**Lisburn & Castlereagh City Council**

**Section 75 Equality and Good Relations Screening template**

**Part 1. Activity/Policy Scoping**

**Information about the activity/policy**

# Name of the activity/policy

|  |
| --- |
| **Draft Policy on Provision of Changing Places facilities** |

Please attach copy of the activity/policy to this document.

# Is this activity/policy

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| An existing policy? |  | A revised policy? |  | A new policy? | **X** |

What are the intended aims/outcomes the activity/policy is trying to achieve?

|  |
| --- |
| 1 To ensure profoundly disabled people can enjoy access to qualifying Council facilities and services through the provision of accessible toilet and changing facilities that meet their needs. Changing Places Toilets (CPTs) meet the needs of people with profound and multiple learning disabilities, as well as people with other physical disabilities such as spinal injuries, muscular dystrophy and multiple sclerosis. CPT provide specific equipment including a height adjustable adult-sized changing table, a tracking hoist system, adequate space for a disabled person and up to two carers, a peninsular WC with room either side and a safe and clean environment including tear off paper to cover the bench, a large waste bin and a non-slip floor. CPT facilities enable people with complex care needs to take part in everyday activities such as travel, shopping, family days out or attending a sporting event. |
| 2 To ensure that LCCC has a formal process for considering the installation of a CPT facility in all new construction projects and major refurbishment projects and a clear rationale for decision making. |
| 3 To encourage and influence other organisations, eg, project partners or businesses in the LCCC area to consider development of CPT facilities in their premises where appropriate. |

Are there any expected benefits to the Section 75 categories/groups from this activity/policy? If so, please explain

|  |
| --- |
| Yes, the policy is specifically intended to benefit disabled people, their carers and family members who would use a Changing Places facility. |

Who initiated or wrote the activity/policy?

|  |
| --- |
| Head of Assets in response to a Notice of Motion to Council |

Who owns and who implements the activity/policy?

|  |
| --- |
| The policy is owned by LCCC. It will be implemented across Council by any department that is considering or developing a project which requires that consideration is given to the provision of a CP facility and overseen by the Head of Assets. |

**Implementation factors**

Are there any factors which could contribute to/detract from the intended aim/outcome of the activity/policy/decision?

If yes, are they

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Financial? | **X** | Legislative? | **X** | Other? |  |

If other, please detail below

|  |
| --- |
| There is a cost to installing CPT facilities which has to be budgeted for when projects are planned.Council must comply with Building Regulations, Health and Safety legislation and equality legislation (specifically the Disability Discrimination Act).While Council will attempt to influence partners to develop CP facilities, because it is appropriate for them to do so given the nature of their business, Council will not be able to control third party decision making. |

**Main stakeholders affected**

Who are the internal and external stakeholders (actual or potential) that the activity/policy will impact upon?

|  |  |
| --- | --- |
| Staff | X |
| Service Users | X both residents and visitors |
| Other Public Sector Organisations – please list | X |
| Voluntary/Community/Trade Unions – please list | X specifically disability support groups |
| Other, eg, Elected Members – please list | X Elected members  |

**Other documents/activities/polices with a bearing on this activity/policy**

|  |  |
| --- | --- |
| **Name of document/activity/policy** | **Who owns or implements document/activity/policy?** |
| 1 LCCC community plan | LCCC and stakeholders |
| 2 LCCC Equality Scheme and associated action plans | LCCC |
| 3 LCCC Development Plans | LCCC |
| 4 LCCC Strategy | LCCC |
| 5 Building Control | LCCC |

The above would include both internal and external documents/activities/policies.

If there is a web-link/link to any of the above please provide details.

**Available evidence**

What evidence/information (both qualitative and quantitative) have you gathered to inform this activity/policy? Specify details for each of the Section 75 categories.

