

# Assessment Form (IIA)

## June 2012



This form replaces the previous Equality Impact Assessment form used by LBC. The key aim of an impact assessment is to ensure that all Council policies, plans and strategies support the corporate mission statement that

'The needs of Luton's people will be first in everything we do'.

The aim of this impact assessment process is to:

- Embed Social Justice principles and practice into the Council's decision making process
- Ensure adherence to the Equality Act 2010 and associated Public Sector Duty
- Minimise duplication of initial impact assessments with regards to Environment and Health
- Ensure Officers have access to the necessary specialist support with regards to all of the above

The table on the first page of this form will enable you to make early consideration of the potential impacts of your proposal with regards to individuals, areas, cohesion, inclusion, the environment and health. You will need to review the impact table once you have completed your assessment to ensure that all impacts are clearly highlighted in the final document.

Once you have completed the table the form will guide you to explain your judgements and then, as appropriate, identify in the action plan how you will be able to enhance and maintain any positive, and mitigate any negative, impacts of your proposal in line with the council's mission and values.

This form will also help you to identify if you need further specialist advice or whether a more detailed Environmental or Health Impact Assessment may be required.

**For your convenience, please see links to key Corporate and Partnership documents that may help you as you complete this IIA.**

### Corporate Plan

<http://intranet/SupportServices/Document%20library/Corporate%20plan%2011th%20July%202011.doc>

### Equality Charter

<http://intranet/SupportServices/socialjustice/Document%20library/Equality%20charter.pdf>

### Social Justice Framework

[http://www.luton.gov.uk/Community\\_and\\_living/Lists/LutonDocuments/PDF/Social%20Justice/Social%20Justice%20Framework%202012%20-2026.pdf](http://www.luton.gov.uk/Community_and_living/Lists/LutonDocuments/PDF/Social%20Justice/Social%20Justice%20Framework%202012%20-2026.pdf)

### Family Poverty Strategy

[http://www.lutonforum.org/Forum/Documents/Family-Poverty-Strategy-Final-October2011\\_001.pdf](http://www.lutonforum.org/Forum/Documents/Family-Poverty-Strategy-Final-October2011_001.pdf)

### Joint Strategic Needs Assessment (JSNA)

[http://www.luton.gov.uk/Council\\_government\\_and\\_democracy/Lists/LutonDocuments/PDF/Consultation/Reports/Final%20JSNA%202011.pdf](http://www.luton.gov.uk/Council_government_and_democracy/Lists/LutonDocuments/PDF/Consultation/Reports/Final%20JSNA%202011.pdf)

### Community Involvement Strategy

<http://www.lutonforum.org/Forum/Documents/CISfinaljune2010.pdf>

Proposal Title: Budget of BME Health and Well Being Clubs

Date of IIA: 8<sup>th</sup> October 2012

Lead Officer Name: Tolu Roche

Seen By:  
SJU (Name/Date)

Signed Off By:  
Bundle Lead/Head of Service  
(Name/Date)

Please provide an outline description of your proposal:

**Context:**

This IIA supports reports to Members, and the public, in regard to the need to consider the future funding of the Health and Well Being Clubs that presently support the needs of elderly Asian and African Caribbean elders.

One of the objectives of the proposal is to try to equalise a service within the Town which is provided across many differing types of funding, non funding, providers, locations, customer types and needs. The funding for such services are historical in nature and are explained below in relation to the Health and Well Being Clubs. However, it is also relevant to show where the Equality Act (2010) states that compliance with the duty may involve treating some people more favourably than others, and this will be around those already at a disadvantage which may be because of disability or race.

