



# Equality Impact Assessment Record Form 2012-16

This form is to be used for recording the Equality Impact Assessment (EIA) of Council activities. It should be used in conjunction with the guidance on carrying out EIA in **Annex 2** of the Equality Scheme. The activities that may be subject to EIA are set out in the guidance.

EIA is particularly important in supporting the Council to make fair decisions. The Public Sector Equality Duty requires the Council to have regard to the need to eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.

Using this form will help Council officers to carry out EIA in an effective and transparent way and provide decision-makers with full information on the potential impact of their decisions. The purpose is to avoid inadvertent disadvantage or discrimination resulting from decisions.

EIA is not a fixed process – it will vary according to the scale and type of activity. The form and guidance are designed to cover all eventualities. Officers should not be discouraged by the form, but should use their discretion in using it flexibly according to the activity they are assessing.

EIA does not happen at a single point in time. It is an ongoing and integral part of the development of the activity or proposal. This EIA template should be kept open and live as a planning document, and updated as the activity or proposal progresses.

## Section 1 – Service Details and Summary of EIA Activity

<b>Title of activity:</b>	Ending of Council funding for GOLD (Growing Older Living in Darlington) from 1 <sup>st</sup> April 2015, leading to the service no longer being provided
<b>Lead Officer responsible for this EIA:</b>	Lisa Holdsworth
<b>Telephone:</b>	(01325) 388210
<b>Service Group:</b>	People
<b>Service or Team:</b>	Commissioning
<b>Assistant Director accountable for this EIA</b>	Duncan Clark
<b>Who else will be involved in carrying out the EIA:</b>	Jeanette Crompton With advice from Mary Hall & Deena Wallace

### What stage has the EIA reached?

This table provides a 'cover note' of progress to be maintained as the EIA is developed over time.

Stage categories 1-3 listed below refer to the funnel model. Note the stage reached and any consultation or engagement carried out. Simple activities may not need all these stages. Provide details of population/individuals affected in Section 2

Stage	Date	Summary of position
<b>Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified</b>	5.8.14	<i>Whole population, e.g. whole borough, a neighbourhood, a whole demographic group such as older people</i> People aged 50+ (40,005) (ONS census information from 2013, published in June 2014)
<b>Stage 2: Further Assessment. Target Population likely to be affected identified</b>		<i>Target population, e.g. rural communities, community centre users in neighbourhood, older users of particular services</i> Current active GOLD members (37) All GOLD members on database (1013)
<b>Stage 3: Further Assessment. Individuals likely to be affected identified</b>		<i>Individuals, e.g. disabled users of a particular rural bus service, mother and toddler group within community centre, older people who will lose service</i> Current active GOLD members (37) All GOLD members on database (1013)
<b>Stage 4: Analysis of Findings</b>	25.9.14	Both potential positive and negative impacts were identified. Actions to avoid/mitigate the potential negative impacts were also identified.

<b>Stage 5: Sign-Off</b>	26.9.14	
<b>Stage 6: Reporting and Action Planning</b>	25.9.14	

## Section 2 – The Activity and Supporting Information

### Details of the activity (including the main purpose and aims)

GOLD is a non-statutory service which was set up in February 2002 with joint funding from Darlington Primary Care Group and Darlington Borough Council as a 10 year project to implement the National Service Framework for Older People and Darlington's locally developed Later Life Strategy. It was designed to be innovative and look at the whole lives of people as they get older and to take a citizenship approach. It was also intended to promote a positive image of ageing, as well as to make improvements in services and to address discrimination.

The Council's MTFP budget saving proposal in 2012 identified a requirement to 'Review support and consultation with older adults'. This comprised a requirement to review GOLD and other support for older people to target the work more closely, develop community and social networks in a more streamlined way. The new arrangements were intended to be self-financing within three years.

The EIA and DEIA completed in January 2012 identified a number of potential delivery options including:

- GOLD setting up as a totally independent organisation with its own funding
- Transferring the activities of GOLD to other providers or delivers
- Encouraging members to link to other groups in the area to strengthen the voice of older people
- To use the expertise to develop prevention services through a sustainable Community Support Network.