In developing this draft policy and guidance, we have considered a wide range of research and policy documents that relate to accessibility and the needs of disabled people. These include, government consultation reports and proposals and, specifically, the guidance and other material provided by the [Changing Places](http://www.changing-places.org/) Consortium and British Standards. English and Scottish, Building Standards Consultations.

|  |  |
| --- | --- |
| **Section 75 Category** | **Details of evidence/information** |
| Religious Belief | Religion not relevant to this proposed policy |
| Political Opinion | Political opinion not relevant to this proposed policy |
| Racial Group | Racial Group not directly relevant to this proposed policy. LCCC has a small minority of racial minorities. |
| Age | LCCC has a significant proportion of older people in its population and at 17.4% its population of older people (65+) is slightly higher than the NI average (16.6%) |
| Marital Status | Marital status not directly relevant to this proposed policy |
| Sexual Orientation | Sexual orientation not directly relevant to this proposed policy |
| Men & Women Generally | The LCCC population is broadly 51% female, 49% male. |
| Disability | It is estimated that around 20% of the population has a disability or long term health condition that limits their day to day activities – Census data 2011 for LCCC suggested a slightly lower percentage. Disability includes a wide range of physical, mental, intellectual or sensory impairments. Changing Places estimates that approximately a quarter of a million people in the UK would require a CP facility. There are no accurate figures for N Ireland, nor a detailed breakdown by type of disability but relevant disability charities and support groups all advise that CP standard facilities are essential to enable disabled people to participate in social, leisure and other day to day activities that others take for granted. |
| Dependants | There is limited analysis of the dependant status of the NI population and LCCC but there is some data on the 75,000 carers’ allowance claimants. DfC information suggests that women are more than twice as likely to be a carers’ allowance claimant and therefore have care responsibilities for dependants who are elderly or disabled. 64% of claimants are 35-64 years old, and 31% are 65+. |

### Needs, experiences and priorities

Taking into account the information referred to above, what are the different needs, experiences and priorities of each of the following categories, in relation to the particular activity/policy/decision? Specify details for each of the Section 75 categories

|  |  |
| --- | --- |
| **Section 75 Category** | **Details of needs/experiences/priorities** |
| Religious Belief | No different needs identified in relation to this policy |
| Political Opinion |
| Racial Group |
| Age | There is a strong correlation between older age and disability and between age and care of dependants (not including parental care for children). With increased age, people are more likely to need access to a CP facility to enable them to participate in social and leisure activity. |
| Marital Status | No significant different needs in relation to this policy. |
| Sexual Orientation |
| Men & Women Generally | The need for access to a CP facility is likely to be similar for men and women, although there can be gender differences in the incidence of different types of disability/health conditions. More women than men are carers for dependants with a disability so there may be more women who will benefit as a carer of someone who needs to use a CP facility. |
| Disability | Changing Places outlines a wide range of situations/type of disability where the provision of standard accessible facilities is not adequate. These include: * People with profound and multiple learning disabilities
* People with conditions that may affect movement, including cerebral palsy, multiple sclerosis, motor neurone disease
* People with head injuries or severe spinal injuries
* People living with stroke
* Older people who require assistance
* People who are unable to transfer independently or have no sitting balance and need additional facilities such as a ceiling track hoist to transfer between their wheelchair, the WC and an adult sized changing bench
* People who are doubly incontinent
* People who have total dependency on assistants.

People with such needs require the additional space and assistive equipment that are available in a CP standard facility. |
| Dependants | Carers of dependants need to be able to go out for the day knowing that the toileting and changing needs of their dependants can be met. People have more choice about where they go and what they do if this is not a practical consideration. |

**Part 2. Screening questions**

1 What is the likely impact on equality of opportunity for those affected by this activity/policy, for each of the Section 75 equality categories? (minor/major/none\*)

|  |  |  |
| --- | --- | --- |
| **Section 75 Category** | **Details of activity/policy impact** | **Level of impact (minor/major/none\*)** |
| Religious Belief | No differential impact on these grounds | None |
| Political Opinion |
| Racial Group |
| Age | As more older people are likely to have severe disability, more older people are likely to benefit from the provision of CPT facilities | Significant - positive |
| Marital Status | No differential impact on these groups | None |
| Sexual Orientation |
| Men & Women Generally | Male and female disabled people will benefit equally from the provision of CPT facilities. However, as more carers are female, it is possible that more female carers will benefit indirectly | Minor - positive |
| Disability | The provision of CPT facilities is specifically intended to benefit people with certain disabilities and certain needs around toileting and changing. Where CPTs are provided, disabled people and their carers have more freedom to go on days out, attend day long events, and participate in social and leisure activities on a more equal basis with non-disabled residents and visitors. | Significant - positive |
| Dependants | As identified above, people who care for disabled dependants have severe constraints on their day to day lives when the external environment does not provide for their needs. The provision of CP facilities should allow carers more freedom and offer more potential to participate in normal day to day activity that non-disabled people take for granted. | Significant - positive |

\*See Appendix 1 for details.