*The general equality duty is set out in the Equality Act 2010 (the Act). In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:*

- *Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.*
- *Advance equality of opportunity between people who share a protected characteristic and those who do not.*
- *Foster good relations between people who share a protected characteristic and those who do not.*

*These are sometimes referred to as the three aims or arms of the general equality duty. The Act helpfully explains that having due regard for advancing equality involves:*

- *Removing or minimising disadvantages suffered by people due to their protected characteristics.*
- *Taking steps to meet the needs of people from protected groups where these are different from*

*the needs of other people.*

- *Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.*

*The Act states that meeting different needs involves taking steps to take account of disabled people's disabilities. It describes fostering good relations as tackling prejudice and promoting understanding between people from different groups. It states that compliance with the duty may involve treating some people more favourably than others.*

*(EHRC Essential Guidance to the Equality Act 2010)*

### **Background:**

Therefore previously the Council, in consideration of the needs of its diverse communities, and with the previous legislation of the Race Relations Act 1976 in mind, the development of some kind of day services for the Asian and African Caribbean elders was initiated in 1998/99 by the Social Services Department, Luton Borough Council. This was in recognition of the fact that the BME communities, despite having a substantial older population, and their carers were not accessing any of the mainstream health and social care services. It was understood that some services may be better provided by community organisations to meet the needs of the older citizens.

The existing voluntary and charitable organisations were approached and invited to participate in consultation process as to how best to set up services that are culturally appropriate, suitable and acceptable to BME older men and women with a diverse range of socio-cultural-religious backgrounds. The officers of the Council and the representatives of voluntary/community organisations were in agreement of the great need in the community. It was recognised through equalities implications that there were distinctly different groups and working with different community organisations separate services would be required to set up including separate services for women.

The voluntary organisations were supported to set up Drop-in/Luncheon club type of day services to give BME older people information on benefits and welfare and to raise awareness of health and social care services, disability and mental health. It was based on the idea that initially segregated services such as these would facilitate the BME service users overall access to mainstream services and social inclusion. The Council recognised at that time that continued support was essential for this project to be successful and the development of Luton's BME voluntary sector.

The activities and other services planned and run within the infrastructure of the Wellbeing clubs are essentially preventative and wellbeing services, these services fit with LBC Prevention and wellbeing strategy that encourages older people to live a healthier active and social inclusive lifestyle. It also encourages the principles of independence and good health, also fitting the LBC and national Strategies of enabling people to live well, healthier and at home and thereby needing statutory services either much later or not at all.

The organisations subsidise the services and also the Health and Wellbeing clubs are run almost entirely by volunteers helping to keep costs low. The Wellbeing clubs have twofold cost saving value for both health and the Social services, working on prevention and keeping older people active and

independent in the community, so as to delaying their need to access acute services as well as some service users eligible for services based on FACS but currently but do not access these services because of the wellbeing clubs and the support services they run.

The demographics of Luton show it to be a town of Super Diversity, in that it has over 122 languages spoken in its schools with a large and historical settled Asian and African Caribbean communities. At the present time these communities make up 34.2% of the population as a whole, rising to 36.9% by 2020.

In relation to those who are 65+ within the Town shown in the 2011 Census return is that 17% are in this age group presently and is predicted to rise to 23% by 2020. The Health and Well Being Clubs play an integral role in the prevention agenda across the Town and set a model of prevention for older people, particularly when the health inequality of these particular groups is considered – please see health impact below. The projected demographics for older people is nationally stated to increase.

#### **What they do now- Health and Wellbeing**

Over the years the Luncheon Clubs have progressed and have taken on a whole range of support services in addition to ensuring that older people receive a meal that is ethnically appropriate. The progression has meant that the clubs are now known as Wellbeing clubs which provide the following services;

- Information
  - advocacy
  - Health promotion (exercise and health talks)
  - promotion of overall wellbeing of older people and carers
  - Organise health information events coinciding National events
  - organise regular health checks for older people fitting into the national and local government's prevention and wellbeing agenda
  - The clubs also have support services specifically for carers and run Befriending and Telephone services for people, many of whom are not able to attend the club.
- ✓ These support services are run by trained volunteers with particular cultural and language skills, providing tailored support to elders and carers in a flexible way in the community, undertaking home and hospital visits, accompanying service users as their advocates, maintaining telephone contact with house-bound vulnerable elderly. This community based support for recognised 'hard to reach' vulnerable older people and carers fits into the transformation of future adult social care strategies. With an increasing ageing population strategies such as JSNAs (Joint strategic needs assessments), Think Local Act Personal, Luton's sustainable community strategy, Health and Wellbeing strategy, A good place to grow older by the local Government Group, all recommend the development of more of these community based services, recognising older people as a community resource to develop, run and shape their own services, the Wellbeing clubs are a prime example of this.

