

Section 4

Equality Analysis Toolkit

Chai Centre Review

For Decision Making Items

September 2015

What is the Purpose of the Equality Decision-Making Analysis?

The Analysis is designed to be used where a decision is being made at Cabinet Member or Overview and Scrutiny level or if a decision is being made primarily for budget reasons. The Analysis should be referred to on the decision making template (e.g. E6 form).

When fully followed this process will assist in ensuring that the decision-makers meet the requirement of section 149 of the Equality Act 2010 to have due regard to the need: to eliminate discrimination, harassment, victimisation or other unlawful conduct under the Act; to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; and to foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means analysing, at each step of formulating, deciding upon and implementing policy, what the effect of that policy is or may be upon groups who share these protected characteristics defined by the Equality Act. The protected characteristics are: age, disability, gender reassignment, race, sex, religion or belief, sexual orientation or pregnancy and maternity – and in some circumstances marriage and civil partnership status.

It is important to bear in mind that "due regard" means the level of scrutiny and evaluation that is reasonable and proportionate in the particular context. That means that different proposals, and different stages of policy development, may require more or less intense analysis. Discretion and common sense are required in the use of this tool.

It is also important to remember that what the law requires is that the duty is fulfilled in substance – not that a particular form is completed in a particular way. It is important to use common sense and to pay attention to the context in using and adapting these tools.

This process should be completed with reference to the most recent, updated version of the Equality Analysis Step by Step Guidance (to be distributed) or EHRC guidance at

<http://www.equalityhumanrights.com/private-and-public-sector-guidance/public-sector-providers/public-sector-equality-duty>

This toolkit is designed to ensure that the section 149 analysis is properly carried out, and that there is a clear record to this effect. The Analysis should be completed in a timely, thorough way and should inform the whole of the decision-making process. It must be considered by the person making the final decision and must be made available with other documents relating to the decision.

The documents should also be retained following any decision as they may be requested as part of enquiries from the Equality and Human Rights Commission or Freedom of Information requests.

Support and training on the Equality Duty and its implications is available from the County Equality and Cohesion Team by contacting

AskEquality@lancashire.gov.uk

Specific advice on completing the Equality Analysis is available from your Service contact in the Equality and Cohesion Team or from Jeanette Binns

Jeanette.binns@lancashire.gov.uk

Name/Nature of the Decision

CHAI CENTRE REVIEW: Report to the Cabinet Member for Health and Wellbeing (13th October session) recommending that current LCC funding towards the healthy living section of the Chai Centre Burnley ends from April 2016 but that LCC offer a contribution of £59,995 for 6 months to support an exit strategy.

What in summary is the proposal being considered?

The report sets out the proposal for a revision of the approach and financial contribution into the Chai Centre, Burnley post March 2016. There are currently multiple contracting arrangements that are duplicating and not sustainable within the current financial pressures. In order to ensure financial efficiencies, whilst contributing towards minimum risk and maximum benefit to the community, the report sets out 3 options for consideration. The recommendation of the report is that Option 2, to contribute £59,995 for 6 months to cover the manager costs and a small amount for reception / admin to support an exit strategy, is pursued in consultation with partners and the community.

LCC manage the Chai Centre contract with Lancashire Care Foundation Trust (LCFT) of £220,000 per annum. Current funding covers approximately 13 LCFT employed staff (part time and casual) and this supports the delivery of:

- Café culture
- Gym, sauna and steam room
- Qualified and bilingual gym instructors delivering bespoke exercise programmes
- General centre management and reception cover
- Exercise classes for all ages and abilities including working in partnership with Burnley Leisure Trust delivering cardiac and weight management classes to identified groups.
- Volunteering and training opportunities.

Is the decision likely to affect people across the county in a similar way or are specific areas likely to be affected – e.g. are a set number of branches/sites to be affected? If so you will need to consider whether there are equality related issues associated with the locations selected – e.g. greater percentage of BME residents in a particular area where a closure is proposed as opposed to an area where a facility is remaining open.

The decision will affect partners active, and residents living, within the Daneshouse and Stoneyholme area of Burnley only. LCC do not fund any similar service / centre anywhere else across the county.

