

Equality Impact Assessment (EIA)

Community Grants Budget (CGB)

Equality impact, needs and requirements assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

About the policy, practice, service or function you are assessing

Name of policy, practice, service or function: **Community Grants Budget (CGB)**

Assessment team leader name: **Simon Fogell / Katy Wing**

Department responsible: **Corporate and Adult Services** Service Area: **Voluntary and Community Sector Partnerships**

Other members of assessment team:

Name	Position	Area of expertise	Comments
Simon Fogell	Project Manager	Experience of Equality Impact Assessments	
Katy Wing	VCS Partnerships Manager	Responsibility for VCS policy and grant funding	
Vivene McCalla	Voluntary Sector Co-ordinator	Knowledge of VCS, CGB processes and CGB funded organisations	
Sarah Swindell	Voluntary Sector Co-ordinator	Knowledge of VCS and new CGB organisations, previously funded through ASS	

Louise Williams	Funding Officer, Environmental Services	Knowledge of alternative Council grant funding programmes	Critical friend
Holly Swinckels	Engage East Midlands	Voluntary Sector representative with background in disability and DV.	It was preferable to involve a VCS representative from outside Derby, to avoid conflicts of interest.

This assessment was completed for the financial year Apl 07 to Mar 08. It was completed in August 2007.

Question	Response/ findings	
<p>1- What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing?</p>	<p>The Community Grants Budget is Derby City Council’s corporate grant funding programme. Its main aims are:</p> <ul style="list-style-type: none"> ● To support voluntary and community sector infrastructure. This means organisations that provide development support to the voluntary and community sector ● To strengthen communities by: <ul style="list-style-type: none"> ○ supporting activities designed to develop socially excluded communities or access to services for those communities, or ○ providing information, advice, or advocacy, or ○ supporting new and emerging communities, or ○ supporting organisations that have a specific role in taking forward neighbourhood development. 	
<p>2- Who implements, carries out or delivers the policy, practice, service or function?</p> <p>Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements</p>	<p>The Voluntary Sector Team:</p> <p>Katy Wing – VCS Partnerships Manager Vivene McCalla; Sarah Swindell; Adrian McNaney – Voluntary Sector Co-ordinators</p>	
<p>3- Who is affected by the policy, practice, service or function, or by how it is delivered? Such as, who are the external and internal customers, groups, or communities?</p>	<p>Voluntary and Community Sector organisations and groups and their service users, who are residents of Derby, principally from disadvantaged or socially excluded communities.</p> <p>The Voluntary Sector Team.</p>	

<p>4- What outcomes do we want to achieve, why and for whom? For example, what do you want to be providing, how well, what changes or improvements, and what should the benefits be for customers, groups or communities?</p>	<p>To assess proposals for changes to processes, arising from the review of the Community Grants Budget to ensure that:</p> <ul style="list-style-type: none"> • CGB processes promote equality in the community; • No groups or communities are disadvantaged by the proposed changes to application and monitoring processes for Community Grants; • CGB is evaluated within a strategic framework, which ensures value for money and takes into account equality and diversity considerations; • Equality issues are identified and addressed, including the needs of new and emergent communities and gaps in service provision. 	
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<p>5- What existing or previous inspections of the policy, practice, service or function are there? For example, Best Value Inspections, policy reviews, research into the effects of a policy or practice.</p> <p>What did they tell you?</p>	<p>A previous externally commissioned CGB report from September 2003 was used to assist in identifying a manageable number of targetted proposals for changes to the CGB programme. These proposals have been the subject of a 12 week consultation with the Voluntary and Community Sector (VCS). Equalities issues were raised as part of this consultation process. Therefore the CGB review has drawn on previous recommendations from an independent consultant, and on the results of submissions from and discussions with the VCS, as well as on the Voluntary Sector Team’s experience of the CGB process and of its impact on communities.</p> <p>In brief, the key proposals are:</p> <ol style="list-style-type: none"> 1. To issue 3 year funding agreements as standard, instead of 1 year. 2. To undertake in-depth final year reviews with voluntary organisations, instead of asking them to reapply on a new form. 3. To restructure schedules for monitoring returns to allow more time to voluntary organisations to provide monitoring information and for Council officers to examine this. 4. To adopt new monitoring forms to make CGB processes more efficient and consistent. 5. To advertise one or two new grant funding opportunities each year to meet new needs. 6. To reconsider who should be on the Appraisal Panels which make the recommendations on grant funding. 7. To reconsider how luncheon clubs are funded, in the context that the Neighbourhood Renewal Fund, which currently supports these services, is ending in March 2008. <p>This EIA will need to evaluate these proposals for their impact on communities in respect of equalities.</p>	
<p>Identifying potential equality issues and factors</p>		

