

## Equality Impact Analysis Record Form 2011

(replacing the former Equality Impact Assessment)

### Introduction

The purpose of carrying out this equality impact analysis is to provide evidence that you have paid 'due regard' to the different protected characteristics when making your decision upon the policy, service or function. It is also a tool that will enable you to meet and further the 3 aims of the general equality duty:

1. **Eliminating unlawful discrimination**
2. **Advancing equality of opportunity**
3. **Fostering good relations**

Department	Adult Social Care
Service Area	Integrated Commissioning & Contract Monitoring Unit
Title of policy/ practice/ service or function	Housing Related Support
Lead Officer	Alison Barker

### Stage 1 - The team carrying out the analysis

Think about:

- ❖ Who is the responsible manager for that particular service?
- ❖ Which partners and stakeholders are involved in delivering the policy/function/service?
- ❖ Are there any external funders who help ensure the service/function can be delivered?

<b>Name</b>	<b>Service Area/Role</b>
Chris Denman	Commissioning Manager
Lorraine Regan	Interim Consultant (External)
Kate Macalister	Interim Consultant (External)
Michele Priest	ACM – Looked After Children
Dave Barnett	Community Housing Manager
Kate Munson	Head of Humberside NPS
Ben Hanson	Housing Strategy & Development
Neil Daynes	Procurement Manager

## **Stage 2 – Establish relevance to equality**

The following questions can help you to determine how relevant your policy, service or function is to equality, this is not an exhaustive list:

- ❖ What is the purpose of the policy, practice, service or function?
- ❖ Do you know who accesses or uses your service?
- ❖ Is your service easy to access and for whom?
- ❖ Is your policy/service important to one or more of the protected groups?
- ❖ Does your policy, service or function relate to an area that has known inequalities (for example, access to public transport for disabled people, racist/homophobic bullying in schools).
- ❖ What is the proposed change to the policy, service or function?
- ❖ Are there any groups of people who could experience a poorer quality of life because of any proposals to change, reduce or withdraw the service or a benefit?

Please see EIA summary attached for a detailed breakdown.

Housing Related Support services support a range of vulnerable groups including the following:

- People with mental ill-health
- People with learning disabilities
- People with a physical disability
- Young people (aged between 16-25)
- Offenders / ex-offenders
- People involved in substance misuse (Drugs/alcohol etc.)
- People who are homeless or threatened with homelessness
- People fleeing domestic abuse

Housing Related Support is delivered via:

- Floating Support services, which provide short-term visiting support to vulnerable adults (over 16) to enable them to maintain their independence in their own home.
- Accommodation Based Services provide support that is linked to a building. This can be both short-term and longer term.

The type of support delivered through HRS includes helping people to access:

- Healthcare – in particular GP and dental services
- Services such as mental health, care and social services
- Information, community resources and social interaction
- Local agencies, services and support
- Support to maintain a tenancy
- Life skills
- Education/training/employment opportunities

- Welfare benefits
- Local amenities
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Listening to the themes shared from engagement, the aim is to transform current service provision and move to a service model were:

- Services are responsive to HCC strategic principles and models;
- Services are needs led, person centred and flexible;
- Measurable person-centred outcomes will be identified and monitored;
- Service costs and charges will reflect market norms;
- Clear service pathways for socially excluded people will be implemented to; minimise repeat admissions, make best use of limited resources and ensure that services are available for those with the most chaotic lifestyles and other vulnerable people;
- Responsibility and funding for HRS services for people with long-term eligible needs will be transferred to the Adult Social Care area teams for ongoing review; and
- Responsibility and funding for services for women escaping abuse will be transferred to the Community Safety Partnership.

The changes that are being proposed are not anticipated to cause undue or negative impact to the quality of life of people who need HRS services, as a result of the planned recommissioning.

The changes that are proposed have been arrived at following consultation, engagement; research and regional/national benchmarking

### **Stage 3 - The scope of the analysis**

This scoping exercise is probably best done by the whole team, identifying what needs to be considered and agreeing how this can be done. Ideally everyone within the team will end up with a task.

Please can you try and answer all of the following questions?

- ❖ What do you want to achieve from the potential change to your service?
- ❖ Have you consulted recently on people's views of your service and their priorities?
- ❖ Does the service already meet all customers' individual needs? If not why not?
- ❖ What needs to be analysed and what methods will you use to undertake your equality analysis?
- ❖ What will not be considered as part of the equality analysis?
- ❖ Who are the partners involved in the successful delivery of your service to customers?
- ❖ Who will be responsible for what tasks?