Could the decision have a particular impact on any group of individuals sharing protected characteristics under the Equality Act 2010, namely:

- Age
- Disability including Deaf people
- Gender reassignment
- Pregnancy and maternity
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership Status

In considering this question you should identify and record any particular impact on people in a sub-group of any of the above – e.g. people with a particular disability or from a particular religious or ethnic group.

It is particularly important to consider whether any decision is likely to impact adversely on any group of people sharing protected characteristics to a disproportionate extent. Any such disproportionate impact will need to be objectively justified.

The decision could have a particular impact on:

- Age
- Disability including Deaf people
- Race/ethnicity/nationality
- Religion or belief
- Sex/gender

If you have answered "Yes" to this question in relation to any of the above characteristics, – please go to Question 1.

If you have answered "No" in relation to all the protected characteristics, please briefly document your reasons below and attach this to the decision-making papers. (It goes without saying that if the lack of impact is obvious, it need only be very briefly noted.)

Question 1 – Background Evidence

What information do you have about the different groups of people who may be affected by this decision – e.g. employees or service users (you could use monitoring data, survey data, etc to compile this). As indicated above, the relevant protected characteristics are:

- Age
- Disability including Deaf people
- Gender reassignment/gender identity
- Pregnancy and maternity
- Race/Ethnicity/Nationality
- Religion or belief
- Sex/gender
- Sexual orientation
- Marriage or Civil Partnership status (in respect of which the s. 149 requires only that due regard be paid to the need to eliminate discrimination, harassment or victimisation or other conduct which is prohibited by the Act).

In considering this question you should again consider whether the decision under consideration could impact upon specific sub-groups e.g. people of a specific religion or people with a particular disability. You should also consider how the decision is likely to affect those who share two or more of the protected characteristics – for example, older women, disabled, elderly people, and so on.

Daneshouse with Stoneyholme ward is within the 10% of most deprived wards nationally according to the Index of Multiple Deprivation (IMD) measure. This is made up from indicators such as income, employment, health deprivation, education and housing. The IMD can help to identify areas of need and support. According to IMD (2010) income deprivation (44.6%), child poverty (49.8) and older people living in deprivation (48.4) are significantly worse in the ward than the national average. Specific to health men have a significantly lower life expectancy (70.9 years) in comparison to the national average of 78.9 years. Women on the other hand are not significantly different, however are still slightly worse off at 81.7 in comparison to the national average of 82.8. The general health

of the people in Daneshouse and Stoneyholme is perceived to be very bad (8.8% compared to national average of 5.5%) and with a high rate of limiting long term illness or disability (19.8% compared to the national average of 17.6%). Circulatory disease, coronary heart disease, and respiratory disease are particularly significant mortality causes within this ward.

In the 2011 census the population of Daneshouse with Stoneyholme was 5,955 and is made up of approximately 48% females and 52% males. 82.4% of the population is of black, minority and ethnic (BME) background. 62.7% of people living in Daneshouse with Stoneyholme were born in England whilst 20.2% were born in Pakistan and 11.1% in Bangladesh. 59.5% of people living in Daneshouse with Stoneyholme speak English. The other top languages spoken are 14.5% Bengali, 9.3% Panjabi, 7.6% Pashto and 6.0% Urdu. The religious make up of Daneshouse with Stoneyholme is 76.3% Muslim, 12.7% Christian, 5.0% No religion, 0.3% Hindu and 0.2% Buddhist.

In order to tackle these health inequalities the Daneshouse Community Economic Development Trust led the development and submission of a bid to the Big Lottery for the establishment of a Healthy Living Centre (HLC). The aims of the Centre were to promote healthy lifestyles and prevent ill health in order to support the reduction of health inequalities within the area. Joining forces with East Lancashire Primary Care Trust (PCT), the Chai Centre was developed as a combined healthy living centre and children's centre and opened to the public in 2005. The Chai Centre is now well established within the community with over 1700 individuals attending activities at the Centre between April 2013 and March 2014. Over 80% of the Centres participants are from the BME community.

The Chai Centre's programme of activities and services has always been in response to target customer and community feedback. A comprehensive plan for Service User Participation is in place including service user forum, comments cards, service user compliments and comments, volunteer on Chai Advisory Board, audits, retention activity, participatory appraisal (effectiveness of campaigns).