2 Are there opportunities to better promote equality of opportunity for people within the Sec 75 equality categories?

|  |  |  |
| --- | --- | --- |
| **Section 75 Category** | **IF Yes, provide details** | **If No, provide details** |
| Religious Belief |  | Not at this time as the policy is intended to benefit everyone who needs a CPT facility, regardless of personal characteristics.In projects where the installation of a CPT facility is being considered, there may be an opportunity to consider further to ensure there is no negative impact on any particular group. |
| Political Opinion |  |
| Racial Group |  |
| Age |  |
| Marital Status |  |
| Sexual Orientation |  |
| Men & Women Generally |  |
| Disability |  |
| Dependants |  |

3 To what extent is the activity/policy likely to impact on good relations between people of different religious belief, political opinion or racial group? (minor/major/none\* - see Appendix 1)

|  |  |  |
| --- | --- | --- |
| **Good Relations Category** | **Details of activity/policy impact** | **Level of impact (minor/major/none\*)** |
| Religious Belief | No impact identified  | None |
| Political Opinion |
| Racial Group |

\*See Appendix 1 for details.

4 Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?

|  |  |  |
| --- | --- | --- |
| **Good Relations Category** | **IF Yes, provide details** | **If No, provide details** |
| Religious Belief | No opportunity identified | N/A |
| Political Opinion |
| Racial Group |

**Additional considerations**

**Multiple identity**

Provide details of data on the impact of the activity/policy on people with multiple identities. Specify relevant Section 75 categories concerned.

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| --- |
| As identified above, disabled people will have multiple identities – gender, age, religious belief, sexual orientation etc.We have identified that the provision of CPT facilities has the potential to particularly benefit more older people as there is a correlation between incidence of disability and age. |

**Part 3. Screening decision**

There are 3 screening decision outcomes, as noted below.

Choose only 1 of these and provide reasons for your decision outcome and ensure evidence is noted/referenced for any decision outcome reached.

|  |  |
| --- | --- |
| **Screening Decision Outcome - Options** | **Reasons/Evidence** |
|  |  |
| Option 1Screen out without mitigation | We have concluded that a detailed equality impact assessment is not required on this policy as the anticipated impacts are positive for all affected groups. The policy is being introduced as a result of extensive lobbying by disabled people and their representatives and based on the guidance developed by Changing Places.We have decided to undertake a limited Consultation exercise promoted through the Councils Internet and social media accounts. |
| Option 2Screen out with mitigation |  |
| Option 3Screen in for a full EQIA |  |

**Mitigation (Relevant to Option 2)** - Not applicable

When the public authority concludes that the likely impact is ‘minor’ and an equality impact assessment is not to be conducted, the public authority may consider mitigation to lessen the severity of any equality impact, or the introduction of an alternative policy to better promote equality of opportunity or good relations.

Can the activity/policy/decision be amended or changed or an alternative activity/policy introduced to better promote equality of opportunity and/or good relations?

If so, give the **reasons** to support your decision, together with the proposed changes/amendments or alternative activity/policy.

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| --- |
|  |

**Timetabling and prioritising (Relevant to Option 3)** - Not applicable

Factors to be considered in timetabling and prioritising activities/policies for equality impact assessment.

If the activity/policy has been **‘screened in’** for equality impact assessment, then please answer the following questions to determine its priority for timetabling the equality impact assessment.