- ✓ The clubs contribution in tackling nationally identified health inequality in the BME sector has been recognised both by Luton Borough Council and Luton Public Health.
- ✓ The clubs have been active participants and contributed in two major projects funded by Department of Health, in partnership with both LBC and Public Health – Neighbourhood Renewal Fund and Partnership for Older peoples Project. Both these projects dealt with health promotion, healthy living, life expectancy and mental health wellbeing. The funding was also available to train the volunteers to qualify as exercise instructors and become health advocates.

<b>Wellbeing Clubs</b>	<b>Membership</b>	<b>Ages</b>	<b>Gender</b>	<b>Disability</b>	<b>Ethnicity</b>	<b>Religion</b>
West Indian Association	60	50-1 70+-51 80-6 89-2	Female: 46  Male 14	10	White British Irish Asians Africans African Caribbean	Christians Muslim Hindu
St Vincent & Grenadines	50	50-2 65+-5 70+-42 89-1	Female:3 6 Male:14	11	White British Africans African Caribbean	Christians
St Kitts Nevis & Friends	52	70+ -40 80-10 87-2	Females: 45  Males: 7	7	White British African Caribbean	Christians
Friendship Club	28	50-3 70+-17 80-7 90-1	Females: 18  Males:10	9	White British African Caribbean	Christians
Lewsey Farm United Social	30	70+ -28 88 -2	Male:5  Female: 25	2	Asian White British African Caribbean	Christians Hindu
African Caribbean Carers Group	125	87-1 80-2 70's -51 60's -40 50's -20 40-10 30-1 20-1	Males: 8  Females: 117	8	African Caribbean	Christians

The Asian Wellbeing Clubs' customer base break down:

Name of the Club	Total Membership	Gender	Age	Disability	Carers	Ethnicity/ Religion/ Faith
CYCD (Bangladesh Youth League)	66	Men: 36 Women: 30	80+: 1 70+: 13 60+: 27 50+: 25	6	54	Bangladeshi Muslim
Khidmat	72	Men: 35 Women: 37	70+: 8 60+: 57 50+: 7	8	25	Pakistani/ Kashmiri Muslim
Guru Nanak	80	Men: 32 Women: 48	80+: 16 70+: 32 60+: 32 No 50+	10	29	Indian/ Sikh
Guru Ravidass	76	Men: 40 Women: 36	80+: 10 70+: 31 60+: 30 50+: 5	10	24	Indian/ Sikh Hindu Christian
Dilkhush	74	Men: 35 Women: 39	80+: 8 70+: 25 60+: 36 50+: 5	6	3	Indian/ Hindu
Hindu Centre (Shree Sanatan Seva Samaj)	41	Men: 17 Women: 24	80+: 3 70+: 27 60+: 11 No 50+	11	5	Indian/ Hindu
Ujala Supprt Group for Asian older people (only Carers and Befriending)	60	Men: 28 Women: 32	80+: 2 70+: 30 60+: 17 50+: 11	12	48	Hindu Muslim Christian
<b>Grand Total:</b>	<b>469</b>	<b>Men: 223 Women: 246</b>	<b>80+: 40 70+: 166 60+: 210 50+: 53</b>	<b>63</b>	<b>188</b>	<b>Muslim Hindu Sikh Christian</b>

There is a popular myth that the Sikh Gurdwaras provide food any way, but this myth come from a religious event called Langar, providing basic food for whoever walks through the door, it is not the same as a Wellbeing club essentially concerned with specifically older people's health and wellbeing agenda. Temples and Gurdwaras run the wellbeing clubs as a separate health and social care project for older people, not to do with religious activities. Guru Nanak Group provides regular langar for their

community but Guru Ravidass group do not (this group is also called a Sikh group but has a different group of service users because of religious needs). In addition, the Guru Ravidass wellbeing group has to pay rent to the Gurdwara.

Presently, there are five Caribbean Wellbeing clubs for the 50+ people living in Luton. The organisations receive funding for each session; two organisations receive assistance with accommodation. The organisations provide the volunteers and LBC gives support by way of a project officer. They run seven sessions at different location across town during the week.