This approach has resulted in a programme designed and continually reviewed to ensure maximum impact for specific groups within the

community who are the most inactive and at risk of experiencing long term conditions e.g. children, older people, BME community. Examples of services established:

- Ladies only and men only gym
- Men only and ladies only exercise classes
- Steam and sauna specifically established in response to a consultation with the male BME community
- Women's cycling, walking and swimming
- Café is culturally sensitive including for example halal meat
- Healthy lifestyle information translated or adapted to ensure it is meaningful to all communities
- Children activity session at weekends – football and self defence

There are also sessions specifically targeting disabled groups. The majority of these have been established through joint delivery models with Burnley Leisure:

- Cardiac rehabilitation
- Exercise referral
- Weight management

As well as the service provision being culturally sensitive the team employed within the centre (including volunteers) have been recruited to support the service users, recognising the importance of qualified bilingual fitness instructors and staff having the knowledge of local cultures, language and local community needs.

The 10 year celebration of the Chai which took place last year collated comments from the community and many reflected the centre as being 'an environment for all races'.

As a result of the aims and activities within the Chai Centre, of the approximate 1,700 individuals attending the centre annually, a large majority are from the equality target groups including age, ethnic group, disability, religion and gender. Therefore changes to the centre could disproportionately impact on people from the local community with these protected characteristics.

Question 2 – Engagement/Consultation

How have you tried to involve people/groups that are potentially affected by your decision? Please describe what engagement has taken place, with whom and when.

(Please ensure that you retain evidence of the consultation in case of any further enquiries. This includes the results of consultation or data gathering at any stage of the process)

Consultation / engagement have not yet taken place. Concern related to the delivery of the Chai Centre within the community did not want to be raised that could impact on the usage of the Centre. Once a decision has been taken there is a plan to undertake a full consultation exercise with both partners e.g. district council, elected members, VCFS, CCG, and community groups / users. This will include members from the protected characteristic groups to ensure their views are heard and considered within the exit strategy process. A meeting to compile this engagement plan is arranged for the 1st October 2015.

Question 3 – Analysing Impact

Could your proposal potentially disadvantage particular groups sharing any of the protected characteristics and if so which groups and in what way?

It is particularly important in considering this question to get to grips with the actual practical impact on those affected. The decision-makers need to know in clear and specific terms what the impact may be and how serious, or perhaps minor, it may be – will people need to walk a few metres further to catch a bus, or to attend school? Will they be cut off altogether from vital services? The answers to such questions must be fully and frankly documented, for better or for worse, so that they can be properly evaluated when the decision is made.

Could your proposal potentially impact on individuals sharing the protected characteristics in any of the following ways:

- Could it discriminate unlawfully against individuals sharing any of the protected characteristics, whether directly or indirectly; if so, it must be amended. Bear in mind that this may involve taking steps to meet the specific needs of disabled people arising from their disabilities
- Could it advance equality of opportunity for those who share a particular protected characteristic? If not could it be developed or modified in order to do so?
- Does it encourage persons who share a relevant protected characteristic to participate in public life or in any activity in which participation by such persons is disproportionately low? If not could it be developed or modified in order to do so?
- Will the proposal contribute to fostering good relations between those who share a relevant protected characteristic and those who do not, for example by tackling prejudice and promoting understanding? If not could it be developed or modified in order to do so? Please identify any findings and how they might be addressed.

The proposal to end the funding for the healthy lifestyle element of the Chai Centre could potentially disadvantage particular groups sharing protected characteristics including:

- Access to a local gym and exercise programmes which are culturally sensitive including ladies and men only sessions, bilingual staff etc. – impact greater on BME groups (including ladies and men's BME groups)
- Access to exercise and lifestyle programmes specifically for people with long term conditions – impact greater on BME groups, disabled groups and disabled BME groups
- Access to café including reasonably priced culturally appropriate meals providing menus around healthy cooking (change for life) that are appropriate to the target groups – impact greater on the

BME community and the BME women groups

- End the community engagement / involvement aspects of the Centre including social networks and support – impact on age, gender, BME and disabled groups
- The Centre works in partnership with a number of voluntary groups within the community who represent equality target groups e.g. BME women's groups, faith groups
- The Centre has developed good links with local primary schools and opportunities to develop parental involvement programmes etc. could be lost impacting on families and children especially from the BME community
- Staff and volunteers are recruited mainly from the local community with the majority being from a BME background

These impacts have the potential to result in poorer health outcomes for the community with a greater impact on people from the gender, ethnicity, age, religion and disabled protected characteristic groups.