In addition, work was also taking place to implement a gradual change in the self-sustainability of GOLD.

Since the MTFP was agreed, a number of developments have taken place in relation to developing networks for older people (and others) to support one another. These include a number of schemes run by Age UK Darlington such as their Befriending Service and Good Friends Scheme (provided jointly with Neighbourhood Watch) to facilitate the provision of support for vulnerable and/or older people by volunteers and facilities for groups to meet on their premises. Healthwatch Darlington has also been commissioned to provide health and social care oversight. Healthwatch provides a newsletter for all members and facilitates DAWN (the Darlington Ageing Well Network). Work in relation to the Community Support Network will be progressed as part of the Council's response to the Care Act 2014.

A Project Group of members from the GOLD Focus group was set up in January 2014. Having considered the potential delivery options, Project Group members decided that they did not want to set up as a totally independent organisation with their own funding but would prefer that the activities of GOLD be transferred to another provider/deliverer. The Project Group considered what they would want GOLD to be able to do in the future and decided to undertake an 'expressions of interest' process to enable external organisations to express an interest in taking GOLD forward in the future. This resulted in 2 'expressions of interest' being made. Discussions are ongoing with one organisation which would like to continue the work of GOLD, subject to being able to secure suitable funding. However, if the organisation is unable to secure funding, GOLD will end on 31<sup>st</sup> March 2015 when the Council funding ends.

### Who will be affected by the activity?

**See the guidance on carrying out equality impact assessment within the Equality Scheme 2012-16. Provide details of the groups and numbers of people affected below, updating the table as the EIA develops and the understanding of who will be affected emerges in more detail.**

### Whole population

People aged 50+ in Darlington (40,005 in total, an increase of 5605 since 2012. 18,838 are male and 21,167 are female)

### **Target population**

Current active GOLD members (37- 10 male, 27 female)

All GOLD members on database (1013 - 225 male, 778 female, 3 gender unrecorded. Total =1006, as 7 have left the database since the total number of GOLD members on the database was identified)

### **Individuals**

Current active GOLD members (37)

All GOLD members on database (1013 )

### **What data, research and other evidence or information is available which is relevant to the EIA?**

Equality and Disability Equality Impact Assessments were completed in January 2012 as part of the MTFP process

The Equality and Human Rights Commission has an 'Age' reading list on its website. The publications on this list highlight a number of issues for older people including discrimination, increasing frailty and loneliness.

Age UK's Agenda for Later Life. Public Policy for Later Life' (Age UK, 2014) also highlights a number of key areas that are important for people to lead a fulfilling later life. These include 'Feeling well/enjoying life' (1 in 10 people aged 65+ say that they are always or often feel lonely) and 'Opportunities to participate' and to contribute as fully as they wish to society.

In addition, 'SCIE Research briefing 39: Preventing loneliness and social isolation: intervention and outcomes' (October 2011) highlights the benefits of preventive services that: promote independence; prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability; delay the need for more costly and intensive services.

**Check: before proceeding to the officer assessment, have you obtained all the data and information that is currently available?**

## Section 3: Officer Assessment

Use this table to record your views on potential impact on Protected Characteristics. As the activity and the assessment develop your views may change – record them here. It is important to be searching and honest about this – many Council activities are planned to be of positive benefit to identified target groups but can often have the potential for inadvertent effects on other groups.

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
<b>Age</b>		N			M			<p>Reduction in information channels available to people aged 50+</p> <p>Reduction in social activities available to people aged 50+</p> <p>Reduction in opportunities to engage/consult with people aged 50+</p> <p>Reduction in opportunities to participate in public life for people aged 50+</p>
<b>Race</b>		N	NA			L	nil	<p>No specific impact from this proposal was identified initially</p> <p>During the EIA process, some potential negative impact was identified.</p>
<b>Sex</b>		N				L		There are more older women than older men, so more older women will be affected by the impacts identified above
<b>Gender Reassignment</b>			NA				nil	No specific impact from this proposal
<b>Disability (summary of detail on next page)</b>		N			M			For many people, their level of impairment increases with age, so more disabled people are likely to be affected by the impacts identified
<b>Religion or belief</b>			NA				nil	No specific impact from this proposal
<b>Sexual Orientation</b>			NA				nil	No specific impact from this proposal