The clubs are also used as a platform to share information on issues such as Direct payments, trips and falls, Ambulance services, Telecare systems and Affordable warmth. This signposting to other services supporting independence and choice, provided by volunteers, supports a value for money outcome. The more people are signposted to services that encourage and support continued independence in the home and a healthy life style, the longer the customers do not need to use statutory services.

### **Funding:**

Four out of Six Asian organisations running wellbeing clubs receive gift aided funding from LBC. These are CYCD (Bangladesh Youth League), Guru Nanak, Guru Ravidass and the Hindu Centre, these are also all charities. Of the other two, Khidmat and Dilkhush, are Non-Charities. Of the African Caribbean Clubs, three have charitable status the other two clubs are working through the process towards gaining charitable status.

All of the Wellbeing clubs are assisted by the Project officers who will, when appropriate, help in trying to access external funding to run their additional projects for Wellbeing club service users, for example last year and this year, successful applications were made to replace old furniture (Guru Ravidass), health promotion project (Khidmat) separately for men and women, Health event for Bangladeshi older people (CYCD), health event for all Asian and Gujarati older people (Ujala support group).

Most of the Wellbeing clubs only receive Council funding for their older persons wellbeing services on a regular basis, the parent organisations (one Temple, two Gurdwaras) do not contribute financially other than the Temple allowing the wellbeing group to use the hall and the kitchen free and the occasional donations of food items, two Gurdwaras charge concessionary rent from the wellbeing groups.

Khidmat, CYCD and Dilkhush are heavily dependent on LBC funding and the Wellbeing being groups may not be viable to run without any financial help at all. This will be looked at in more detail in regards to all the Clubs during the consultation phase.

**Below is what is thought to be the present impact in relation to the project, however this can change during now and the final IIA which will come back to the Executive at an agreed date.**



Please list other contributors and stakeholders involved in the preparing of this assessment:

**Jackie Barker**  
**Nasrin Haq**  
**Theresa Phillips**  
**Sandra Legate**

If there is any potential impact on staffing you must invite trade union involvement in the preparation of this assessment:

**Not applicable at this time.**

## IMPACT TABLE

The purpose of this table is to consider the potential impact of your proposal against the Equality Act 2010 'protected characteristics' and other key priorities of Community Cohesion, Social Inclusion, Health and Environment. We also ask you to consider potential outcomes against the key priorities of our Corporate Plan (see link).

Once you have completed this process you should have a clearer picture of any potential significant impacts\*, **positive**, **negative** or **neutral**, on People or Places as a result of your proposal. The rest of the questions on this form will help you clarify impacts and identify an appropriate action plan.

("Significant impact" means that the proposal is likely to have a noticeable effect on specific section(s) of the community greater than on the general community at large).

In relation to the protected characteristics below, will the proposal have an impact in relation to the outcomes below?

Please fill out this table as much as you can initially. Once you have completed the rest of the form, come back and complete as appropriate	Impact Identified	Outcomes									
		Having identified the impact will it contribute to any of the following Council priorities below?									
		Empower, support & protect the vulnerable (Equality)			Improve life & learning opportunities for all (Inclusion)			Improve health & reduce health inequalities (Health)			
<b>PEOPLE</b>	<b>delete as applicable from the selection below</b>										
		<input checked="" type="checkbox"/> = Positive	<input checked="" type="checkbox"/> = Negative	<input type="checkbox"/> = Neutral							
Race	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Gender	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Disability	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Sexual Orientation	<input type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Age	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Religion/Belief	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Gender Reassignment	<input type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Pregnancy/Maternity	<input type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Marriage/Civil Partnership (HR issues only)	<input type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Care Responsibilities <sup>1</sup> (HR issues only)	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
<b>PLACE</b>											
Strengthen community cohesion	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Tackling poverty/ promoting social inclusion	<input checked="" type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
Area/Wards affected All Wards		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A	
<b>ENVIRONMENT</b>											

<sup>1</sup> This is a Luton specific priority added to the 9 protected characteristics covered under the Equality Act and takes into account discrimination by association.

