

Equality Analysis

Directorate: Community Wellbeing Service Area: Independent Living	Lead Officer: Gary Cordery / Jade Woods Date completed: 06/01/2026
Service / Function / Policy / Procedure to be assessed: Social value - Community Centres and Meals On Wheels	
Is this: New / Proposed <input type="checkbox"/> Existing/Review <input type="checkbox"/> Changing <input type="checkbox"/>	Review date: NA

Part A – Initial Equality Analysis to determine if a full Equality Analysis is required.

What are the aims and objectives/purpose of this service, function, policy or procedure?

Spelthorne Borough Council's Community Centres, OPAL service and Meals on Wheels service all provide preventative, community-based support that helps older and more vulnerable residents to live independently for longer. These services contribute towards reducing social isolation, supports physical and mental wellbeing, provides access to health-related activities/services, and delivers nutritionally balanced meals alongside regular welfare checks helping to prevent avoidable deterioration, crises and unplanned admissions.

Please indicate its relevance to any of the equality duties (below) by selecting Yes or No?

	Yes	No
Eliminating unlawful discrimination, victimisation and harassment	✓	
Advancing equality of opportunity	✓	
Fostering good community relations	✓	

If not relevant to any of the three equality duties and this is agreed by your Head of Service, the Equality Analysis is now complete - please send a copy to Karen Sinclair. **If relevant**, a Full Equality Analysis will need to be undertaken (PART B below).

PART B: Full Equality Analysis

Step 1 – Identifying outcomes and delivery mechanisms (in relation to what you are assessing)

What outcomes are sought and for whom?	<p>Outcomes sought:</p> <ul style="list-style-type: none">• Reduced loneliness/isolation and improved social connection.• Improved physical health/mobility and falls prevention through activity and wellbeing programmes.• Improved nutrition/hydration and reduced risk of malnutrition.• Increased safety through welfare checks, early identification of deterioration, and escalation/safeguarding when needed.• Maintained independence at home; delayed need for domiciliary/residential care and reduced pressure on health and care services. <p>For whom:</p> <ul style="list-style-type: none">• Primarily older residents. The majority of centre members are older adults; Meals on Wheels clients are typically older adults that are isolated, living alone, frail or those with limited mobility.• Vulnerable adults including those with disabilities, long-term health conditions, sensory needs, and cognitive decline.• Carers, through respite/structured day support, meal prep and reassurance/welfare checking.• Wider public sector partners, who will have reduced demand/pressure through prevention and early intervention.
Are there any associated policies, functions, services or procedures?	<p>This assessment relates to the Council's Independent Living and Community Wellbeing functions, including:</p> <ul style="list-style-type: none">• Social prescribing and referral pathways into community based prevention and activities where possible.• OPAL day support provision.• Meals on Wheels provision, including welfare check and escalations if needed.• Safeguarding procedures and partnership escalation routes where concerns are identified during delivery.

<p>If partners (including external partners) are involved in delivering the service, who are they?</p>	<p>Partners/referrers and delivery links include:</p> <ul style="list-style-type: none"> • GP practices / social prescribers - and primary care pathways. • Adult Social Care and related community support pathways. • Hospital discharge teams (support post-discharge and prevention of re-admission). • Surrey Integrated Care System / health partners (alignment with prevention/healthy ageing priorities). • External session providers using centres as venues e.g. hearing support, chiropody, condition-specific
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Step 2 – What does the information you have collected, or that you have available, tell you?

What evidence/data already exists about the service and its users? (in terms of its impact on the ‘equality strands’, i.e. race, disability, gender, gender identity, age, religion or belief, sexual orientation, maternity/pregnancy, marriage/civil partnership and other socially excluded communities or groups) and **what does the data tell you?** e.g. are there any significant gaps?

General Spelthorne context

As of the 2021 census, Spelthorne has a population of 103,000 and is the 14th most densely populated of the South East’s 64 local authority areas with 2,295 of residents per square kilometre.

According to the Indices of Deprivation 2019, the most deprived borough in Surrey is Spelthorne. Spelthorne has the highest number of lone parent families and the highest level of child poverty in Surrey; it also has the highest under-18 conception rate in the county. That said, residents are largely healthy, with life expectancy for both males and females slightly above the national average.

Spelthorne has a relatively low rate of unemployment: 3.3% of those economically active aged 16 to 64, compared to the South East (3%) and UK as a whole (3.7%). Average wages are £709 per week for full-time employees, slightly above the South East average of £685.

Whilst house prices remain well above the national average, most residents are owner-occupiers (68%), followed by private rented (18%) and social rented (13%).

Source: English Indices of Deprivation 2019; Authority Monitoring Report for Spelthorne 2022; Nomis – Official Census and Labour Market Statistics 2021-2022; ONS Census, 2021 – Home Ownership and Renting; and <https://commonslibrary.parliament.uk/constituency-data-wages/>

Gender / gender identity

Census data from 2021 shows that 50.9% of residents in Spelthorne are female, with the remaining 49.1% being male.