Moving forward, we wish to create a system that works in a more joined up way, with a single entry point, a person-centred and flexible support pathway and sufficient support to

enable people to move on successfully to independent living.

Extensive engagement and consultation has taken place, with a mixture of providers, stakeholders and most importantly the people who are currently accessing existing HRS services. The following table sets out the details of engagement and steps to ensure peoples voices have been captured and enabled as part of this process.

Date	Details	Notes
<p><b>27 October 2016</b> engagement meeting with HRS providers</p>	<ul style="list-style-type: none"> <li>• To inform providers about the HRS strategic review               <ul style="list-style-type: none"> <li>• Timeline</li> <li>• Visits to a sample of services                   <ul style="list-style-type: none"> <li>○ VfM review</li> <li>○ Models of service</li> <li>○ Outcomes, demand and utilisation</li> <li>○ Proposals for consultation</li> </ul> </li> </ul> </li> <li>• To give providers the opportunity to ask questions and clarify any areas of concern</li> </ul>	
<p><b>November 2016 – December 2017</b> Quality audit visits to HRS services</p>	<p>November 2016 to December 2017 total of 35 visits to all HRS providers as well as a number of YP services. Each visit also consisted of focus groups with staff members and people using the service</p>	<p>Full detailed report written for each service undertaken</p>
<p><b>27 March 2017</b> re-provider engagement event</p>	<p>Set out key timescales based on the need to re-procure services by November 2017. (before extension agreed) Included graphic showing proposed new vision for HRS, including a single referral Gateway</p>	
<p><b>30 March 2017.</b> Stakeholder engagement event</p>	<p>As above</p>	
<p><b>April 2017</b> Strategic needs questionnaire</p>	<p>Distributed to providers and stakeholders in April 2017. Asked about current need and demand for</p>	<p>5 responses received 4 out of 5</p>

	services, desired future outcomes, and examples of good pathways, partnership working, and any examples of duplication. Asked for views on an integrated referral and access pathway (Gateway), barriers to move on	responders felt that an integrated referral and access pathway was a good idea. Findings included in HRS Delivery Plan
<b>April 2017</b> Provider questionnaire	Distributed to all providers April 2017. Asked for full details about each HRS funded service, including non-HRS funding and also asked for details re barriers for people moving on, move on destinations, ongoing resettlement support.	12 responses received. Findings included in HRS Delivery Plan
<b>15 April 2017</b> <b>Probation meeting</b>	Meeting with probation to discuss offender client group/pathways and gaps in accommodation support services	
<b>15 May 2017</b> Engagement event (cancelled through lack of interest)	Provider engagement event planned. Invitations distributed, room booked but cancelled through lack of interest and the fact that some key individuals not included on distribution list.	
<b>17 May 2017.</b> Engagement event (cancelled through lack of interest)	Customer engagement event planned. Invitations distributed, room booked but cancelled for same reasons as above.	
<b>17 July 2017</b> Provider engagement event	Informed providers about latest position re contract extension. (Still not made). Summary of current provision, key findings from 24 site visits, strategic needs and provider questionnaires. Report produced and findings included in HRS Delivery Plan	

<p><b>8<sup>th</sup> June 2017</b> meeting with Emmaus Housing support provider (not funded by Hull CC)</p>	<p>Meet with Emmaus better understand support service being delivered and pathways and connections with Hull CC funded HRS services consult on what works well and what would like to see in the future</p>		
<p><b>19 July 2017</b> Customer engagement event</p>	<p>Report produced and findings included in HRS Delivery Plan</p>		
<p><b>August 2017</b> Meeting with various housing support providers, including Doorstop and Hull Homeless Project who are delivering services but not funded via Hull CC</p>	<p>to better understand support service being delivered and pathways and connections with Hull CC funded HRS services consult on what works well and what would like to see in the future</p>		
<p><b>August 2017 –</b> detailed dialogue and separate piece of work commissioned with Children’s service</p>	<p>Discussions about how to improve transition between YP services and adults services including pathways in and out of services</p>		
<p><b>September 21<sup>st</sup> 2017</b> spoke with key stakeholders children’s probation, health,</p>	<p>Multi agency working group to look at those very marginalised vulnerable adults who continue to go in out of hostel provision requiring support from multiple agencies</p>		