<p>6- What do you already know about the equality impact or need? For example, from research, feedback, consultation or any performance monitoring</p>	<p>Derby Unitary Authority has 36% of households with one or more members having a limiting long-term illness. This is slightly above the England average of 34%. However, this figure rises to 49% of the population aged 60 plus¹</p> <p>¹Derby City Council. July 2007. <i>Commissioning Strategy for Physical Disabilities and Sensory Disabilities</i>. Adult Social Services</p>	
	<p>Derby has above average figures for people with limiting long term illness¹</p>	
	<p>Evidence</p>	<p>Consequence</p>

	<p>40,690 people have a limiting long term illness in Derby and 21010 of those are not in good health</p> <p>4,842 men report not to be in good health aged 18-64</p> <p>4,936 women report not to be in good health aged 18-64</p> <p>9701 are in fairly good health with a limiting long term illness</p> <p>There are 9774 people aged 60 and over have a limiting long term illness and are not in good health</p> <p>There are 1645 people registered as deaf or hard of hearing in Derby</p> <p>At March 2003, there were 2285 people registered as blind in Derby</p> <p>8.5% of CGB funding, or approximately £86,000, is targeted specifically to VCS organisations supporting people with physical disabilities or sensory impairment. These organisations are: Derbyshire Association for the Blind, Communication Unlimited, Derby Community Transport (Social Car Scheme), Shopmobility and Disability Direct. (N.B. There is considerable overlap between the Disability and Age equality strands in terms of categorising luncheon clubs and similar provision for older people. However, since CGB funding for these services is primarily aimed at reducing isolation for relatively mobile, non-disabled older people, these services have been excluded.)</p>	<p>It is the role of Adult Social Services to support people with physical disabilities and people with sensory impairment who have been assessed under Fair Access to Care Services (FACS) criteria as having a moderate or high level of risk to independence.</p> <p>Adult Social Services grant funding aims to provide preventative support for vulnerable adults, who may not meet FACS eligibility thresholds, but who have a low risk of losing independence.</p> <p>The Community Grants Budget (CGB) has a complementary role in supporting people with disabilities and sensory impairment, where this supports socially excluded communities or promotes access to services for those communities, including information and advice services.</p>
	<p>The largest ethnic group reporting limiting long term illness is Asian</p>	
	<p>Evidence</p>	<p>Consequence</p>
	<p>12604 or 6.3% are of mixed Asian or Asian decent.</p>	<p>There is a need to ensure that CGB funded services reach this group. The ethnicity of service users is monitored on an ongoing basis.</p>

	<p>Older people in Derby from Black and Minority Ethnic communities have specific needs² ² Derby City Council. May 2006. <i>Commissioning Strategy for Older People 2006 – 2009</i>. Adult Social Services</p>	
	Evidence	Consequence
	<p>Research evidence indicates generally poorer health outcomes (both physical and mental) for the BME population in the UK, and that health problems develop earlier. Evidence from monitoring returns indicates that BME luncheon clubs and social groups funded by CGB do target a younger age group than the predominantly White British groups.</p>	<p>An “over 50” age group focus for people from BME backgrounds is especially important on a preventative basis.</p>
	<p>1 in 10 of people aged over 50 in Derby are from a BME background. However, the proportion of BME increases in younger age groups.</p>	<p>Numbers of older people from Black and Minority Ethnic backgrounds are likely to rise in Derby</p>