Protect and enhance the quality of the natural and built environment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
<b>HEALTH</b>												
Promoting health and wellbeing	<input type="checkbox"/>			Yes	No	N/A	Yes	No	N/A	Yes	No	N/A

**Please answer the following questions to help you identify any actions you may need to take with regards to impacts of this proposal**

## 1. Consultation

**1.1** Have you made use of existing recent research, evidence and/or consultation to inform your proposal? Please insert links to documents as appropriate.

If you would like to know of any potentially relevant research already carried out, please click on the following link below to ***LBC Consultation Portal***

For other local statistics and information, click on the following below link for ***Luton Observatory***

### Guidance Notes:

If no use has been made of research, please contact the Consultation and Engagement Team At [Communitycon@luton.gov.uk](mailto:Communitycon@luton.gov.uk) and/or the Research & Intelligence Team at [research.intelligence@luton.gov.uk](mailto:research.intelligence@luton.gov.uk)

[Click here for LBC Consultation Portal](#)

[Click here Luton Observatory](#)

**Insert any links to reference websites below.  
One per space only**

**Insert any relevant files in the spaces below.  
One per space only**



Joint Report V2.doc



Committee Report  
Nov 11.doc



Qualitative  
feedback Luncheon .

This gives a collection of comments from customers during a consultation with them last year; this consultation is also being used as part of this IIA and as part of the consultation regarding this proposal.

[For advice and support from Consultation Team click here](#)

The Wellbeing groups have been in consultation with the Council since November 2010 looking at funding and continued support.

To this end a steering group was formed to have regular meetings and considering the overall national funding cuts situation, the groups are open to having reduced funding and adjust their services accordingly, with suggestions to date including;

- ✓ maybe running wellbeing clubs with tea/coffee and snacks not lunch
- ✓ or the service users contribute to the food element of the service
- ✓ or the maximum number of Wellbeing club sessions per week run by a single organisation ranges from 5 to 1, and they could consider running less

It is felt that these options which came up during initial consultation could be considered alongside the consultation on loss of complete funding.

[Consultation will be undertaken with all groups to fully understand the impact if funding was to be stopped for these organisations.](#)

However, a consultation was undertaken with the group last year and the report is attached above. The results showed that customers attending the Asian and African Caribbean clubs undertook more exercise after attending the clubs than they did before attendance. This fits in with LBC Health & Well Being prevention agenda, it also showed that the information received at the clubs on health issues was very important to them and increased their knowledge in this area. All enjoyed the activities undertaken. The results also show that both the Asian and African Caribbean customers had very limited social interaction before attending the club. Social Interaction can improve a person's quality of life and helps to ensure they take an active part in the community.

This report shows that customers clearly value the service both for the health and well being aspects but also for the cultural, social and inclusion support that the service provides

**1.2** Have you carried out any specific consultation with people likely to be affected by the proposal? (if yes, please insert details, links to documents as appropriate).

**Guidance Notes:** If no, please explain why this has not been done - you may wish to speak to the Consultation Team first as a lack of sufficient consultation could render this IIA invalid and place the Council at risk of Judicial Review.

[For advice & support from the Social Justice Unit click here](#)

## **2. Impacts on People**

**2.1** Where you have identified a **positive**\* impact please explain the nature of this impact.

### **Guidance Notes:**

If you identify positive impacts with regards to one or more groups listed above please outline how these can be enhanced and maintained against each group identified. Specific actions to be detailed in action plan below.

*\*By positive impact we mean, is there likely to be a noticeable improvement experienced by people sharing a characteristic?*

**The positive aspect of this proposal is that the Health and Well Being Clubs have time to reassess the services they provide and to seek funding outside of LBC directly.**

2.2 Where you have identified a **negative**\* impact please explain the nature of this impact.

**Guidance Notes:**

Please use this box to explain why you feel the proposal may be negative and outline what the consequences will be against each group identified. You will need to identify whether mitigation is available, what it is and how it could be implemented. Specific actions to be detailed in action plan below.

*\*By negative impact we mean is there likely to be a noticeable detrimental effect on people sharing a characteristic?*

If you can identify no mitigation with regards to negative impacts on one or more of the protected groups you must contact the Social Justice Unit – Click the email link box above.