On a scale of 1-3, with 1 being the lowest priority and 3 being the highest, assess the activity/policy in terms of its priority for equality impact assessment.

|  |  |
| --- | --- |
| Priority criterion | Rating (1-3) |
|  |  |
| Effect on equality of opportunity and good relations  |  |
| Social need |  |
| Effect on people’s daily lives |  |
| Relevance to a public authority’s functions |  |
|  |  |
| Total Rating Score |  |

Is the activity/policy affected by timetables established by other relevant public authorities?

If yes, please provide details

|  |
| --- |
|  |

**Part 4. Monitoring**

Public authorities should consider the guidance contained in the Commission’s Monitoring Guidance for Use by Public Authorities (July 2007).

The Commission recommends that where the activity/policy has been amended or an alternative policy introduced, the public authority should monitor more broadly than for adverse impact (See Benefits, P.9-10, paras 2.13 – 2.20 of the Monitoring Guidance).

Effective monitoring will help the public authority identify any future adverse impact arising from the activity/policy which may lead the public authority to conduct an equality impact assessment, as well as help with future planning and activity/policy development.

Who will undertake and sign-off the monitoring of this activity/policy and on what frequency?

Please give details below:

The outworking of the policy will be monitored and reported on an annual basis. The requirement to consider the provision of a CPT facility will be included in the planning check list and documentation for relevant construction or other projects. Details of all projects where a CPT facility was considered will be recorded. Details of discussions with external organisations/third parties in the LCCC area will also be recorded and reported.

Feedback from disabled people and users of CPT facilities will be sought when the policy is publicised and feedback will be encouraged on an ongoing basis.

|  |  |
| --- | --- |
| Will be undertaken by:Name & Position/Job Title: | Frequency (eg. Annually): |
| Alan Gowdy, Estate Manager  | Annually |
|  |  |
|  |  |
| Will be signed-off by: | Donal Rogan |
| Donal Rogan Director of Transformation: |  |
|  |  |
|  |  |

**Part 5 - Approval and authorisation**

|  |  |  |
| --- | --- | --- |
| **Screened by:** | **Position/Job Title**  | **Date** |
|  |  |  |
| Albert Reynolds: | Head of Assets | 10/05/2021 |
| Mary McSorley: | Equality Officer | 10/05/2021 |
| **Approved by:** | Director of Service Transformation | 29/05/2021 |
|  |  |  |

Note: A copy of the Screening Template, for each activity/policy screened should be ‘signed off’ and approved by a senior manager responsible for the activity/policy, made easily accessible on the public authority’s website as soon as possible following completion and made available on request.

Appendix 1

Major impact:

1. The policy is significant in terms of its strategic importance;
2. Potential equality matters are unknown, because, for example, there is insufficient data upon which to make an assessment or because they are complex, and it would be appropriate to conduct an equality impact assessment in order to better assess them;
3. Potential equality and/or good relations impacts are likely to be adverse or are likely to be experienced disproportionately by groups of people including those who are marginalised or disadvantaged;
4. Further assessment offers a valuable way to examine the evidence and develop recommendations in respect of a policy about which there are concerns amongst affected individuals and representative groups, for example in respect of multiple identities;
5. The policy is likely to be challenged by way of judicial review;
6. The policy is significant in terms of expenditure.

Minor impact

1. The policy is not unlawfully discriminatory and any residual potential impacts on people are judged to be negligible;
2. The policy, or certain proposals within it, are potentially unlawfully discriminatory, but this possibility can readily and easily be eliminated by making appropriate changes to the policy or by adopting appropriate mitigating measures;
3. Any asymmetrical equality impacts caused by the policy are intentional because they are specifically designed to promote equality of opportunity for particular groups of disadvantaged people;
4. By amending the policy there are better opportunities to better promote equality of opportunity and/or good relations.

No (none) impact

1. The policy has no relevance to equality of opportunity or good relations;
2. The policy is purely technical in nature and will have no bearing in terms of its likely impact on equality of opportunity or good relations for people within the equality and good relations categories.

Appendix 2

The following documentation (as a minimum) should be available to support the screening outcome decision:

* A written copy of the activity/policy in question;
* The screening template duly completed with the screening decision made explicit;
* All evidence utilised/referenced to support the screening decision to be available.