domestic Abuse, housing domestic abuse and MH services			
Homeless prevention strategy feedback	All feedback gathered from provider and customer engagement analysed and relevant points included in the HRS Delivery Plan		
<b>September 21<sup>st</sup> –October 2017</b> Individual provider meetings	Individual one to one meetings with HRS providers giving feedback and reports on quality audits		
<b>September 25<sup>th</sup> 2017</b> Meeting with public Health	Strategic discussions with public health regarding Domestic Abuse services and bringing together all services under community safety partnership		
<b>December 12<sup>th</sup> 2017</b> Consultation event with YP	Separate consultation event for 16-18 year olds to understand their experiences in YP services and what works well and how pathways and transitions in to adults services can be improved		

Limited national research and understanding has been available historically regarding a particular group of people, who present with more complex needs. The exact number of people with multiple and complex needs in need of support in Hull is not known. In common with many local authorities around the country, there is currently no standard way of recording such data in Hull.

However, it is possible to draw conclusions using recent research commissioned on behalf of MEAM<sup>1</sup>. The findings from the research established that there are approx. 58,000 people in England who face overlapping problems of homelessness, substance misuse and contact with the Criminal Justice System and many also experience mental health problems.

The MEAM research identifies that the average local authority in England has 1,470 people facing this profile of multiple needs. The research also concluded that individuals 'recycle' around local services, at significant cost to themselves, local communities and the public purse.

<sup>1</sup> <http://meam.org.uk/wp-content/uploads/2015/05/Individuals-with-multiple-needs-the-case-for-a-national-focus.pdf>

HRS is a service which is delivered by face to face interventions. To oversee equality, a well-structured performance and quality monitoring regime will be implemented throughout the contract term.

As part of the service delivery, providers of service are expected to develop and implement their own Quality Assurance process to capture feedback from people using the services and make suitable adjustments and improvements to delivery throughout the life of the contract and service. The council's compliance processes will also enable discussions to occur with people accessing these services at the point of audit, giving people the opportunity to give feedback regarding their experiences to commissioners and contract managers.

Quality and Contract Performance Managers across all partners will be responsible for analysing the findings of ongoing monitoring to ensure the effectiveness of services in meeting the diverse range of needs.

Partners across HCC Housing, Children and Families services and Public Health. All partners will have a role in the service evaluation processes

## **Stage 4 - Data and consultation feedback**

**This section forms a critical part of your equality analysis in meeting the requirements of the Equality Act 2010. Therefore, please ensure that there has been adequate and meaningful consultation undertaken with customers from protected groups. Please ensure that when consulting people are fully informed of any decisions that will change, reduce or withdraw a service or benefit.**

*Please remember to contact the Corporate Customer Insight Team to register with them any consultation you may wish to undertake, and to find any existing consultation and sources of data that the council may have which could assist your equality analysis. Please also contact the Equality Policy Team for contacts for groups within the community for engagement/consultation.*

When gathering information from data and consultation it is important that you provide a picture with your analysis on:

- ❖ Who currently uses your service?
- ❖ Are there differences in demand for your service within the community?
- ❖ Is it easy for protected groups to access your service?
- ❖ Are there any different experiences in those accessing the service and if so for whom?
- ❖ Do all your existing communication methods reach all groups of people?
- ❖ Will any protected groups experience a poorer quality of life because of the proposals of change, reduce or withdraw of the service or benefit?

### **Sources of data and consultation used**

<b>Source</b>	<b>Reason for using</b>
National Research MEAM	Comparative data
Customer feedback	Real life experience of people being supported
1 to 1 meetings – service users	Real life experience of people being supported
Group meetings – service users	Real life experience of people being supported
1 to 1 meetings – service staff	Feedback from providers and the market
Group meetings – service staff	Feedback from providers and the market
Individual service audits/quality reviews	To understand the current quality of provision and using this to create standards for future specifications to inform the delivery plan
Provider engagement events (appreciative enquiry)	To inform market shaping and development

Do your customers and stakeholders agree with your findings and proposed response? If not, why not?

Continued engagement is underway during January – Scrutiny committees have supported the principles of the delivery plan.

