Equality Impact Assessment: Proposed closure of public conveniences (toilets)

Officer responsible for completing EIA: Development Delivery Manager	Manager responsible for EIA: David Loveless
Strategic Director responsible for EIA: Beverley Kuchar	Date last updated: 6 December 2023

1. Introduction

This Equality Impact Assessment (EqIA) seeks to identify impacts and effect of this proposal with the aim of assessing whether it would have a disparate impact on persons with a protected characteristic under the Equality Act 2010. As part of this assessment, consideration will be given to ways in which any such impact can be avoided or mitigated, any negative impacts arising from this proposal will be assessed and where this could be reduced in their impact this will be noted in the attached action plan. The Council also recognises that it may not completely remove all negative impacts.

The purpose is to provide impartial information to assist in the decision-making process and inform rather than determine policy. The objective is not to make the decision but to assist decision makers through the provision of relevant information.

The Council faces a critical financial shortfall owing to its historic investment strategy which has resulted in unaffordable borrowing, inadequate steps to repay that borrowing and high values of irrecoverable loans.

To address these severe financial challenges the Council must make significant saving alongside taking steps to 'live within its means' in the future.

Widespread reductions and changes to public-facing services, alongside reducing management and internal costs, have been set out in the <u>Council's Medium Term Financial Strategy.</u>

The proposed closure of public conviences will save the Council £203,863 year on year, this includes and allowance for ad-hoc cleaning / repairs of closed facilities of £10,000. In summary, net annual reduction in revenue costs of c. £194,000 can be realised in the short term, by the closure and mothballing of the facilities. A risk of reduction to this sum occurs where the facilities remain in WBC ownership and are mothballed / closed. In incidence of major vandalism / fire etc. could incur significant additional one-off costs.

2. Impact on services

This Equality Impact Assessment seeks to identify impacts and effects to various groups (as outlined below) that may be affected by the proposed closure of public convenience facilities across Woking Borough. There are 12 public conveniences located across the borough, providing male, female and accessible WC facilities. It is proposed that these facilities be closed and decommissioned to realise cost savings in operation, maintenance, upkeep and utilities. This impact assessment is intended to cover all facilities proposed for closure (as the impacts will likely be duplicated / replicated in all locations).

Locations are summarised below.

Locations with suffix (R) are those incorporating a wheelchair accessible WC.

- Byfleet: High Road (near to junction with Hopfield Avenue)
- Byfleet Recreation Ground: Stream Close (R)
- Goldsworth Park: Recreation Ground
- Horsell: Queen Elizabeth Gardens, High Street
- Horsell: Wheatsheaf Recreation Ground, Chobham Road (R)
- Knaphill: High Street (near to junction with Anchor Hill) (R)
- Knaphill Park: Waterers Park, Anchor Hill, Knaphill
- St Johns: St Johns Lye (near to car park)
- Woking Park: Kingfield Road (at rear of Pool in the Park)
- Woking town centre: Locke Way (near to Duke Street) (R)

All facilities are currently open to the public between 8.30am to 5.30pm, 7 days a week.

Heathside Car Park WCs are closed on Sundays and Bank Holidays.

3. Engagement and consultation

Feedback to Phase 1 of the Public Consultation Help shape the future of discretionary council services | Woking Community Forum (Annexe 5a) (Q2).

Only 9% of the total sample responded that access to public WCs was the most valued. It is noted that this is relatively low as a proportion of the total sample, but this should be considered in the context of more significant / major services cuts being proposed (and therefore possibly being considered as more significant). Localised instances of higher percentages of respondees noting that public WC access was most valued, was noted in particular demographics (such as people with disabilities, and people within older age brackets). This is noted below.

View the feedback report to Phase 2 of the Public Consultation (2 October to 12 November).

A total of 1178 responses were received in respect of public WC closures, with a total of 5679 responses received overall in respect of all proposed Service cuts forming part of the consultation exercise. This equates to 20% of the total responses received and is therefore noted as a key area of concern to consultees, although not the most significant area overall.

Demographics data in respect of consultees is noted, with no overall specific impact to those groups (over and above any other group).

A salient point to draw from the demographics data is that 18% of consultees had a long-term health condition, and of that 18%, 51% noted that the proposed closure would have a major impact upon them. This is equated to 108 persons (noted as a significant number), forming 9% of total respondees for the public WC closure consultation specifically, and 2% of the total respondees to the Service cuts consultation generally.