	<p>The largest BME groups in the 50+ age group are Indian Asian and White Irish (both approx 1700 people or 2.4% of total over 50s), Pakistani Asian (998 people, 1.4%) and Black Caribbean (907 people, 1.3%). Next highest is 0.3%.</p> <p>There is CGB funding for luncheon clubs and similar services which is targeted specifically to older people from the Indian and Pakistani communities. There are currently 11 luncheon clubs and similar services funded by CGB for the Indian and Pakistani communities. However, monitoring information indicates that these services are fragmented and are not of consistent quality. CGB funding for luncheon clubs and similar services for the Indian Community is approximately £33k, compared to £13k for the Pakistani Community. However, there is separate Adult Social Services grant funding for older people from the Pakistani community, but not for the Indian community.</p> <p>There is no provision of this kind within CGB for Black Caribbean older people. However, there is some Adult Social Services funding for luncheon club provision for the older Black Caribbean community. There is CGB support for the Black Caribbean community through funding for the West Indian Community Centre and the West Indian Credit Union, although this is not specifically targeted at older people.</p> <p>CGB funds one Black African luncheon club.</p> <p>There is a significant level of funding for older people from the Ukranian and Polish communities. However, these communities make up a relatively small percentage of the older population.</p>	<p>The pattern of support for older people from BME communities, across CGB and Adult Social Services grant funding programmes, needs to reflect levels of need.</p> <p>There is a need to ensure that luncheon clubs and similar services meet minimum standards and deliver desired outcomes for BME communities.</p> <p>It should not necessarily be assumed that luncheon club and similar provision is the only, or the most effective, means of achieving the desired outcomes of reducing social isolation and strengthening communities.</p>
	<p>Largest religions in the 50+ age group are Christian (59038, 82.7%), Sikh (1472, 2.1%) and Muslim (1116, 1.6%). Next highest is 0.4%.</p>	<ul style="list-style-type: none"> •
	<p>Over 50s from BME backgrounds are concentrated in Area 3: Arboretum (39.4% of over 50 population “not White UK”), Normanton (37.3%) and Abbey (17.8%).</p>	<p>Appropriate BME support for older people is key in these areas, where the proportion of BME seniors will increase as the BME population ages.</p>
	<p>Sinfin (15.2% - Area 2), Blagreaves (12.5% - Area 4) and Littleover (10.4% - Area 4) have next largest BME over 50 representation.</p>	<p>BME service development needs to be focussed on Derby’s central (Area 3) and south-western (Area 4 and Sinfin) wards.</p>

	<p>The Asian Pakistani and Asian Indian 50+ groups are very much focused in Arboretum and Normanton (Area 3), with a large Asian Indian presence also in the four wards listed above.</p>	<ul style="list-style-type: none"> •
	<p>The White Irish aged 50+ group have a much more even distribution, eleven wards having over one hundred people (highest 151).</p>	<p>Dispersal patterns are indicative of the White Irish community being relatively well integrated.</p>
	<p>The Black Caribbean group is between these two patterns, with by far its largest concentration in Arboretum and Normanton but with more dispersal elsewhere than the Asian groups.</p>	<p>Service planning for particular ethnic groups can often be based around specific areas of the city. However care must be taken with more dispersed groups because services focused on particular areas in the city may exclude significant numbers.</p>
	<p>Derby is a city with significant inequalities for older people¹</p>	
	<p>Evidence</p>	

	<p>Females who were born in Darley; Derwent; Abbey; Arboretum; Normanton and Sinfin wards have a lower life expectancy than the regional average whereas those born in Allestree and Mickleover on average live longer. Males born in Derwent; Arboretum; Abbey; Normanton; Alvaston and Sinfin have a lower than regional average life expectancy whilst males born in Allestree; Mickleover; Littleover and Oakwood have a higher than regional average life expectancy.</p>	<p>h e s e a r e s e c t i o n s</p>
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	<p>Nationally, older people score highly on the ranking of indices of deprivation (101 out of 150) as compared with those with health deprivation and disability (96 out of 150)</p>	<p>h e e i s s s m e e c t o s c k s o w e e e o e</p>
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	<p>Older people in Area 1 are the least likely to live alone, and the least likely to be from a BME background.</p>	