**If analysis suggests that people from a protected group will not be affected, an attempt should be made to ‘check this out’ and this should not be solely based on objective information. If this cannot be achieved within the time frame of the analysis, then it should become an action to be taken in the future and included within the action plan.**

## **Stage 5 - Analysing the impact or effects**

When arriving at a judgment about the levels, if any, of impact, you should consider:

- ❖ Equal opportunity
- ❖ Accessing in its widest sense and methods used to regulate access to a service or employment
- ❖ Treatment (the experiences people have when trying to use services)

Your data and your information can come from a wide range of sources including:

- ❖ Local or national census data
- ❖ Satisfaction surveys, complaints
- ❖ Specific Research carried out locally and nationally
- ❖ Research carried out by organisations such as Stonewall, Government Equalities Office etc.
- ❖ Trade Unions
- ❖ Consultation with residents and customers
- ❖ Feedback or discussions with partner organisations
- ❖ Feedback and consultations from staff

- ❖ Benchmarking data
- ❖ Self-assessments and reports
- ❖ Performance reports

**a. What does the ‘quantitative’ data tell you? Such as:**

- ❖ The **number** of different protected groups accessing the service?
- ❖ Are there different **outcomes** for any particular groups accessing the service?
- ❖ Is there any unwanted adverse impact to any particular group/s
- ❖ Is there unlawful prohibited conduct? (discrimination, harassment, victimisation or a failure to make reasonable adjustments)
- ❖ Is there no impact? (no relationship between policy/service/function and people)
- ❖ Neutral impact (no noticeable harmful effects)

<b>Protected Group</b>	<b>Findings</b>
Age	<p>There is currently no hard data available re the age of current HRS service users. Based on information gathered during recent service quality review visits to all services, very few individuals currently accessing HRS funded services are over the age of 55.</p> <p>In relation to people over the age of 55, mitigating actions are required for any that currently receive a high level of support per week. Available support should be targeted on a needsbased flexible, basket of hour’s basis. Any ASC eligible needs will continue to be met through Adult social care.</p> <p>With regards to working age adults Service users and providers have identified concerns about:</p> <ol style="list-style-type: none"> <li>a) Increasing numbers of people becoming homeless as a result of national welfare reform changes and the impact on demand for services and</li> <li>b) The impact of Housing Benefit rules on individuals who gain employment but wish to remain in supported accommodation, due to low wages and high costs.</li> </ol> <p>Although both the above issues are a result of national policy and therefore difficult to mitigate at local level, we will continue to take this into account as work progresses. We are aware as a result of consultation to date of an unmet age-related need for the following group:</p> <p>Young people with particularly high needs who need intensive high level support and cannot live in traditional hostel/foyer type accommodation. This issue will be addressed as part of the ongoing transformation work.</p>
Disability	Housing support services are designed to provide low level

	<p>support to individuals with a range of needs, many of whom have a disability. Currently no data exists in terms of levels and types of disabilities currently being supported but the following designated services are currently being funded:</p> <ul style="list-style-type: none"> <li>• Clients with a primary mental health need account for 16% of the overall people supported across HRS</li> <li>• Clients with a primary LD need account for approx. 5% of the overall people supported across HRS</li> <li>• Clients with a primary physical disability need account for 14% of the overall people supported across HRS.</li> </ul> <p>As well as those with mental health support needs, it is important for us to understand the needs of those with a mental health diagnosis.</p> <p>Needs assessment and focus group findings highlight that people with a mental health diagnosis also have housing needs and a lack of alternative housing options resulted in a barrier to move on to alternative accommodation.</p> <p>Some people with mental ill health reported through focus groups that they would like support to become more independent and to move on to independent living but that this had not happened to date.</p> <p>ASC eligible needs will continue to be met through ASC based on individual requirements.</p>
Gender (Sex)	<p>There is currently no hard data available re the gender of current HRS service users.</p> <p>There is no evidence of proposed changes having a disproportionate impact on either men or women; however, commissioners do need to further explore the apparent imbalance in terms of the high number of males accessing services.</p> <p>It should be noted that there are 3 services for women at risk from domestic violence. These are gender specific and for women only. There are currently 42 units within these 3 services.</p> <p>HCC has worked closely with refuge providers and has taken account of the particular needs of this group when considering budget allocation. Consultation work to date has identified a need for services for women escaping violence who have complex and multiple needs and cannot be accommodated easily within existing service provision.</p>