<b>Pregnancy or maternity</b>			NA				nil	No specific impact from this proposal
<b>Marriage/ Civil Partnership</b>			NA				nil	No specific impact from this proposal

### Section 3: Officer Assessment - continued

The Council must have due regard to disabled people’s impairments when making decisions about ‘activities’. This list is provided only as a starting point to assist officers with the assessment process. It is important to remember that people with similar impairments may in reality experience completely different impacts. Consider the potential impacts and summarise in the Disability section on the previous page. Officers should consider how the ‘activity’ may affect a disabled person.

<b>Mobility Impairment</b>		N			M			
<b>Visual impairment</b>		N			M			GOLD information is routinely sent out on CD and in large print to visually impaired people who have requested this. Cessation of GOLD will remove this information channel for visually impaired people.
<b>Hearing impairment</b>		N			M			No specific impact from this proposal
<b>Learning Disability</b>		N				L		
<b>Mental Health</b>		N			M			
<b>Long Term Limiting Illness</b>		N			M			
<b>Multiple Impairments</b>		N			M			
<b>Other - Specify</b>			NA				nil	

### Cumulative Impacts

The officer responsible for this EIA should seek input from the Corporate Equalities Group on the potential for this activity to combine with other recent, current or proposed activities, both Council and in the external environment, to result in more severe impacts on people with Protected Characteristics through their cumulative effects. The Corporate Equalities Group will advise on the content for this section of the EIA.



<b>Change activities</b>	<b>Potential cumulative impacts</b>
Implementation of the Care Act and decisions made regarding Better Care Fund spend	Could have both potential positive and negative impacts on older people

## Section 4: Engagement Decision

The decision about who to engage with, and how and when to engage, is the key to effective EIA. Please see Annex 2 of the Equality Scheme for guidance on the engagement decision.

<b>Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?</b>	<b>Yes</b>
<b>If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.</b>	

If you have come to the conclusion that engagement is not required, seek ratification from the Corporate Equalities Group through your service Equalities Co-ordinator.

If engagement is not required but the officer assessment has identified changes that should be made to the activity, please complete Sections 7 and 8. If not the assessment can be signed-off at Section 9.

Any reports to decision-makers during the development of the activity, for example feasibility or options appraisal reports, should include content on the latest thinking and findings of the EIA even though, like the activity, further development of the EIA may be required before final reporting.

The findings of the officer assessment should be included in any reports to decision-makers. These may be feasibility or options appraisal reports where the activity is at an early stage of development, but it is essential that any equality findings are taken into account in formal decisions at all stages of development of the activity.

## Section 5 – Involvement and Engagement Planning

<b>Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes</b>
<b>If yes, please state which groups and how</b>  Reduction in information channels available to people aged 50+  Reduction in social activities available to people aged 50+  Reduction in opportunities to engage/consult with people aged 50+  Reduction in opportunities to participate in public life for people aged 50+
<b>Will the differential treatment advance equality for people with Protected Characteristics? No</b>
<b>If yes, please state which groups and how</b>
<b>Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes</b>
<b>If yes, please state which groups and how</b>  Yes – people aged 50+. See above.

**From the above, prepare a simple plan using the template overleaf for involving and engaging with the organisations, groups and individuals likely to be affected by the activity.**

**There may be several stages of involvement and engagement, particularly for more complex activities. Initially it may be possible to identify and engage only with stakeholder and representative organisations for the people with Protected Characteristics who may be affected. Further development of the activity may be required before the individuals who will be affected can be identified.**

**The Involvement and Engagement Plan should evolve accordingly, with new engagement proposals added as they are identified.**