	<p>Area 2 contains the largest number of older people not in good health and the largest number living alone.</p>	<p>The a g e s t n u m b e r s i n A r e a 2 o u g h</p>
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	<p>Older people in Area 3 are the most likely to be from a BME background, the most likely to report they are not in good health and the least long-lived.</p>	A r e a 3 h e a l t h e c a r e s s e s s m e n t	
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	<p>Older people in Area Four are split between Mickleover (low BME, good health reported) and Blagreaves / Littleover (relatively high BME, poor health reported).</p>	<p>L i k e m o s t o t h e r A r e a s , t h e p o p u l a t i o n</p>
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		<p>b e a m o d i f y e r s e</p>
	<p>Older people in Area Five are the most likely to live alone but the least likely to report they are not in good health.</p>	
	<p>Total CGB funding exclusively targeting older people is approx £90,000 or 9% of the CGB budget. However, this is an underestimate, as there are overlaps with grant funding for disabled people’s groups.</p>	
<p>7- Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups? For example, who uses the service, who doesn’t and why not?</p>	<p>CGB funding has been tied up with existing projects, which has made it difficult to meet the needs of new and emerging communities.</p> <p>Smaller community groups have had difficulty in accessing CGB funds – although there is now a small funding stream for Older and Disabled People’s Groups. There are also alternative grant funding streams both within the Council and through external funding.</p>	

<p>8- Have there been any important demographic changes or trends locally? For example is the population changing, and if so, how and what might that mean for the service or function?</p>	<p>Ethnicity and emergent communities CGB needs to address the needs of new and emerging communities in Derby. This is a constantly changing picture and up to date data can be difficult to obtain. Census data is regarded as out of date, with most emergent communities being under-represented. However, some community self-estimates were obtained for Derby's Community Cohesion Strategy. The needs of different communities will vary, depending in part on the extent to which they are integrated into the life of the City. The picture is complex, however, it is clear that the city has a truly multi-cultural make-up, with the majority of diverse communities being located in the Normanton and Arboretum wards. Further data should be available in the Neighbourhood Plans, which are due to be produced in September / October 2007.</p>																																																																													
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	<p>Ethnic diversity in Derby</p> <p>Derby has a relatively large Asian population (8.5% in 2001 Census).</p> <p>The Indian community in Derby comprises more Sikhs than Hindus.</p> <p>There were marginally more Pakistanis than Indians in the 2001 Census, but very few Bangladeshis.</p> <p>Derby has a settled Polish community.</p> <p>Derby has a diverse refugee population, including Iraqi Kurds, Afghans, Iranians, Zimbabweans and people from the former Yugoslav republics. Migrant workers have also been identified as a significant population sub-group in Derby.</p> <p>The picture is believed to have changed significantly since the 2001 Census. Work is ongoing to estimate current populations more accurately.</p> <p>CGB funded organisations will need to respond to the changing needs of communities. CGB funding will need to be allocated appropriately to address changing needs.</p>														
	<p>The distribution of older people in Derby varies markedly between wards¹</p>														
	<p>Evidence</p>														

	<ul style="list-style-type: none"> • The highest numbers of over 50s are in Allestree, Mickleover, Spondon, Boulton and Chaddesden, “Youngest” wards are Oakwood, Sinfin, Arboretum, Abbey and Normanton. • Areas 1 and 2 have the highest 50+ populations: Area 3 markedly the least. • The highest numbers of over 85s living in the community are in Allestree, Darley, Chellaston, Alvaston and Normanton. • Area 2 has the highest 85+ population • People aged over 50 are far more likely to live in the outskirts than the centre of the city. • However, it should be noted that a significant number of people aged 85+ do live in the city centre. • The difference in distribution of over 50’s compared to over 85’s may point to a changing demographic in Derby. 																																				
	<p>People aged 55-64, 65-74, 75-84, and 85 and over by ethnic group, year 2001</p>																																				
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	<p>Figures taken from Office from National Statistics (ONS) 2001 Census. Figures may not sum due to rounding Crown copyright 2006</p>																																				

