partnership</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
<b>Human Rights</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
<b>Socio Economic</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
<b>Multiple/ Cross Cutting</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Y / <input checked="" type="checkbox"/> N	
<b>Outcome(s) of customer analysis</b>						
a) Will the policy/ procedure impact on the whole population of Fenland and/ or identified groups within the population; negative <input type="checkbox"/> neutral <input checked="" type="checkbox"/> positive <input type="checkbox"/>						
No major change needed <input checked="" type="checkbox"/> Adjust the policy <input type="checkbox"/> Adverse impact but continue <input type="checkbox"/> Stop and remove / reconsider policy <input type="checkbox"/>						
<b>Arrangements for future monitoring:</b>						
Note when analysis will be reviewed; include any equality indicators and performance against those indicators						
Monthly monitoring of customer feedback from monitoring system, embedded as part of the monthly corporate performance reporting process.						
<b>Details of any data/ Research used</b> (both FDC & Partners):						
FDC service Customer feedback information and historic data from corporate customer service monitoring system.						
<b>Completed by:</b>						
Name: <b>Pete Walls</b>						
Position: <b>Operations Manager</b>						
<b>Approved by</b> (manager signature):				<b>Date published:</b> This should be the date the analysis was published on the website		
Details of any Committee approved by (if applicable):				<b>Date endorsed by Members if applicable:</b>		