<b>Involvement and Engagement Plan</b>			
Which organisations, groups and individuals do you need to involve or engage and how?			
<b>Date of plan entry</b>	<b>Organisation, Group or Individuals</b>	<b>Date of event or activity</b>	<b>Type of activity – venue, channels, method and staffing</b>
19.8.14	Active GOLD members. All members on GOLD database	January 2014 onwards	A Project Group of members of the GOLD Focus Group was set up and regular meetings took place. Lisa Holdsworth also attended meetings of the Focus Group, Positive Images and Publicity Group (PIP) and Health Group to give information and to listen to members' views.  In addition, information was included in the GOLD newsletter and on the GOLD website and members' views were also sought at a Celebration Event which took place on 24 <sup>th</sup> March.
5.8.14	Active GOLD members	19.8.14  19.8.14  27.8.14	Initial discussion at GOLD members' get together on 19.8.14.  Separate meeting arranged for 11 <sup>th</sup> September – members at the meeting on 19 <sup>th</sup> August notified of the date then.  Letter sent out to all active GOLD members notifying them of the date
5.8.14	All members on GOLD database	22.8.14	Letter, EIA form and overview document sent out
5.8.14	People aged 50+	20.8.14 20.8.14 27.8.14  27.8.14	Info on Council website Info on GOLD website/Facebook page Letters to DAD, MIND, Age UK Darlington, CAB and Healthwatch  Letters to the Equalities Darlington group; also discussed at their meeting on 10.9.14

### **Engagement to identify impacts works best in face-to-face and small group settings**

## Section 6: Engagement Findings

21 individual responses were received, plus 4 on behalf of organisations.

A group meeting also took place attended by 8 of the active members. Some of the people attending this meeting also submitted an individual response.

The majority of the impacts identified related to age, although impacts were identified in relation to people from black and minority ethnic communities (BAME) and long term limiting illness.

The impacts identified are recorded below.

Numerous comments were also made, which have been recorded separately. Some of these expressed concern at the ending of GOLD and its effect on older people in Darlington; others felt that it would have very little or no impact on them as individuals.

### **Positive impacts from ending DBC funding for GOLD - for you**

1. Funding may support other services
2. None (x 2)
3. Will not be restrictions of the Council
4. Unknown at this stage
5. None whatsoever!

### **Positive impacts from ending DBC funding for GOLD - for people in your organisation**

1. None
2. Working in GOLD makes we feel worthwhile. If it stops it will make a big hole in our lives
3. Unknown at this stage  
Positive will be if we have the funding for the continuity of a provider – ideally THE CURRENT GOLD WORKER, who does excellent work for us  
Positive will also be funding to continue, and even to expand our current activities
4. None whatsoever!

### **Positive impacts from ending DBC funding for GOLD (identified at the group meeting)**

1. May become better if we come under another organisation
2. Would have more freedom to express views/do more if we're not under DBC control as we wouldn't be under any of the Council's restrictions.
3. Potential to have more staff if we come under another organisation.
4. Could become more of a lobby/action/campaign group if we're not under DBC control.

### **Negative Impacts from ending DBC funding for GOLD - for you**

1. It would take away an avenue of support, advice and social contact
2. I will miss the meetings and events as there are so few opportunities to meet with intelligent like-minded people
3. I will find it more difficult to access information regarding health and healthcare
4. Who will arrange the wonderful Tea dance?

5. Will miss electric blanket help
6. The effect on me and others will mean more despair and loneliness. The Council should consider this move. Everything is been cut.
7. Miss the health group. We have speaker who give us lots of information and we spread the information far and wide
8. Dignity is very important in the care homes. It is forgetting about by the staff.
9. Older people need treating with dignity
10. I value the GOLD Health group meetings as they help me to practice interacting and socialising with the group members in a constructive way – more or less, depending on how I feel on a given day. (This is because I suffer from chronic fatigue syndrome).
11. The monthly meetings with the GOLD Health Group are something for me to look forward to, as a pleasant part of my routine. And so they help to settle me in my other routine activities during the month.
12. I find the meetings of the GOLD Health Group are also usually informative. Over time they give a very broad range of information on health issues, and on health and social services in and around Darlington.
13. Being interested in all things ‘health’ I will sorely miss the monthly ‘Health Group’
14. I would not be able to report back to GOLD any info or issues from other orgs, namely Health and Scrutiny, Macmillan Information Centre, Cancer Network, Breast Cancer Support Group, Dton, Macmillan Fundraising Group, Denmark Street Patient Participation Group and the Community Council
15. Will also sorely miss the Tea Dance, Info Stalls at that event, Carnival presence, Xmas Party and meeting and mingling all the people at these events. They bring so many people together who really look forward to these ‘outings’.
16. I will miss the opportunity to meet other people who are interested in the community and older people.
17. I will miss the opportunity to hear about health and other related issues as representatives go to meetings and report back. Members have been able to act on behalf of others with regard to health, housing etc. This will no longer happen.
18. People will miss the social events held by GOLD. Tea dance etc.
19. We will perhaps be unable to continue with the “Dignity” training which we have all worked hard to provide.
20. I am fortunate in having good health and mobility and good friends but others will be isolated and lose their contacts,