	<p>Deaf community In the last eleven years the population of Deaf people has increased by 48% in the City of Derby. There has been marked increase in the adult population, which puts increased budgetary pressures on Adult Social Services.</p>
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<p>9- Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities?</p>	<p>CGB funding has been tied up with existing groups which, in practice, has made it difficult for new groups to access funding and for new priorities to be met. Proposals for changes to CGB processes aim to address this by linking CGB funding more closely to strategic priorities and by advertising one or two new priorities each year.</p> <p>BME VCS groups are often under-developed and may therefore find it difficult to access funding. This is particularly the case for new and emerging communities. CGB funding for BME infrastructure support aims to address this problem. A breakdown of CGB funding by ethnic group reveals that, whilst a substantial proportion of CGB funding supports BME communities, there is little or no funding which specifically targets new and emerging communities:-</p> <ul style="list-style-type: none"> 23% of total CGB funding goes to BME organisations. 77% of CGB funding goes to mainstream organisations. However, all CGB funded organisations are required to have Equal Opportunities Policies in place and access to services by different ethnic groups is monitored. Significant numbers of people from BME communities are accessing mainstream CGB funded services. 56% of the funding for BME organisations targets all BME communities; 44% targets specific BME communities. Almost 15% of the funding for BME organisations supports the Indian community. Almost 6% of the funding for BME organisations supports the Pakistani community. Almost 14% of the funding for BME organisations supports the West Indian community. Almost 7% of the funding for BME organisations goes to the Polish and Ukrainian communities (N.B. this is support for older people only). 1-2% of the funding for BME organisations supports the Chinese community. 1-2% of the funding for BME organisations supports the African community. <p>CGB funding aims to support all six strands of equality through the requirement for all funded organisations to implement Equal Opportunities Policies. Most CGB funded organisations support people from all communities and groups in Derby. There is some CGB funding which specifically targets people with disabilities, older people, women and BME groups. Some CGB funded organisations support children and young people, however, this support is mostly provided through grant funding from the Children and Young People’s Department.</p> <p>There is at present no CGB funding which specifically targets Lesbian, Gay, Bisexual and Transgender people. There is little evidence of support to this group through existing CGB funded organisations, as data on sexuality is not usually captured systematically through funded organisations’ Equal Opportunities monitoring.</p>
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<p>10- What information or data exists? For example, statistics, customer feedback, complaints, research, monitoring – who keeps it and can you get hold of it?</p>	<p>The following information is held by the Voluntary Sector Team:</p> <ul style="list-style-type: none"> ● Consultation feedback from the CGB review – questionnaires and a focus groups meeting. ● Previous CGB applications and feedback / complaints from unsuccessful applicants. ● Monitoring returns from funded CGB organisations.
<p>11- Do any equality or diversity objectives already exist? If so, what are they and what is current performance like against them?</p>	<p>Action Plan in the Compact Code of Good Practice for BME Groups. Performance is being monitored via the Compact Forum.</p>
	<p>Derby City Council’s Equality and Diversity Policy May 2005. The Equality and Diversity Policy underpins all other policies, service plans, procedures and systems. The Chief Executive has lead responsibility for implementing and monitoring this policy, but all employees have a responsibility to work from it in all areas of their work.</p>