**Presently the following impact is considered at this time, however this is just the initial consideration. Further and final analysis will be considered after consultation has been finalised .**

**Gender**

This is an areas which specifically and culturally has a huge implication for Asian older women in general but specifically from Pakistani/Kashmiri and Bangladeshi communities for their specific socio-cultural and religious background. This impacts on their physical and mental health and wellbeing. They are arguably the most disadvantaged and vulnerable groups of all BME groups. Health inequality and economic inactivity both contribute to their vulnerability. Two thirds of those who attend these groups are female, however it is important to note that it is thought that men face greater isolation once widowed or single in later life.

**Age;**

The Clubs provide support to 800 attendances per week, with ages ranging from late 50's to late 80's, the breakdown can be found at appendix one across all groups. Therefore any impact will effect this group, but in particular from the statistics it shows that the greater number of customers are in there 60's – to late 80's

**Faith/Belief**

There will be an impact on faith and belief, as these groups were set up and run to support specific communities based on their religion/belief.

**Disability**

A high percentage of service users have heart disease, diabetes and hypertension. At the wellbeing clubs they have the opportunity to attend healthy eating classes on how to reduce salt, fats and sugar intake. Information, current dietary updates and recipes are regularly given to service users, in order to make healthy eating choices. They also have yearly health checks undertaken, to which they attend, which may not be the case if these clubs have to fold. Whilst not the largest group to be impacted, those with a long term health need relating to age but who do not see or regard themselves as disabled will form part of a

larger group. Therefore this group will be impacted if the clubs were to fold.

## Carers

The Carers group operates within the wellbeing clubs and receives £2500 annually from LBC. The group offers support, information/advice, signposting, and advocacy. In addition, the group organizes seminars, conferences, carers open days and cultural events to keep them aware of up to date information. The volunteers attend the carer's board meetings and are involved with the national carers network raising awareness about specific issues that affect black carers. These are `hard to reach` carers because of cultural and language barriers, this service offers them specific cultural and language support and is important to the support we offer to carers across the whole Town.

## Race:

Although English is the first language for African Caribbean's, nevertheless the British are not used to the dialect Creole and Patois spoken by the elders and this can be a major problem for those trying to access services. They have problems explaining their symptoms of ill health to doctors that can lead to misdiagnosis or late diagnosis. They encounter difficulty in understanding the healthcare systems and are unable to complete extremely long complicated forms. This is particular the case for the older widowed or single men who rely on the support provided by the Clubs. For the older Asian population this is also true, language is the main barrier and for many of the older women Bury Park and its community is the mainstay of their lives.

As this is a service for the BME communities this would have an impact on these groups if these services were no longer viable.

**2.3** Where you have identified a **neutral**\* impact for any group, please explain why you have made this judgement.

## Guidance Notes:

*You need to be confident that you have provided a sufficient explanation to justify this judgement.*

*\*By neutral impact we mean that there will be no noticeable impact on people sharing a characteristic*

**As yet, no final analysis has been undertaken and this can only be fully considered once the consultation has been undertaken.**

[For advice & support from the Social Justice Unit click here](#)

### 3. Impacts on Cohesion

If you have identified an impact on community cohesion, please describe here what this may be and who or where you believe could be affected.

#### Guidance Notes:

By 'impact on community cohesion' we mean - is the proposal likely to have a noticeable effect on relations within and between specific section(s) of the community, neighbourhoods or areas.

You will need to consider here actions to enhance and maintain positive impacts and how to mitigate negative impacts.

Specific actions to be detailed in action plan below.

**If you can identify no mitigation with regards to negative impacts on community cohesion you must contact the Social Justice Unit – Click email link box above**

The clubs are a conduit to their communities, open for advice and information, playing a vital role in maintaining community cohesion as they work with many different agencies, such as, Luton's council of Faiths and participate in projects such as Luton in Harmony. The Asian working group and The Joint working group bring together the voluntary/community organisations' representatives from Luton's Asian and African Caribbean communities as providers of their own community services, working together to prevent any tension in the community and facilitating understanding between cultures. The clubs are using each other's premises and participating in each other's celebrations more readily and a few events have been held by joint working between different groups that would not have been achievable before. Female carers from all Asian groups had a six-week long training course last year with four religions and many languages between them.