### **Negative Impacts from ending DBC funding for GOLD – for people in your organisation**

1. No service. I live on my own
2. As a volunteer for GOLD I will have more time. However this comes at a price for the older population of Darlington who will no longer have a voice, consultation, engagement with DBC and Social Services. GOLD stood for many things in the community – social and interaction. We did try to engage with lonely and isolated – to this end I feel we failed – it was not through a lack of trying.
3. From attending these meetings I am confident that the other members also value the information received and exchanged, and will regret being cut off from this, if the meetings are ended.
4. As a recognised organisation GOLD can also function, where appropriate, as a lobbying group.

## **Negative impacts from ending DBC funding for GOLD (identified at the group meeting)**

1. Group has been seen as a focus group/voice for older people. There is no other in town so how would older people's voices/views be heard.
2. Risk of isolation if we fold as events/newsletters etc would stop which is a way of keeping people informed/in touch.
3. The Health Group was my lifeline when I first came here – would lose all the information that is given out.
4. May lose the member of staff with all the expertise/knowledge.
5. Would have more time on my hands which isn't necessarily a good thing.
6. Would lose the older people's voice on bigger boards such as north-east health board.
7. The information sharing network we have built up would be lost. It's a two-way street of information sharing, so not only would we miss out on information but other organisations would do too.
8. People can bring any problems to the groups – where would they go to raise these if we aren't there.
9. We also act as a signposting/one-stop shop service – some people have only found out about information through our events. That would be lost if we weren't there
10. Training such as Dignity in Care has benefitted care homes, so there's a knock-on effect of organisations not benefitting from us.
11. The readers group has assisted DBC, NHS and other organisations with information accessibility etc and organisations may struggle to find alternative expertise.
12. There would be no regular newsletter which is a key part of information giving and informing people what is out there.
13. Regular events which are held may not take place and these draw people in/get people out of the house so can have a knock-on effect on isolation.
14. The health group draws people in - some people see it as an entry route and can raise problems, they may not be comfortable doing that elsewhere. It is also one of the few that follows things up.
15. The health group also has presences on other health bodies so not only would we lose any information but big health organisations would feel the effect the other way.
16. Risk of social isolation – networks built up would lapse and people would see less of each other/become more withdrawn.
17. Would feel lonely and isolated if GOLD stopped.
18. The regular meetings are something to look forward to; sometimes the only positive thing in the week and my confidence has grown due to attending them.
19. Feel like I am doing something worthwhile when involved in GOLD. Would feel worthless if it stopped. Gives me a reason for leaving the house.

## **Some people identified positive impacts from GOLD which could become negative impacts if DBC funding ended**

### **Positive impacts from GOLD – for you**

1. Opportunity to volunteer and help elders in Darlington
2. Transport
3. Health
4. No incentive to go out when Gold ends. Will miss meeting new and old 50+
5. Nowhere to go when help is needed or advice given
  
6. As a newcomer to Darlington, it has been so good to hear the very professional speakers in the Health Group. This has been a very good source of information on the recent NHS

provisions. As the ages mount it is interesting to hear of the new GPs and their care for the aged, maybe it hasn't all been so but hopefully, in the new decade more can be done.

The Health Group is so interesting and always to hear how the NHS are coping with new innovations and the latest drugs, there seems so many. Unfortunately the new set up in Durham for the various strokes we have yet to learn. As a previous Radiographer, Radio-therapist, it is good that the research is ongoing and meaningful.