	<p>There are certain statutory legislative requirements for Local Authorities to follow such as:</p> <ul style="list-style-type: none"> • The Disability Discrimination Act makes it unlawful for a service provider to discriminate against a disabled person by refusing to provide any service which it provides to members of the public. It is unlawful to discriminate against disabled people by: <ul style="list-style-type: none"> ◦ refusing to provide a service without justification; ◦ providing a service to a lesser standard without justification; ◦ providing a service on worse terms without justification; ◦ failing to make reasonable adjustments to the way services are provided for disabled people; ◦ failing to make reasonable adjustments to the physical features of service premises, to overcome physical barriers to access. • The Race Relations Act, it is unlawful to discriminate against anyone on grounds of race, colour, nationality (including citizenship), or ethnic or national origin. All racial groups are protected from discrimination. Under the act local authorities have a general statutory duty, in carrying out their functions, to consider the need to eliminate unlawful discrimination and to promote equality of opportunity and good relations between people of different racial groups; • Sex Discrimination Act 1975 makes it is unlawful for any person concerned with the provision (for payment or not) of goods, facilities or services to the public or a section of the public to discriminate against a woman who seeks to obtain or use those goods, facilities or services- <ul style="list-style-type: none"> ◦ (a) by refusing or deliberately omitting to provide her with any of them, or ◦ (b) by refusing or deliberately omitting to provide her with goods, facilities or services of the like quality, in the like manner and on the like terms as are normal in his case in relation to male members of the public or (where she belongs to a section of the public) to male members of that section. • The Equal Opportunities Commission has prepared and issued a Code of Practice, which gives practical guidance to public authorities on how to meet the legal requirements of the gender equality duty, under the Sex Discrimination Act 1975, as amended by the Equality Act 2006. The gender equality duty is a new legal requirement on public authorities, when carrying out all their functions, to pay due regard to the need to: <ul style="list-style-type: none"> ◦ Eliminate unlawful discrimination and harassment on the grounds of sex ◦ Promote equality of opportunity between women and men. <p>The Disability Equality Duty came into force on 4 December 2006.</p> <p>This new legal duty requires all public authorities to actively look at ways of ensuring that barriers facing disabled people are removed.</p> <p>There is a general duty which applies to all public authorities, plus additional specific duties to support the majority of public authorities in achieving the outcomes required by the general duty.</p> <p>The basic requirement for a public authority when carrying out their functions is to have due regard to do the following:</p> <ul style="list-style-type: none"> ◦ promote equality of opportunity between disabled people and other people ◦ eliminate discrimination that is unlawful under the Disability Discrimination Act
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	<ul style="list-style-type: none"> o eliminate harassment of disabled people that is related to their impairment o promote positive attitudes towards disabled people o encourage participation by disabled people in public life o take steps to meet disabled people's needs, even if this requires more favourable treatment. o 'Due regard' means that authorities should give due weight to the need to promote disability equality in proportion to its relevance.
	<p>Corporate Equality and Diversity Plan April 2005 - March 2008. It covers the work we plan to do on equality for the next three years up until 2008. It outlines the action we intend to take to tackle discrimination, make sure everyone has equality of opportunity and for promoting good race relations in Derby. Derby City Council has adopted the Equality Standard for Local Government, which is basically a way of measuring how the Council are doing on it's equality work. It covers five levels of achievement and the Council has reached Level 2. Level 3 involves setting equality objectives and targets such as this Equality Impact, Needs and Requirements Assessment.</p>
	<p>Staff Code of Conduct sets out how staff should act when dealing with service users.</p>
	<p>Employees should be aware of cultural background and other factors that impact on people's lives and incorporate this into the way in which they work with individuals and with voluntary and community sector groups.</p>
	<p>All policies, grant application forms, funding agreements and monitoring forms are printed and produced in English. However, there are facilities to provide these documents in any other format, style or language that will help people access them, should they request it.</p>
<p>12- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?</p>	<p>Outcome measures are being improved, in partnership with funded voluntary organisations. There is good evidence from monitoring returns that most CGB funded organisations are having a positive effect on the communities they serve. However, there is further work needed to develop more effective outcome measures, which provide clearer evidence of the impact of grant funded services. This should help to evaluate whether funding for services is effectively empowering communities and making them more independent – or whether in some cases services may be perpetuating the isolation and segregation of marginalised communities.</p>

Collecting the information and data about how the policy, practice, service or function, impacts on communities

Please record your information and data in this table and think about:

- what information or data you will need
- using both quantitative and qualitative data
- making sure that where possible there is information that allows all perspectives to be considered
- identifying any gaps in the information/ data and what it can tell you

Data or information	When and how was it collected?	Where is it from?	What does it tell you? You need to consider all six equality strands where you can	Gaps in information
Customer feedback and complaints	A central file will be kept of any complaints or feedback regarding CGB processes.	VCS organisations.	Few complaints have been received to date, but this reflects the grievance that the same organisations have tended to be funded from year to year.	

<p>Consultation and community involvement</p>	<p>12 week consultation with VCS, July-August 2007.</p>	<p>Questionnaires and focus group.</p>	<p>A separate summary of consultation responses for the CGB Review has been produced – please refer to this for details. Equalities issues included: The need for funding to be targeted to strategic priorities The need for forms and processes to be accessible The need to support new organisations and emerging communities The need for processes to ensure that funded organisations promote equalities Consideration for developing services which promote community cohesion, rather than keep communities segregated.</p>	
<p>Performance information including Best Value</p>	<p>Monitoring returns from funded organisations. For VCS team, via Business Planning.</p>	<p>Voluntary Sector Co-ordinators' files. VCS Team Business Plan 2007/8.</p>	<p>Quantitative data is easier to obtain and collate. There is data evidencing support for people from different age groups, BME groups, faith groups, gender and disability groups. However, the quality of monitoring returns is variable. In particular, work is needed to improve outcome measures for all funded organisations.</p>	<p>There is a gap in information about support for LGBT people.</p>
<p>Take up and usage data</p>	<p>As above.</p>	<p>As above.</p>	<p>As above.</p>	<p>As above.</p>