Question 4 –Combined/Cumulative Effect

Could the effects of your decision combine with other factors or decisions taken at local or national level to exacerbate the impact on any groups?

For example - if the proposal is to impose charges for adult social care, its impact on disabled people might be increased by other decisions within the County Council (e.g. increases in the fares charged for Community Transport and reductions in respite care) and national proposals (e.g. the availability of some benefits) . Whilst LCC cannot control some of these decisions, they could increase the adverse effect of the proposal. The LCC has a legal duty to consider this aspect, and to evaluate the decision, including mitigation, accordingly.

If Yes – please identify these.

In the long term the impact of this decision could be exacerbated by other statutory sector services ending as a result of the government

financial pressures.

Question 5 – Identifying Initial Results of Your Analysis

As a result of your analysis have you changed/amended your original proposal?

Please identify how –

For example:

Adjusted the original proposal – briefly outline the adjustments

Continuing with the Original Proposal – briefly explain why

Stopped the Proposal and Revised it - briefly explain

The aim is to continue with the original proposal but as a result of this analysis there is a more acute recognition of the importance of including representation from members of all the protected characteristic throughout the engagement / consultation process.

Question 6 - Mitigation

Please set out any steps you will take to mitigate/reduce any potential adverse effects of your decision on those sharing any particular protected characteristic. It is important here to do a genuine and realistic evaluation of the effectiveness of the mitigation contemplated. Over-optimistic and over-generalised assessments are likely to fall short of the “due regard” requirement.

Also consider if any mitigation might adversely affect any other groups and how this might be managed.

Listed below are the steps that will be taken to mitigate any potential adverse effects against the impacts raised in question 3:

- Access to a local gym and exercise programmes which are culturally sensitive including ladies and men only sessions, bilingual staff etc. – steps to mitigate will include looking at

opportunities to lease the gym to other providers (Burnley Leisure have shown an interest) but if this fails there will be signposting to other nearby gym facilities which do have reduced rates and women only sessions etc.

- Access to exercise and lifestyle programmes specifically for people with long term conditions – there are no plans for current partners to stop their use of the centre for organising classes and activities so this should not impact.
- Access to café including reasonably priced culturally appropriate meals providing menus around healthy cooking (change for life) that are appropriate to the target groups – action to mitigate impact include the current scoping of opportunities for other organisations / groups / individuals to lease the café. Also through the consultation exercise other uses for the café will be discussed and there are opportunities for the local schools and groups to utilise the space to benefit the community e.g. cooking on a budget classes.
- End the community engagement / involvement aspects of the Centre including social networks and support – action to mitigate this risk includes consulting with partners and the community with the aim to establish alternative management arrangements which include / are lead by the community such as 'friends of the Chai' / social enterprise / community consortium type arrangements. This would advance equality of opportunity and foster good relations, involving equality target groups in new and future management arrangement increasing community ownership of the centre and its activities. New models for the Centre's usage could be developed e.g. more of a wellbeing hub model including time banks, counselling, Citizens Advice etc. this presents an opportunity to draw down investment from pots of funding that currently could not be accessed due to the management of the centre being a statutory organisation.
- The Centre works in partnership with a number of voluntary groups within the community who represent equality target groups – there is no reason, through the exit strategy and consultation, that this partnership working could not continue, and in fact it could be strengthened.

- The Centre has developed good links with local primary schools and opportunities to develop parental involvement programmes etc. could be lost impacting on families and children especially from the BME community – again there is no reason why this should be lost.
- Staff and volunteers are recruited mainly from the local community with the majority being from a BME background – actions to mitigate this impact will depend on the outcome of the engagement / consultation exercise. If leasing arrangements are agreed for the gym and café facilities then the staff and volunteers may TUPE across to the new providers. If alternative uses are agreed for the facility there may still be opportunities for the staff and volunteers to work / contribute to the Centre. If these opportunities do not materialise the staff are currently employed by LCFT and will be redeployed and/or supported to identify employment.
- There are other opportunities and models to consider during the consultation period and as part of the exit strategy. This will include assessing the outcomes of LCC's estate review, Children and Young Peoples service review and opportunities to establish a combined Healthy Living Centre and Children's Centre with co-delivery, early intervention and the best start for families.