Volunteer's are also being skilled and given opportunities in Health & Safety, Food Hygiene, Budgeting, Book keeping and SOVA. This gives them opportunities for full time employment in the future.

The wellbeing clubs facilitates activities where the older and younger generations can interact to bridge the gaps between the older generation for example Carnival and Black History month. The clubs also provides work experience for young people and especially those with social problems.

[For advice & support from the Social Justice Unit click here](#)

### 4. Impacts on Poverty & Inclusion

If you have identified an impact on tackling poverty/promoting social inclusion, please describe here what you believe this would be and who you believe would be affected.

#### Guidance Notes:

By poverty and inclusion we mean - is the proposal likely to have a noticeable effect on households that are



vulnerable to exclusion, e.g. due to poverty, low income and/or in areas of high deprivation. You need to consider here actions to enhance and maintain positive impacts or mitigate negative impacts.

**Specific actions to be detailed in action plan below**

If you can identify no mitigation to negative impacts on tackling poverty or promoting social inclusion you must contact the Social Justice Unit for advice - Click email link box above

**Befriending, Telephone and Bereavement service**

This service operates for the people who are socially isolated and unable to come out of the house through ill health or are in residential care or nursing homes. This service is a like a life line, it helps combat isolation, loneliness, low level depression and promotes social inclusion. This service is viewed by the service user as a need rather than an additional service.

The change in the family structure over time has meant that the extended family model has shrunk, particularly within the Caribbean community and this has meant that older people have become more isolated. The well-being club serve as a meeting place for people with similar, cultural, health and social needs, with a shared history who are able to come together during the week. The service users are stimulated through debates, discussions that can be anything from current affairs, news from the Caribbean, Pakistan, India, Kashmir or the extended family or the village/Town of their origin, reminiscence or can tell each other where the best bargains are to be found. The service user share information networks and lend support to each other in times of crisis. They have developed a network of like-minded people through the well-being clubs. These clubs are important for all who attend, but they are particularly important for widowed men who can become isolated more quickly than women when their wife/partner dies.

Wellbeing clubs work closely with Adult learning department to provide arts and craft sessions for the service users. These sessions stimulates their mind to learn new things. Some of the service users have a wealth of information and skills that they use as an opportunity to share and teach others.

The clubs provide an opportunity for older people to form a support network, develop new skills and volunteer, which is vital for the services, as these are run almost entirely by older volunteers, promoting their self worth and independence in the community and also combating feeling of isolation.

Of particular importance in relation to social inclusion are the groups for women from the Pakistani and Kashmiri communities. These two groups have their own wellbeing clubs, which is running well now. It took a lot of hard work, persistence and a lot of motivation work in the community by the volunteers and the continued support from Luton Borough Council to convince these women to be aware of the importance of an active healthy lifestyle beneficial for themselves, their family and as their role as carers. It takes time and continued work to overcome cultural barriers and identify oneself as a carer and seek help, the communities still have a long way to go on this to help more carers, even though five wellbeing groups are supporting more than 250 Asian carers presently, most of whom are women.

## 5. Health & Wellbeing

If you have identified an impact with regards to promoting Health and Wellbeing please consider the questions below in more detail.

**5.1** Please describe what this impact is and who may be specifically affected by the proposal.

### Guidance Notes:

By impact on health and wellbeing we mean - is there the potential for a positive or negative impact on the physical, mental or social well-being of an individual / group. You need to consider here actions to enhance and maintain positive impacts or mitigate negative impacts.

### Specific actions to be detailed in action plan below

If you are unable to identify mitigation to questions 5.1 and 5.2 then you must contact the Public Health Team for advice. - Click email link box above

Wellbeing clubs organize health promotion activities, conferences seminars and Presentations from Health-care professional on illnesses that are prevalent within the African Caribbean and Asian communities, for example Dementia, Alzheimer's, Hypertension, Heart disease, Diabetes, Stroke, Prostate Cancer and Mental Health Illness. These Events open up avenues for learning about health conditions that are most prevalent among these communities and it gives time for the sharing of valuable information on pathways to access services and to network.