<p>Comparative information or data where no local information</p>	<p>Benchmarking through LGA email group and internet searches for information on other Council grant funding reviews.</p>	<p>Many Councils have recently been undertaking some form of VCS or grant funding review, e.g. Gloucester, Southwark, Stoke.</p>	<p>There are some similar issues being addressed by other authorities. However, approaches vary considerably amongst different local authorities.</p>	<p>Benchmarking needs to be specific to particular issues.</p>
<p>Census, national or regional statistics</p>	<p>Collected August 2007 from available strategies.</p>	<p>Evidence taken from Older Peoples Commissioning Strategy 2006-9; Physical Disability and Sensory Impairment Commissioning Strategy; Community Cohesion Strategy 2007; Census 2001.</p>	<ul style="list-style-type: none"> • Older people in Derby from BME communities have specific needs. • Derby is a city with significant inequalities for older people • The distribution of older people in Derby varies markedly between wards. • Derby has 36% of households with one or more members having a limiting long-term illness, slightly above the England average • The largest ethnic group reporting limiting long term illness is Asian 	<p>Neighbourhood Plans may contain more up to date statistics when produced in Sept / Oct 2007.</p>
<p>Access audits or assessments such as DDA assessments</p>	<p>Undertaken if appropriate, for individual services.</p>			

Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

Proposal from CGB Review	Findings	Which groups are affected and how	Whose needs are not being met and how?
1. To issue 3 year funding agreements as standard, except for small revenue grants (under £1,000) and one-off capital grants.	This proposal is supported by the local VCS and by national policy.	Benefits all groups by providing greater security of funding and assisting funded organisations to plan to need community needs. Particularly benefits smaller, under-developed groups, many of which are BME groups.	Could disadvantage groups which have not previously accessed funding by tying up resources. However, 1/3 of funded groups would come up for renewal every year and the Older and Disabled Peoples Grants will continue to be re-advertised each year.
2. To replace the need to reapply for renewed grant funding with more in-depth reviews, to take place during the final year of 3 year funding agreements.	This proposal is supported by the local VCS and will enable CGB funding to be linked more closely to strategic priorities.	Final year reviews will particularly benefit smaller groups, older people's groups and groups whose first language is not English, who may otherwise struggle with application forms. Face to face meetings can give an improved understanding of the benefits services bring to communities.	There need to be opportunities for groups which have not previously accessed funding.
3. To realign 6 monthly monitoring returns and payments to allow more time for organisations to produce monitoring information and for officers to scrutinise it.	This proposal is supported by the local VCS and will support improved performance monitoring.	Particularly beneficial for smaller groups, many of which are BME groups, and older people's groups, by allowing more time to return performance data.	May not fit with the timing of monitoring returns for other funders, which could create more work for some VCS organisations.

<p>4. To adopt new paperwork for Preliminary Checks, 6 months Reviews, Annual Reviews and Final Year Reviews</p>	<p>Broadly supported by local VCS. Paperwork can be adapted, as needed and made available in different formats and languages on request.</p>	<p>Forms will normally be completed during a face to face meeting, which particularly benefits smaller VCS groups, older people's groups and BME groups</p>	<p>Amendments can be made to paperwork to address particular needs.</p>
<p>5. To publicise one or two specific grant funding opportunities each year to meet strategic priorities, fill gaps and meet emerging needs.</p>	<p>Mostly supported by local VCS, but concerns about weighing the need to continue existing funded services with the need to address new priorities. The identification of more specific gaps and needs should ensure that CGB is more focussed on meeting strategic priorities.</p>	<p>Support for existing groups may have to reduce in order to address new needs.</p>	<p>There is the risk that funding may not be made available to advertise new grant funding opportunities and that consequently the needs of new and emergent communities may not be addressed.</p>
<p>6. To reconsider the make-up of Appraisal Panels, bearing in mind the need for appropriate skills, knowledge, efficiency and transparency.</p>	<p>This requires further consideration owing to the wide variety of views raised by the local VCS. Some VCS groups proposed that VCS representatives should be on Appraisal Panels. However, where VCS organisations are increasingly competing with each other for funds, this could create problematic conflicts of interest. There was some support from the VCS for delegating decision-making to Appraisal Panels, with Council Cabinet approving the strategic framework, but delegating responsibility for allocating individual grants to Appraisal Panels.</p>	<p>The consultation revealed that a number of VCS organisations perceive that grant funding decisions can be influenced by political considerations, rather than strategic priorities.</p>	<p>The decision-making process needs to be seen to be equitable and decisions based solely on the ability of funded organisations to meet community need and strategic priorities.</p>