Question 7 – Balancing the Proposal/Countervailing Factors

At this point you need to weigh up the reasons for the proposal – e.g. need for budget savings; damaging effects of not taking forward the proposal at this time – against the findings of your analysis. Please describe this assessment. It is important here to ensure that the assessment of any negative effects upon those sharing protected characteristics is full and frank. The full extent of actual adverse impacts must be acknowledged and taken into account, or the assessment will be inadequate. What is required is an honest evaluation, and not a marketing exercise. Conversely, while adverse effects should be frankly acknowledged, they need not be overstated or exaggerated. Where effects are not serious, this too should be made clear.

The key reason for the recommendation to withdraw funding from the Chai Centre is the need for budget savings and so the main effects of not taking the proposal forward is the impact on financial efficiencies. But questions around the sustainability of the Chai Centre have been raised for many years and various exit strategies discussed but never actioned, recognising the difficulty in justifying £220,000 being spent on a community facility in one area of the county only.

Increased austerity resulting in reduced service provision increases the need to develop community asset based approach to support and complement existing provision and to further develop community networks to support wellbeing, social connectedness and reduce social isolation. When considering the risks on the community, staff and partners, especially those with protected characteristics, through the potential development of the exit strategy and involvement planned in consultation, realistically the outcomes of this withdrawal of funding may be a stronger, more embedded community Centre, with a wider remit around wellbeing and strengthening the social capital and assets within Daneshouse and Stoneyholme.

Question 8 – Final Proposal

In summary, what is your final proposal and which groups may be affected and how?

In order to mitigate any potential adverse effects against the impacts listed in question 3. the steps highlighted in question 6. will be taken. Discussions have already begun with the current Chai Centre healthy lifestyle service provider, Lancashire Care Foundation Trust, around potential options for leasing facilities and establishing community collaborations. A meeting has been arranged on the 1st October to devise a community and partner engagement / consultation plan and this will be actioned following the Member for Health and Wellbeing's decision making session on the 13th October. With these actions being implemented the aim is to reduce the impact of withdrawing the funding on key equality groups (namely those sharing protected characteristics of age, gender, ethnicity, disability and religion) and further exacerbating

the poor health of the community.

Question 9 – Review and Monitoring Arrangements

Describe what arrangements you will put in place to review and monitor the effects of your proposal.

At the meeting on the 1st October a discussion will take place to establish a group, with clear roles and responsibilities, to oversee the healthy lifestyle element of the Chai Centre through the engagement and exit strategy phase. This group will meet regularly and will have a role to review and monitor the steps included in this proposal; producing regular progress updates to senior colleagues across key organisations e.g. LCFT, LCC, Burnley Borough Council, ELCCG, VFCS.

Equality Analysis Prepared By: Dianne Gardner

Position/Role: Health Equity, Welfare and Partnerships Manager

Equality Analysis Endorsed by Line Manager and/or Service Head: Clare Platt

Decision Signed Off By:

Cabinet Member or Director: Cllr Azhar Ali

Please remember to ensure the Equality Decision Making Analysis is submitted with the decision-making report and a copy is retained with other papers relating to the decision.

Where specific actions are identified as part of the Analysis please ensure that an EAP001 form is completed and forwarded to your Service contact in the Equality and Cohesion Team.

Service contacts in the Equality & Cohesion Team are:

Karen Beaumont – Equality & Cohesion Manager

Karen.beaumont@lancashire.gov.uk

Contact for Adult Services ; Policy Information and Commissioning (Age Well); Health Equity, Welfare and Partnerships (PH); Patient Safety and Quality Improvement (PH).

Jeanette Binns – Equality & Cohesion Manager

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Contact for Community Services; Development and Corporate Services; Customer Access; Policy Commissioning and Information (Live Well); Trading Standards and Scientific Services (PH), Lancashire Pension Fund

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Contact for Governance, Finance and Public Services; Communications; Corporate Commissioning (Level 1); Emergency Planning and Resilience (PH).

Thank you