One of the continuing services identified and provided within the clubs is having regular Blood pressure testing. This can show related health problems at an early stage and has huge health benefits for older people in particular. These regular health checks to service users, which includes Blood- pressure, Weight and Body Mass index are then recorded and kept by the service users who will be encouraged to attend the GP clinic for further advice and medical support if the tests show concerns. This is part of the prevention agenda within Health services/public health, encouraging people to take better care of their health at an early stage, thereby not needing long term health care in the future

It is important for the service users to access nutritionally balanced meals, given the potential health problems and malnutrition. The wellbeing clubs provide a nutritious cultural appropriate meal. As a service user get older, or becomes widowed, having a reduced income and lack of social interaction can all potentially lead to dietary neglect.

This helps to maintain a healthy body weight and reduce the risk of diet related illness such as type 2 diabetes, heart disease, hypertension and some types of cancer.

Each well-being clubs provides one hour of physical activity per session. Regular physical activity helps to increase health and fitness. Regular physical activity helps to lower blood pressure, creates a balance of blood fats, improve the body's ability to handle insulin and half the risk of strokes.

Research has shown that dementia and Alzheimer's is more common in African Caribbean people and develops earlier in life compared to their white counterparts. (Lowry 2011) *British Journal of Psychiatry*. This

study also showed that physical activity could prevent the early onset of Alzheimer's disease and dementia.

**5.2** Will the proposal impact positively or negatively on access to, and /or quality of, health and wellbeing services?

**Guidance Notes:**

By Health and Wellbeing services we mean clinical services as well as, for example, health improvement services such as Stop Smoking, weight management, alcohol and drug services, exercise programmes, affordable warmth, falls prevention etc.

You need to consider here actions to enhance and maintain positive impacts or mitigate negative impacts

**Specific actions to be detailed in action plan below.**

If you are unable to identify mitigation to questions 5.1 and 5.2 then you must contact the Public Health Team for advice. - Click email link box above

[For advice and support from the Strategy & Sustainability Team click here](#)

**6. Impacts on the natural & built environment**

If you have identified an impact on the natural and built environment please consider the questions below.

Are there aspects of this proposal that may:

- a)** help in reduction of greenhouse gas emissions, produced by the burning of fossil fuels (i.e. coal, oil), which is likely to add to the effects of climate change
- b)** have an effect on conservation of energy, water, minerals and materials
- c)** have an impact on the amount of waste that could be generated through the implementation of the proposal
- d)** impact positively or negatively on access to and the quality of the natural environment (eg parks, play areas, green spaces, conservation areas)
- e)** improve people's or infrastructure's resilience towards extreme weather conditions
- f)** affect amount of car journeys to/from a particular site

**Guidance Notes:**

If you identify positive impacts with regards to questions please outline how these can be enhanced and maintained. If you identify negative impacts in response to questions then you will need to explain any

actions that you intend to take to mitigate these impacts.

**Specific actions to be detailed in action plan below**

If you are unable to identify mitigation with regards to questions 6.a-f then you must contact the Strategy and Sustainability Team at [myclimate@luton.gov.uk](mailto:myclimate@luton.gov.uk) as a more detailed specialist consideration of this proposal will be necessary. Click email link box above

a)

b)

c)

d)

e)

f)

Please detail all actions that will be taken to enhance and maintain positive impacts and to mitigate any negative impacts relating to this proposal in the table below:

Action	Deadline	Responsible Officer	Intended Outcome	Date Completed/ Ongoing

A review of the action plan will be prompted 6 months after the date of completion of this IIA

**Key Contacts:**


**Summary of Findings and Actions (for publication and to be written by the author)**

### **Next Steps**

- All Executive Reports must have an IIA attached (where relevant)
- All report authors must complete the IIA section of Executive Reports (equalities, cohesion, inclusion, health, environment)
- All reports are to be forwarded to the Social Justice Unit, Public Health and Strategy & Sustainability Unit for sign off in time for Executive deadline
- Social Justice Unit, Public Health and Strategy & Sustainability Unit to highlight key points of concern from IIA in their sign off comments
- On the rare occasion that the Social Justice Unit are unable to sign off the report, e.g. recommendations are in breach of legislation, a statement will be submitted by Social Justice Unit Manager or Equality and Diversity Policy Manager
- Completed and signed IIA's will be published on the internet once the democratic process is complete