The overarching theme of public consultation responses was that of negative feedback and displeasure at the proposed services cuts. Recurring themes included concern in respect of groups likely to be adversely affected, concern over potential implications of the closures (in relation to public health i.e. Increased instances of unauthorised / 'open-air' relieving), and a voicing of opinion around public WCs being a basic welfare expectation which ought to be funded by Council Tax / Business Rates collected by the Council. Lower standard of living / impact to quality of life. Reduced ability for users to be in the public realm for longer periods, affecting ability to socialise etc. Reduced spending / participation / use of services and facilities (i.e., shops) in adjacent areas.

The common theme of informal consultation responses with Council appointed specialist contractors (refuse collection / street cleaning etc.) was that the loss of public WC facilities would have a negative impact upon operations, with a likely reduction in efficiency / additional travel time (and associated loss of working time) as required to access alternative facilities.

		Posit	ive im	pact?			
		Eliminate discrimination	Advance equality	Good relations	Negative impact?	No specific impact	What will the impact be? If the impact is negative, how can it be mitigated? (action) This section needs to be completed as evidence of what the positive impact is or what actions are being taken to mitigate any negative impacts
	Men					х	Loss of facilities will give rise to a negative impact on all gender groups.
Gender	Women					х	Loss of facilities will give rise to a negative impact on all gender groups.
Gender reassignment						х	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
Race	White					x	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.

Mixed/Multiple ethnic groups	X	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
Asian/Asian British	x	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
Black/African/Caribbean/ Black British	x	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
Gypsies / travellers	X	Loss of facilities may give rise to an increased negative impact upon this group due to their potential for reliance upon the facilities in connection with their lifestyle and working practices. This may be more prevalent in more rural areas where there may be increased reliance and a lack of alternative facilities in the nearby area. Mitigation of negative impact could be achieved via the use of recognised traveller sites with appropriate facilities provided.
Other ethnic group	x	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.

Disability	Physical		X	Feedback to Consultation Phase 1 concludes that a total of 17% of respondees within the 'disability' category stated that public WCs were the most valued service, in the context of only 9% of the overall sample polled stating the same response. It is therefore noted that persons within this category place a higher value and reliance upon the facilities. Feedback to Consultation Phase 2 partly mirrored Phase 1. 18% of respondees had a health condition, and 50% (of those with a health condition) (c. 9%) envisaged an adverse impact. Loss of any facility incorporating an accessible WC provision (as scheduled above) will impact those with physical disabilities but to no greater degree than the impact to users without physical disabilities caused by the closure of the general facilities. There is a potential for increased impact to users with physical disability) whereby a greater reliance is placed upon the ability to access these facilities to enable execution of day-to-day activities. The loss of such facilities could therefore adversely impact these groups and detract from the ability to achieve an independent daily routine / undertake activity. Mitigation of negative impact would be via access to and use of nearby (non-public) facilities such as those within shops / cafes etc. all of which are likely to incorporate accessible facilities may closely replicate those of the existing public WC facilities. Hours of opening of these facilities may closely replicate those of the existing public WC facilities. Access to these facilities may not be as freely available (for non-paying customers) as the existing public WC facilities.
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	Sensory		х	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
	Learning Difficulties		х	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
	Mental Health		х	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.
Sexual orientation	Lesbian, gay men, bisexual		х	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.

Age	Older people (50+)	X	Feedback to Consultation Phase 1 concludes that total percentages of respondees as below stated that public WCs were the most valued service, in the context of only 9% of the overall sample polled stating the same response. - 80+ yrs: 20% - 65-79 yrs: 15% - 45-64 yrs: 8% It is therefore noted that persons within the higher age categories place a higher value and reliance upon the facilities. Feedback to Consultation Phase 2 partly mirrored Phase 1. Respondees noting that the proposed closures would have a major impact: - 80+ yrs: - - 65-79 yrs: 24% - 45-64 yrs: 43% - 25-44 yrs: 28% This notes a greater concern from middle to older age groups. There is a potential for increased negative impact to older /
			elderly users due to the likelihood of age-related disabilities / health conditions giving rise to greater reliance upon the facilities. The loss of such facilities could therefore adversely impact these groups and detract from the ability to achieve an independent daily routine / undertake activity. Mitigation of negative impact would be via access to and use of nearby (non-public) facilities such as those within shops / cafes etc. Hours of opening of these facilities may closely replicate those of the existing public WC facilities. Access to these facilities may not be as freely available (for non-paying customers) as the existing public WC facilities.