<p>7. To review luncheon club provision (in the context of the potential loss of £82k Neighbourhood Renewal Funding).</p>	<p>Responses from the VCS were very mixed, some agreeing with the need for a review and others opposing any potential reduction in support for this type of service. However, an analysis of CGB funding for luncheon clubs and similar services demonstrates that the pattern of funding does not currently reflect need.</p>	<p>There is fragmentation and duplication of luncheon clubs and similar services. However, it must also be noted that any reduction in support for these groups could have a disproportionate impact on BME communities. The outcomes / impact of services therefore needs to be considered carefully and each luncheon club needs to be reviewed individually and considered in its own right.</p>	<p>The impact of each luncheon club needs to be considered within a robust and equitable framework. This provision for older people and BME groups needs to be assessed against the desired outcomes of strengthening communities and promoting social inclusion.</p>
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Please give your proposed objectives/ targets in this table

Objective/Target:	To develop improved outcome measures for CGB funded organisations
Specific	This needs to be achieved with each organisation individually as part of the review process.
Measurable	The outcome measures will form part of the Funding Agreements with VCS organisations and will be used to evaluate services as part of final year reviews. Outcome measures need to incorporate equality and diversity considerations, including equal opportunities monitoring and implementation.
Achievable	Outcome measures will initially be prioritised for infrastructure organisations and organisations new to CGB.
Relevant	This will support a more strategic approach to grant funding, by measuring the impact of CGB funded services on the communities they serve.
Timed	April-June 2008/9.
Objective/Target:	To implement final year reviews
Specific	This needs to be achieved with each organisation individually.
Measurable	Approximately 1/3 of CGB funded organisations will be prioritised for review in 2007/08, 1/3 in 2008/09 and 1/3 in 2009/10, i.e. a rolling 3 year programme.
Achievable	Review of luncheon clubs and similar services will be prioritised in 2007/8. The impact of these services on communities needs to be carefully considered, using clear criteria based on desired outcomes.
Relevant	This will support a more strategic approach to grant funding. Relevant commissioners will be involved in the final year reviews, where appropriate.
Timed	Final year reviews will need to begin in September 2007. In future years, these should take place in the first quarter of the final year of three year Funding Agreements.
Objective/Target:	To implement new paperwork
Specific	Forms for Preliminary Checks – April-June 2008; 6 month reviews – Oct-Dec 2008; Annual Reviews – April-June 2008.
Measurable	
Achievable	
Relevant	
Timed	
Objective/Target:	To identify one or two specific strategic priorities for new CGB grant funding

Specific	Based on evidence of need in this EIA and other available evidence, e.g. from Neighbourhood Plans. It is apparent that there are some gaps in provision, for example, for new and emergent communities. There is currently a lack of evidence that CGB funding is reaching people from LGBT communities
Measurable	
Achievable	
Relevant	
Timed	Proposals to be included in January 2008 Cabinet Report on CGB grant funding for 2008/9, dependent on the budget setting process.

Objective/Target:	To review the role and make up of Appraisal Panels
Specific	Options to be identified by benchmarking with other local authorities and consultation feedback from the VCS.
Measurable	
Achievable	
Relevant	To ensure that the decision-making process is seen to be equitable.
Timed	For 2008/9 grant funding round.

Objective/Target:	Review the EIA at 12 and 24 months
Specific	In relation to the objectives set out above and any newly available data.
Measurable	Will be able to determine if previous assessment has changed.
Achievable	Will require re-assessment of current EIA
Relevant	Will enable the VCS Team to determine whether CGB is addressing equality and diversity issues.
Timed	12 and 24 months

Monitoring and reviewing - incorporating into performance management

Please summarise your objectives and targets in this table with your proposed monitoring and reporting arrangements

Objective	Planned action	Target performance			Responsible lead officer	Reporting cycle, for example, quarterly
		2007/8	2008/9	2009/10		

Review the EIA at 12 and 24 months	Review current EIA against the above actions		Aug 2008	Aug 2009	Katy Wing	Annually
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