A White Paper published in December 2018 (Help shape our future: the 2021 Census of population and housing in England and Wales) set out the ONS recommendation for what the census should contain and how it should operate. The White Paper recommended that the census in 2021 include a question about gender identity, asking respondents whether their gender is the same as the sex they were registered as at birth. As a result, 93.98% of people aged 16 years and over in Spelthorne have the same gender identity as their sex registered at birth.

The remaining population identify as follows:

People aged 16 years and over who have a gender identity different from their sex registered at birth but no specific identity given	0.19%
Identify as a trans woman	0.09%
Identify as a trans man	0.09%
Non-binary	0.02%
Another gender identity	0.02%
Prefer not to say	5.62%

Source: ONS Census, 2021 – Population and household estimates, England and Wales: Census 2021. Gender identity – ONS, 2021; and <https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8531>

Age

Spelthorne has a slightly lower population of under-30s (33%) compared to the rest of the country (36%), and a slightly higher population of 30-69 year olds (53%) compared with the national average of (51%), The number of 70+ is 14%, which is broadly in line with the rest of the nation.

Source: ONS – Population and household estimates, England and Wales: Census 2021.

Ethnicity

The ethnic make-up of Spelthorne is largely in line with the rest of England and Wales, predominantly residents are from a white ethnic background. However, there are slightly more Asian people and those with a mixed ethnic background but fewer people from a black ethnic group compared to the national average.

Ethnic group	Spelthorne		England and Wales	
	Number	%		%
Asian	13,146	12.8%		9.3%
black	2,548	2.5%		4%
mixed ethnicities	3,763	3.7%		2.9%
white	81,000	78.6%		81.7%
other	2,503	2.4%		2.1%

Source: ONS – Ethnic Group, England and Wales: Census 2021.

Disability

Spelthorne has a slightly lower percentage of residents with a disability compared to the rest of England and Wales.

Disability	Spelthorne		England and Wales	
		%		%
Disabled under the Equality Act		14.4%		17.8%
Not disabled under the Equality Act		85.6%		82.2%

As of Oct 2022, there were around 5,159 PIP claimants in Spelthorne. Within Spelthorne, psychiatric disorders were the most common reason for claiming PIP. They accounted for 39% of awards, compared 36.9% in Great Britain. 'Psychiatric disorders' include anxiety and depression, learning disabilities and autism. The second most common reason for awards was musculoskeletal disease (general), which accounted for 15% of awards within the constituency and 20.1% in Great Britain. Musculoskeletal disease (general) includes osteoarthritis, inflammatory arthritis and chronic pain syndromes.

Source: ONS – Disability, England and Wales: Census 2021; and <https://commonslibrary.parliament.uk/constituency-data-personal-independence-payment-2/>

Religion

Residents of Spelthorne predominately identify themselves as either Christian or having no religion. There is a smaller Muslim population compared with the national average, but a larger Hindu and Sikh population.

	Spelthorne		England and Wales
	Number	%	%
Has religion	64,959	63%	56.9%
of which			
Christian	52,432	50.9%	46.2%
Muslim	4,146	4.0%	6.5%
Hindu	4,372	4.2%	1.7%
Buddhist	703	0.7%	0.5%
Jewish	174	0.2%	0.5%
Sikh	2,612	2.5%	0.9%
Other	520	0.5%	0.6%
No religion	32,112	31.2%	37.2%
Not stated	5,884	5.7%	6.0%

Source: ONS – Religion, England and Wales: Census 2021.

Sexual orientation

The sexual orientation of Spelthorne residents is largely in line with the rest of England and Wales.

	Spelthorne		England and Wales
	Number	%	%
Sexual Orientation			
Straight or Heterosexual	75,505	90.57%	89.37%
Gay or Lesbian	1,088	1.31%	1.54%
Bisexual	704	0.84%	1.28%
Pansexual	123	0.15%	0.23%
Asexual	25	0.03%	0.06%
Queer	6	0.01%	0.03%
All Other Sexual Orientations	7	0.01%	0.02%
Not answered	5,904	7.08%	7.47%

Source: ONS – Sexual Orientation, England and Wales: Census 2021.

Marriage / Civil Partnership

Slightly more people in Spelthorne are married compared to the rest of England and Wales, and fewer people identify as single.

	Spelthorne %	UK %
Marital Status		
Never Married or Registered a Civil Partnership	35.1%	37.9%
Married or in a Registered Civil Partnership (including separated)	49.9%	46.9%
Divorced or Civil Partnership Dissolved	8.9%	9.1%
Widowed or Surviving Civil Partnership Partner	6.1%	6.1%

Source: ONS – Marriage and Civil Partnership Status in England and Wales: Census 2021.

Has there been any consultation with, or input from, customers / service users or other stakeholders? If so, with whom, how were they consulted and what did they say? If you haven't consulted yet and are intending to do so, please list which specific groups or communities you are going to consult with and when.