	Younger people (16 - 25)	x	Loss of facilities adjacent to / within existing recreation grounds / playing fields will necessitate the cessation of use of these facilities by football (and other sport) clubs for organised events / fixtures. Access to WC facilities is a pre-existing requirement of the Football Foundation for venues for relevant organised sports fixtures. This impact will detract from community health and wellbeing objectives, reducing the availability of sporting facilities. This will in turn impact health outcomes for users (both physical and mental). Mitigation of this negative impact could be managed by reorganisation / re-location of relevant sporting fixtures to locations with pavilion or other WC provision.
	Younger people (under 16)	x	There is a potential for increased negative impact to much younger children due to the likelihood of increased reliance upon the presence of the facilities and the unpredictable nature of their requirement to access the facilities. Such impact would also be noted as extending to parents / carers / guardians accompanying younger children. Mitigation of negative impact could be managed in part by adult parents / carers / guardians considering the locations of available facilities and planning of day-to-day routines / activites accordingly.
Religion or belief	Faith groups	x	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.

Pregnancy and maternity	X	There is a potential for increased negative impact to pregnant women due to the likelihood of pregnancy related conditions giving rise to greater reliance upon the facilities. Where baby changing facilities are provided within the public WCs, there is also a potential for negative impact to parents / carers / guardians (of either gender) of young babies / infants requiring access to and use of this facility. The loss of such facilities could therefore adversely impact these groups and detract from the ability to achieve an independent daily routine / undertake activity. Mitigation of negative impact would be via access to and use of nearby (non-public) facilities such as those within shops / cafes etc. with further mitigation by adult parents / carers / guardians considering the locations of available facilities and planning of day-to-day routines / activites accordingly. Hours of opening of these facilities may closely replicate those of the existing public WC facilities. Access to these facilities may not be as freely available (for non-paying customers) as the existing public WC facilities and the provision of baby changing provision within these facilities may not be guaranteed.
Marriage and civil partnership	x	Loss of facilities will give rise to a negative impact on all groups as noted above but with no <i>specific</i> impact to this group.

Socio-economic background	X	Homeless persons: It is noted that persons within the specific group may have been less likely to have engaged in public consultation processes. Impacts set out are therefore perceived / assumed. There is a significantly greater likelihood of negative impact to this group. They are likely to have a greater reliance on the facilities for both their intended purpose, and for potential for shelter from inclement weather. It is noted that any proposed mitigation measures aimed toward assisting this specific group and improving their outcomes would ideally be achieved via specifically targeted operations (by means of existing public or charity sector initiatives) to reduce instances of homelessness generally and mitigate all associated negative impacts of homelessness.
Carers	х	Loss of facilities will give vicarious rise to negative impacts to carers via the persons for whom they are caring. See above: Persons with disabilities / parents of babies and younger children.

The two facilities with the highest percentage of total use (37% for each) were Woking Park and Goldsworth Park Recreation Ground. It is suggested that implementation of mitigations for these sites are prioritised and given the highest weighting in terms of looking to ensure timely and successful implementation.

Action plan

Actions identified from EIA	Target completion date	Responsible officer	Comments
Identify potential alternative provisions for each public WC site.	31 March 2024	Development Delivery Manager	Acceptance of proposals by alternative providers to be confirmed and is not guaranteed. Signposting to nearby alternative facilities (WC / accessible WC / baby changing etc). Increased acceptance of access to existing facilities within WBC owned / operated facilities (such as sports facilities / community centres / satellite sites) with appropriate signposting.
Explore alternative providers to discuss proposals / gauge acceptance / explore potential business opportunities / possibilities of increasing footfall to businesses.	31 March 2024	WBC Business Liaison Team	Resources subject to availability. Exploring potential benefits for providers of alternative providers (businesses etc.) in terms of increased footfall / custom / trade / recommendations etc.
Identify requirement for / obligation to inform nearby business owners / providers of potential alternative provisions as regards WBC closure proposals and potential impacts / effects.	31 March 2024	Development Delivery Manager	Requirement to undertake to be confirmed.

Inform / engage with potential providers of alternative provisions (as identified above, plus others identified as part of this action plan). Work with potential providers of alternative provisions to instigated memorandums of understanding / agreements as required to allow implementation of the use of alternative facilities.	As above	WBC Legal Services	Providers to be confirmed. Potential for preferential arrangements as a variation to the above (to allow access to specific vulnerable groups / employees).
Review EIA and progress of mitigations outlined in action plan and specific impact on groups.	6 months	Service manager/ Corporate	

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LEGAL SERVICES: Completed	DATE: 8 January 2024
STATEGIC DIRECTOR: Completed	DATE: 22 January 2024
REVIEW PANEL MEMBER: Completed	DATE: 4 January 2024