	<p>The ongoing service transformation design work provides an opportunity to consider how to better meet the needs of this group.</p> <p>No adverse impacts have been identified as all services other than the domestic abuse provision will be available to men and women.</p> <p>We are aware as a result of consultation to date of an unmet gender-related need for the following groups:  Women escaping violence who have high needs and lead chaotic lives, making it difficult to integrate them into existing refuge provision. This issue will be addressed as part of the ongoing transformation work.</p> <p>Men escaping domestic abuse. No HRS funded services currently exist for this group, although there is a service funded by Hull's Domestic Abuse Partnership (DAP).</p>
Gender reassignment	<p>There are no specific services for transgender individuals.</p> <p>The proposal is not expected to have a negative impact on people with this protected characteristic. No specific need for a transgender service has been identified to date. However, no adverse impacts have been identified should a transgendered person require the service</p>
Marriage and civil partnership	<p>Published information does not include data on people's marriage and civil partnerships.</p> <p>However, no specific mitigating actions have been deemed necessary in respect to this group and there was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic.</p>
Pregnancy and maternity	<p>There are no specific HRS services for teenage parents, however there are two services which accept teenage parents and young people who are pregnant.</p> <p>No adverse impacts have been identified as a result of any proposed changes.</p>
Race	<p>The majority of people in short-term services are white British. At an overall level the ethnic profile of people appears to broadly match the ethnic profile of Hull.</p> <p>The relatively small volumes of other ethnic groups make it difficult to compare the support received against the different ethnic profiles.</p>

	<p>No specific mitigating actions have been deemed necessary in respect to this group and there was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic.</p> <p>The service specification for new services will state that services will meet the needs of all members of the community, irrespective of race, ethnicity, gender, faith, sexuality, disability, age or class.</p> <p>Equalities monitoring will be required for all customers of HRS under the new services. This will add to the data available.</p>
Religion and belief including non-belief	<p>Data on religion is not available. This makes it difficult to make any assessment of any equity issues in relation to religion or belief.</p> <p>There is a need to improve data quality in relation to religion / belief.</p> <p>All providers of services must ensure that they are able to meet the religious and cultural requirements of people using their services.</p> <p>There was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic.</p>
Sexual orientation	<p>Data on sexual orientation is not available.</p> <p>As a result, no specific mitigating actions have been deemed necessary in respect to this group and there was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic.</p>

#### Non-statutory protected group

Socio-economic	<p>A core part of HRS services is to enable people to manage their finances and tenancies, access benefits and other support, and access support into work and education. Services are available to people across socio-economic groups and can support people who are socio-economically disadvantaged to become financially resilient.</p> <p>Therefore, no specific mitigating actions have been deemed necessary in respect to this group and there was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic.</p>
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**a. What does the qualitative data tell you, such as:**

- ❖ Customer feedback
- ❖ Comments
- ❖ Complaints
- ❖ Discussions or meetings with stakeholder groups about the impact of the policy, practice, service or function on the protected characteristic groups (e.g. minutes of those meetings)

<b>Protected Group</b>	<b>Findings</b>
Age	<p>There are no HRS services specifically designed for people over the age of 60.</p> <p>Young people including children leaving care and teenage parents attended the consultation events held in March and December 2017 and their views and feedback were captured and included in the HRS Delivery Plan.</p> <p>Officers have worked in close liaison with Hull CC's CFS department to ensure that their views are taken into account with respect to all services that cater for young people and looked after children.</p> <p>Joint visits have been made to all housing related support services, with detailed individual consultation with both providers and service users.</p> <p>Officers are aware as a result of consultation to date of an unmet age-related need for the following group:</p> <ul style="list-style-type: none"> <li>• Young people with particularly high needs who need intensive high level support and cannot live in traditional hostel/foyer type accommodation. This issue will be addressed as part of the ongoing re-commissioning work.</li> </ul> <p>Findings from service user interviews;</p> <ul style="list-style-type: none"> <li>• YP who left home at 16 &amp;17 but were not in the 'care system' wanted to have the same opportunities in respect of service offers to those 16 &amp;17 year olds in the care system</li> <li>• YP wished for more support once they had moved out of hostel provision and in to their own accommodation – such as floating support to help maintain accommodation</li> <li>• More appropriate supported housing accommodation, large hostels are not always appropriate for some vulnerable YP and so smaller shared housing, providing more of an independent environment would be helpful.</li> <li>• More enforcement and control on the use of banned</li> </ul>

