

Northamptonshire County Council 2020-21 Budget Consultation

Facilitator Feedback Collection Form

Please view and share the proposals list and the related documents from the Cabinet meeting on 12th November 2019 to gain a better understanding of the budget proposals before you comment on them.

Equality Impact Assessments (EqIAs) have been prepared for those budget proposals that may have an impact on service users and/or the wider community.

All documentation is available on our website via the following link

<https://northamptonshire.citizenspace.com>

Name of facilitator(s)	
Name of organisation/group	
Date of meeting	
Number of participants	

Which of the below customer categories best describes the participants?

(Please tick (✓) all that apply)

Older People	<input type="checkbox"/>
Younger Adults	<input type="checkbox"/>
Learning Disability	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>
Carers	<input type="checkbox"/>
Black or Minority Ethnic Group	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>
Other (please specify)	

Individual equality monitoring forms completed? (Please refer to page 4.
(This is optional and if collected facilitators should allow participations to provide this information confidentially. Facilitators may wish to print and hand out individual sheets – hard copies can be provided upon request from consult@northamptonshire.gov.uk)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Thinking about the proposal/s that may affect/interest your group, please tell us:

Question 1

Please tell us which proposal/s you wish to comment on?

Question 2

Overall, to what extent do you agree or disagree with the proposal/s, and why?

Please tick (✓) relevant answer

Strongly agree	<input type="checkbox"/>
Tend to agree	<input type="checkbox"/>
Neither agree nor disagree	<input type="checkbox"/>
Tend to disagree	<input type="checkbox"/>
Strongly disagree	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

2a) Please could you tell us why you answered the previous question in the way that you did?

Question 3

Using a scale of 1 to 10, with 1 being 'No impact' and 10 being 'Significant impact', please tell us how much of an impact this proposal/s would have on you if implemented?

No impact											Significant impact	Don't know
1	2	3	4	5	6	7	8	9	10			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 4

What do you think could be done to help mitigate the impact of this proposal/s?

Thank you for comments.

Please return your discussion feedback to us by **24th December 2019. You can post to the address below or email consult@northamptonshire.gov.uk**

**Consultation, Equalities and Accessibility Team
Northamptonshire County Council
One Angel Square
Angel Street
Northampton
NN1 1ED**

Optional About you (equality monitoring)

It would be really helpful for us to know about the participants who are responding to this consultation. This will help us to make sure that we are talking to a diverse range of people. Completion of this equality monitoring information is voluntary.

1) Are you: (Please tick the appropriate box)

Male Female Other Prefer not to say

2) Are you currently Pregnant or have you had a baby in the last 6 months? (Please tick the appropriate box)

Yes No Prefer not to say

3) How old are you? (Please tick the appropriate box)

0 to 9 10 to 19 20 to 29 30 to 49
 50 to 64 65 to 74 75+ Prefer not to say

4) Do you have a disability? (Please tick the appropriate box)

Yes No Prefer not to say

4a) If 'Yes', please tick the appropriate box(es) which best describes your disability?

Mental Health Physical Disability Hearing Impairment
 Learning Disability Sight Impairment Other

5) What is your religion or belief? (Please tick the appropriate box)

None Christian Hindu Jewish
 Muslim Sikh Buddhist Prefer not to say
 Any other religion (please write in)

6) How would you describe your ethnic origin? (Please tick the appropriate box)

White White British White Irish White Gypsy or Irish Traveller Other White Background

Asian or Asian British Indian Pakistani Bangladeshi Chinese Other Asian Background

Mixed / Multiple ethnic Background White & Black Caribbean White & Black African White & Asian Other mixed / multiple background

Black or Black British Caribbean African Other Black Background

Other ethnic group Arab Any other ethnic group (please state)

Prefer not to say

7) If you are 16 or over which of the following options best describes how you think of yourself? (Please tick the appropriate box)

Bisexual Gay Man Gay Woman/ Lesbian
 Heterosexual Other Prefer not to say

8) Is your gender identity the same as the gender you were assigned at birth? (Please tick the appropriate box)

Yes No Prefer not to say

9) What would you describe your marital status as? (Please tick the appropriate box)

Married Single Civil Partnership Co-habiting/Living together
 Widow/widower Other Prefer not to say