7. Contact with ethnic minorities and young people.
8. Greater understanding of others' needs.
9. Carrying information to various bodies for their research and provision of needs.
10. Making sure we end loneliness in Darlington by intergenerational work.
11. GOLD is a vital service to bring the whole community together. It must continue and the work it does is vital to our community because decisions are taken by elders who understand the problems and exercise democracy in the town. Member led. No top down decisions.
12. It gives you a lift
13. It gives you a reason to get up and dressed and put on make up

### **Positive impacts from GOLD – for people in your organisation**

1. Chance to gain information and to end loneliness in our time
2. Opportunity to keep active in both mind and body
3. Opportunities for exchange of views and information during the day
4. Very useful to discuss issues affecting the elder of our town
5. Will miss meeting new and old people. Somewhere to go to a place of interest
6. It gives a person who lives alone somewhere to go to meet other people to talk to and get involved in different things
7. So much more information is given to lead a Healthy life with the many instructions as one ages. It is sad that the GOLD members will not be able to continue. We are an ageing population!!!!
8. Greater understanding of each other and needs for peace and harmony in our town.
9. Health care issues and making people aware of health need of elders in Darlington.
10. Gold representing our members with communication ie reading letters they cannot understand etc.
11. Young people entertaining elders. Elders teaching young people to dance.
12. History exchange between different groups by outside visits.



## Section 6: Engagement Findings – Continued

**Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.**

<b>a) How will the proposal help to eliminate discrimination, harassment and victimisation?</b>
Ending DBC funding for GOLD will not help to eliminate discrimination, harassment and victimisation
<b>b) How will the proposal help to advance equality of opportunity?</b>
Ending DBC funding for GOLD will not help to advance equality of opportunity
<b>c) How will the proposal help to foster good relations?</b>
Ending DBC funding for GOLD will not help to foster good relations

<b>During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.</b>
Negative impacts could be avoided if Council funding was not ended or if alternative funding to enable the service to continue was secured from elsewhere.

**This completes the assessment, but there will be further work to do to contribute to the reporting and implementation stages of the activity. First though, it is important to draw a line under the assessment to maintain a separation between assessment of impacts and any proposals to manage those impacts. The assessment should therefore be signed-off at this stage.**

## Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	Lisa Holdsworth
	Date:	25.9.14
	Job Title:	Service Development Officer
Assistant Director:		
Signed	Name:	
	Date:	
	Service:	

## Section 8 – Reporting of Findings and Recommendations to Decision Makers

Section 6 of the EIA identifies both potential positive and negative impacts from ending DBC funding for GOLD.

However, the potential positive impacts will be more difficult to realise if suitable alternative funding is not identified. Likewise, the potential negative impacts will be easier to avoid if suitable alternative funding is identified.

If no suitable funding is identified, it will be necessary to mitigate the impacts by informing GOLD members of alternative ways of securing the support etc they require, as identified in the Action Plan in Section 9. .

## Section 9 – Action Plan and Performance Management

**The report to decision-makers, and the decision made may require actions to be taken to avoid, minimise or mitigate the negative impacts of the activity. Option C in the table in Section 8, combined with mitigation measures that may have been highlighted during engagement and listed in Section 6 (if adopted) will require action planning to implement them.**

**Any actions to address equalities impacts should be listed below, with performance management review proposals, to complete the full EIA.**

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
Loss of 'an avenue of support, advice and information', including finding it 'more difficult to access information regarding health and healthcare'.	Organisation willing to continue to provide GOLD identified, subject to their being able to secure suitable funding – DBC to provide redundancy indemnity if the organisation is able to identify funding to continue GOLD post 31.3.15.	Lisa Holdsworth with DBC legal	By 31.3.15
	If the organisation is unable to secure funding prior to 31.3.15,	Lisa Holdsworth	