	substances in hostels
Disability	<ul style="list-style-type: none"> <li>• Service visits including one to one conversations with service users and where appropriate wider focus groups.</li> <li>• Meetings with service providers.</li> <li>• Establishment of Working Groups re future referral routes, including a new single point of access</li> <li>• Appreciative Inquiry consultation events held in March and December 2017.</li> <li>• Questionnaires sent to all HRS providers and key stakeholders</li> <li>• Officers are aware as a result of consultation and data analysis of an unmet need for the following group:</li> <li>• Socially excluded people with particularly high needs, including mental health problems, which need intensive high level support and cannot be accommodated in traditional hostel/foyer type accommodation. This issue will be addressed as part of the ongoing transformation work.</li> </ul> <p>Findings from customer feedback sessions;</p> <ul style="list-style-type: none"> <li>• Customers wanted more time with their support workers doing more meaningful activities</li> <li>• More opportunities to do activities and employment type activities</li> <li>• More appropriate move on accommodation with floating support being available to help them maintain their accommodation</li> <li>• Floating support to be available on a flexible and long term basis rather than for just 2 year period</li> </ul>
Gender (Sex)	<p>With regards to Domestic abuse service, officers visited each HRS funded service catering for women escaping domestic abuse. Time was taken to consult with staff and meet with service users on a one to one basis or in focus groups as appropriate.</p> <p>A number of refuge clients attended the consultation event in November and again their specific views and expressed needs were captured.</p> <p>Work is ongoing with CFS, Public Health and Community Safety Partnership colleagues to assess and address the particular needs of this group and to ensure that adequate provision will be available in the future.</p> <p>Officers are aware as a result of consultation to date of an unmet gender-related need for the following group:</p>

	<ul style="list-style-type: none"> <li>• Women escaping abuse who have high needs and lead chaotic lives, making it difficult to integrate them into existing refuge provision. This issue will be addressed as part of the ongoing transformation work.</li> <li>• Men escaping domestic abuse. No HRS services currently exist for this group, however there is a service which is operated by the Domestic Abuse Partnership and strategically overseen by the Community Safety Partnership</li> </ul>
Gender reassignment	No specific consultation has been conducted to date re this group. There is no evidence of impact to this group
Marriage and civil partnership	No specific consultation has been conducted to date re this group. There is no evidence of impact to this group
Pregnancy and maternity	<p>Young people including teenage parents were invited to attend the consultation events held in March and December 2017.</p> <p>Joint visits have been made with CFS service representatives to all affected services, with detailed individual consultation with both providers and service users.</p> <p>Although there are no specific services for teenage pregnancy, there are currently two services which accept teenage parents and pregnant women.</p>
Race	<p>Through HRS, one BME specific service is funded in Hull is a drop-in advice service.</p> <p>This service was visited in 2017; However, many of the services currently operating in Hull have customers from BME backgrounds including unaccompanied asylum seekers in YP services.</p> <p>The views and aspirations of service users were gathered and will be taken in to account as the transformation work moves forward. No specific consultation has been conducted to date re this group. There is no evidence of impact to this group</p>
Religion and belief including non-belief	No specific consultation has been conducted to date re this group. There is no evidence of impact to this group
Sexual orientation	No specific consultation has been conducted to date re this group. There is no evidence of impact to this group

Non-statutory protected group

Socio-economic	<p>A core part of HRS services is to enable people to manage their finances and tenancies, access benefits and other support, and access support into work and education. Services are available to people across a range of socio-economic groups and can support people who are socio-economically disadvantaged to become financially resilient.</p> <p>Therefore, no specific mitigating actions have been deemed necessary in respect to this group and there was no evidence from the consultation feedback of changes having a negative or positive impact on this characteristic.</p>
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**b.** Are there any other groups of people who may experience an adverse impact because of the proposals to the change of policy or service who are not listed above?

No

**c.** Gaps in data

What are your main gaps in information and understanding of the impact of your changes to policy/function/service on customers? Please indicate whether you have identified ways of filling these gaps.