There has not been any consultation with service users or stakeholders to create this report. Comments from service users are however routinely gathered through day-to-day interactions with community centre staff, Meals on Wheels clients and carers, and through partner discussions/referrals (e.g. social prescribing, ASC, discharge pathways). This insight has helped to inform the report's focus on isolation, mobility limitations and welfare / safeguarding needs.

Are there any complaints, compliments, satisfaction surveys or customer feedback that could help inform this assessment? If yes, what do these tell you?

The report references service feedback and examples of the welfare/safeguarding value of the Meals on Wheels service contact. Complaints/compliments and satisfaction measures are not currently collated and analysed by protected characteristic within the report.

Step 3 – Identifying the negative impact.

a. Is there any negative impact on individuals or groups in the community?

Barriers:

What are the potential or known barriers/impacts for the different 'equality strands' set out below? Consider:

- **Where** you provide your service, e.g. the facilities/premises;
- **Who** provides it, e.g. are staff trained and representative of the local population/users?
- **How** it is provided, e.g. do people come to you or do you go to them? Do any rules or requirements prevent certain people accessing the service?
- **When** it is provided, e.g. opening hours?
- **What** is provided, e.g. does the service meet everyone's needs? How do you know?

* Some barriers are justified, e.g. for health or safety reasons, or might actually be designed to promote equality, e.g. single sex swimming/exercise sessions, or cannot be removed without excessive cost. If you believe any of the barriers identified to be justified then please indicate which they are and why.

Solutions:

What can be done to minimise or remove these barriers to make sure everyone has equal access to the service or to reduce adverse impact? Consider:

- Other arrangements that can be made to ensure people's diverse needs are met;
- How your actions might help to promote good relations between communities;
- How you might prevent any unintentional future discrimination.

Equality Themes	Barriers/Impacts identified	Solutions (ways in which you could mitigate the impact)
Age (including children, young people and older people)	<i>Barriers/impacts:</i> Service is predominantly used by 64+; under-65 vulnerable adults may be unaware or perceive it as "not for them."	<i>Solutions:</i> Targeted communications to under-65 disabled adults/carers; referral awareness with partners; promote "prevention" offer (exercise/wellbeing/social connection) for adults who would benefit earlier.
Disability (including carers)	<i>Barriers/impacts:</i> Mobility and sensory impairments may limit ability to access centres/activities; cognitive	<i>Solutions:</i> Ensure accessible venues and inclusive activity formats (e.g., chair-based exercise); clear accessible information; signposting/support for carers;

	impairment may affect confidence; carers may struggle to attend without respite.	continue/expand transport-supported options (OPAL includes transport/support).
Gender (men and women)	<i>Barriers/impacts:</i> Some social activities may attract more women; isolated men may be less likely to attend.	<i>Solutions:</i> Inclusive programming and targeted engagement for men (peer groups, activities with male appeal); monitor attendance patterns by gender where possible.
Ethnicity (including Gypsy, Roma, Travellers and Asylum Seekers)	<i>Barriers/impacts:</i> Language barriers; cultural perceptions of services; lack of tailored outreach; potential dietary preferences not reflected in meal options.	
Religion or belief (including people of no religion or belief)		
Gender Re-assignment (those that are going through transition: male to female or female to male)		
Pregnancy and Maternity		
Sexual orientation (including gay, lesbian, bisexual and heterosexual)		

Step 4 – Changes or mitigating actions proposed or adopted

Having undertaken the assessment are there any changes necessary to the existing service, policy, function or procedure? What changes or mitigating actions are proposed?

Based on the assessment, the service is overall positive for equality outcomes (reduces isolation, improves wellbeing, supports independence), but the following mitigating actions are proposed:

- Introduce/improve equality monitoring (voluntary data capture) to understand who uses the service across protected characteristics and identify any under-represented groups.
- Implement a consistent approach to collecting and analysing feedback/complaints/compliments, including equality themes.
- Targeted work to increase awareness among under-65 vulnerable adults, including disabled residents and carers, and ensure referral partners understand eligibility/benefits.
- Periodic review of accessibility and inclusion (physical access, communication formats, dietary needs) to reduce barriers.

Step 5 – Monitoring

How are you going to monitor the existing service, function, policy or procedure ?

This project is mainly around proving social value of existing services however existing monitoring of these services should look to include:

- Routine service performance data (membership/attendance; Meals on Wheels volumes; OPAL usage).
- Safeguarding/incident and escalation themes arising from welfare checks.
- Periodic user satisfaction feedback and analysis of complaints/compliments.
- Equality monitoring (where collected) reviewed at least annually to identify gaps in access or outcomes.

Part C - Action Plan

Barrier/s or improvement/s identified	Action Required	Lead Officer	Timescale
No actions/Barriers/Improvements identified – Report only to highlight value of services at this stage.	No action required.	Gary Cordery / Jade Woods	NA

Equality Analysis approved by:

Group Head:	Date:
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