	inform all GOLD members of alternative ways of finding out information.	with Claire Llewelyn	
Risk of loneliness and isolation - 'The effect on me and others will mean more despair and loneliness'	As above.  If the organisation is unable to secure funding prior to 31.3.15, inform all GOLD members of alternative sources of activities	Lisa Holdsworth with Claire Llewelyn	By 31.3.15
People will 'miss' the various groups and activities provided by GOLD, including the Health Group and Tea Dance	As above.  If the organisation is unable to secure funding prior to 31.3.15, inform all GOLD members of alternative sources of activities.  Try to identify alternative ways of funding the Tea Dance.	Lisa Holdsworth with Claire Llewelyn  Claire Llewelyn	By 31.3.15
Loss of GOLD 'as a lobbying group'	As above.  If the organisation is unable to secure funding prior to 31.3.15, inform all GOLD members of alternative ways of 'lobbying'.	Lisa Holdsworth with Claire Llewelyn	By 31.3.15
Older people in Darlington 'will no longer have a voice, consultation, engagement with DBC and Social Services'	As above.  If the organisation is unable to secure funding prior to 31.3.15, inform all GOLD members of alternative ways of 'having a voice'	Lisa Holdsworth with Claire Llewelyn	By 31.3.15

<b>Performance Management</b>	
<b>Date of the next review of the EIA</b>	None required
<b>How often will the EIA action plan be reviewed?</b>	Monthly review of progress in relation to securing suitable funding, in order to determine what actions to take next
<b>Who will carry out this review?</b>	Lisa Holdsworth



### EIA Comments

1. The Council are also trying to cut the life-line. We the public are worse off. But Council Tax still rises.
2. There would be no negative impact if GOLD stopped (x 2)
3. GOLD will be greatly missed, and all the good work they have done will fall away. The people and Town will be worse off. I hope the people who are willing to take over finds their way of funding.
4. GOLD will be greatly missed.
5. GOLD has done a lot of different things for the People and town, in all areas, and will be greatly missed. It is not too late for the powers to save GOLD to continue their good work and continue to give a lot of pleasure to the 50+.
6. Apart from emptying the bins, this is the only benefit I get from my Council tax
7. No positive impacts at all
8. Have never used GOLD events
9. Very little, as I am, fortunately, in good health and do not need to access help from GOLD
10. As an individual I have long held the opinion that GOLD does not achieve its intended objectives. Like most organisations it has a nominal membership but a very small active participatory group. Health group is a great meeting place to hear about what is happening in the health aspects of the community. The tea dance and the Christmas party give all members a chance to socialise - yet in the recent past socialisation was not considered to be part of GOLD'S remit.

For some time I have thought that there was a lot of duplication in activities undertaken by GOLD and other bodies/organisations.

I would hope that those who are active in GOLD would, should it close, devote their energies to existing community activities - there are always groups seeking volunteers.

Illness has prevented me from playing a full part in GOLD but once I am fit again I will become involved again either in some re-created GOLD or via some other organisation.

For the sake of the enthusiastic leadership I hope that GOLD can find a distinctive "home" but we shall have to await future developments.

11. Sorry to hear it may be closing, but I was in the process of cancelling my membership
12. People need a diverse type of help, what suits one is sometimes no good for someone else. So a town like ours needs a diversity in its provision of support. You need to be careful that members who fit your criteria and who find social contact thro' your organisation, don't fall thro' other people's nets. Social contact and support is vitally important. DO NOT UNDERESTIMATE THE DANGERS OF ISOLATION!
13. I have taken very little part in GOLD activities, therefore the proposed changes will make very little difference to me as far as I can see. I hope that GOLD can link up with other providers/organisations to strengthen its work with older people.
14. I realise that GOLD was originally given a limited time funding by DBC but the work it has done and is still doing is invaluable. I do not see how any other group or organisation can be so capable of gathering information, and ensuring that it is available and known to the elderly of Darlington. Their various positions in other organisations ie DMH and West Park are invaluable as they have the experience of the services they offer and the ability to recognise the good and bad qualities these places offer. A number of members are also involved with GPs, PPGs and again bring and disseminate information to patients, doctors and the Community Council. I sincerely hope that the DBC will seriously consider at some point in the near future re-financing such a valuable group of people as the members of GOLD have proved to be.
15. I don't go to any meetings and find out things anyway, so I wouldn't be affected by not receiving the newsletter
16. I have become quite disabled. I used to attend Health Group but am no longer able to. The help I receive now mainly comes through Age UK (Good Friends, lunch clubs etc) and not through GOLD. GOLD is more for people who are mobile.
17. Very sad. Been a member from the beginning but not been able to attend meetings for about 5 years. Sorry that it's come to this. Essential.
18. We all need GOLD – otherwise the status quo falls apart- it's just the tip of the iceberg – what's next to go? We can afford GOLD if all the “too highly paid official” would take a pay cut!!!

£3000 is not a lot of money, top execs cost us in excess of **£186,000** per annum

So who's lining their pockets at our expense

17. We have not found it to be of great value. We use the bus a lot to go places. There are a lot of things that people can find out about if they want to. We have attended the lunch at Elm Ridge. People could go to things but can't be bothered and then say they're lonely. (x 2)

18. It would be sad if GOLD had to close but I do not think it would have a significant impact on the service users we currently support. I think some would miss the Tea Dance and the GOLD newsletter has some interesting elements but other than this, the impact of closure would be minimal for our clients.

I feel the effect would be greatest on the more able older people who attend GOLD events regularly. (MIND)

19. Gold has done a lot for old lonely pensioners over the years finding information, activities etc by friendly people. It is a shame that funding is been stopped.

20. Gain information and spread the word

21. GOLD Transport Group (when it existed) was the most popular. The Health Group is very well received. The info we obtain from speakers is most important. Likewise the views of the group are brought from their organisations to the table. Info obtained from speakers is relayed back to the groups. I once asked for members to say which groups they relayed back to and the result was very surprising – as to the number we related to.

The Tea dance is certainly one of our successes. The event we held to find members' views in the Dolphin Centre truly showed they wanted GOLD to continue. They were even willing to pay towards the Christmas party.

GOLD is well thought of around the country and held up as an example of good practice for older people.

What now?

I myself attend meetings for GOLD with TEWV mental health trust and I travel to Newcastle with the Years Ahead Board – just to keep the name 'GOLD' on everyone's lips. I feel the south of the region is badly represented and everything happens in Newcastle!

22. It is also useful for myself and the other group members to disseminate this information among our acquaintances, and by leaving notices and leaflets in public places in the wider community. We also bring in observations and queries from outside the group.

23. This year's Tea Dance was an outstanding day, 23 Info Stalls offering great 'stuff', friends and family meeting up, able to bring children and grandchildren along (school hols); free cream tea for all (lovely). It benefits the town; brings people into the town as membership of GOLD is just for Darlington residents but people elsewhere (Northallerton, Bishop, Aycliffe etc) travel in for it as they make a note of the date in their diaries!
24. When a town like Darlington can arrange suitable lecturers for the ageing population, why can the Council refuse funding for so little time. The current GOLD worker has been so careful to push GOLD in all its manifestations, and all the volunteers that have given their time for the Tea-Dance, the Carnival and all the many other areas that volunteers give to others. Shame if the Council are lacking in Finance when so many give their time for all that is needed for the ageing population. GOLD has certainly put Darlington on the map.
25. I have only been a member of GOLD for a short time but have been impressed by the scope of work undertaken by loyal team members. I joined to take part in the important Dignity Training for Care Homes and have learned a great deal about the work undertaken over the years. I will be very sad and worrying if the cuts and lack of funding leave GOLD without a purpose. We have a great deal to offer our community.
26. We had interest in Health and Wellbeing for older people; prevention of isolation; suitable housing; podiatry services (or lack of them!)
27. GOLD provides a social platform to enable older people to have a voice.
28. So sad it has to become a Group that has not been able to continue but then many other Groups will also miss out.
29. GOLD was unique to Darlington, there are few who will (not) miss the excellent speakers and their excellent lectures
30. This contact from Gold has involved elders from various communities and young people (young)
31. Hearing Aid information helped our Chinese members
32. The Council have used Gold to provide information and contact with residents ie Care Homes, Education, Transport, Mobility
33. Youth helping elders with new technology etc Understanding each other
34. Not easy to think of positive impacts due to the unknown factor. Would probably be able to comment less hypothetically when we know what's happening. Until then it's an unknown entity as we don't know what they have in mind.