For instance you may have little or no data on sexual orientation and therefore you should propose to carry out some focused consultation with that specific community through their LGBT Forum (contact the Equality Policy Team for their details)

Gaps in data	Action to deal with this
Currently very, limited information is collected and collated regarding specific characteristics and identifiers.	The implementation of a single point of access for referral will provide the opportunity to set out requirements to provide appropriate metrics of information.

Please remember to also record any **positive** impacts that may occur as a direct result of changing a services or a policy that further the three aims of the general duty:

- 1. eliminate discrimination**
- 2. advance equal opportunity**
- 3. foster good relations between groups**

An example of this could be that as a result of taking elderly people to local community centres for support services which can no longer be delivered in their homes, it has improved good relations between young and old people who now share the community centre.

- d. Remember - It will be useful to produce a summary of information that captures the impacts and analysis on both quantitative and qualitative data. This summary of information should be displayed in a graphical format, using charts or graphs if possible. It will also provide an audit trail for how you have arrived at your findings.**

## **Stage 6 - Mitigation and promotion**

When considering whether there is a mitigating action which could be taken, you may wish to consider the following questions?

- ❖ Have you identified any adverse impact upon the different protected groups as a result of your policy/service which are either unlawful or unwanted?
- ❖ What are the ways you can implement your mitigating actions against those adverse impacts.
- ❖ Are there different ways of delivering the service?
- ❖ Could the service be promoted better with those underrepresented groups accessing your services?
- ❖ Could application forms and methods of requesting a service be improved or altered to make them easier for the public?
- ❖ If you cannot mitigate unlawful or adverse impact can you please explain why?
- ❖ What can you do to improve and promote equality of opportunity or good relations between different groups in your community as a direct result of your policy/function or service?

The key issues emerging from our consultation and data analysis to date are summarised below;

- Existing service provision will be maintained until services are recommissioned in November 2018
- HCC will continue to work with providers, service users and key partners to support transition of HRS provision to the new model
- Re-designed housing related support services will reflect strategic principles and models focusses on early help and prevention
- Services will be needs led, person centered, flexible and outcome focused and deliver clear pathways for people entering and leaving services including straightforward referral routes and accessible resettlement options; and
- HCC, its partners and service providers will work together to help individuals access the right services first time, via a new dedicated single point of access.

The needs of individuals who receive Housing Related Support are variable and require an understanding and use of different approaches to ensure anyone who needs support can get it. Outcomes monitoring will be analysed and inform service development to address any future identified direct or indirect discrimination.

Generally, the planned changes will mitigate against some of the issues identified above and should have a positive impact on service provision and improved outcomes for people

in Hull. In general, terms the changes are not thought likely to have a significant differential impact on groups of people with protected characteristics.

Any customers with high level needs that may meet ASC eligibility requirements will be reviewed by ASC to assess needs against eligibility and to identify risks from changes to current provision.

All HRS customers to continue to have a personal and holistic support plan which reflects needs, risk and aspirations for their future.

Other appropriate services for certain groups such as people with autism; carers; people with a mental health diagnosis and people with learning disabilities, will be developed through strategy development and wider business as usual commissioning activity.

The Community Safety Partnership will ensure that women-only services for domestic violence will be reviewed and if necessary redesigned, based on needs.

## **Stage 7 and 8 - Objectives setting/ implementation**

Having finalised your findings and proposals for changes or improvement, you need to produce an action plan to demonstrate:

- ❖ What you plan to achieve (your objective)
- ❖ What you intend to do
- ❖ The methods you intend to use
- ❖ The timescale for carrying out actions
- ❖ How success will be monitored

The following action plan must be **SMART** and ensure that success can be measured, and include a way in which further action to deal with partial success can be implemented. The plan must be approved and agreed by senior equality steering groups or the equality programme board. By making the plan public it will also ensure where there are cases of different teams needing to carry out specific actions then this can be achieved, and that performance of others in delivering their part can be monitored.

<b>Objective</b>	<b>Planned action</b>	<b>Who</b>	<b>When</b>	<b>How will this be monitored?</b>
<i>Continue providing HRS services to people who need it until re-procurement Nov 18</i>	<i>Ensure schedule of contract audit and performance monitoring is developed to monitor service during this time</i>	<i>Officers within the ASC commissioning team</i>	<i>Now – Nov 18</i>	<i>quality monitoring officers will evaluate service outcomes through KPI performance monitoring and service audits</i>
<i>Continued engagement and consultation with providers, service users and stakeholders throughout the procurement process</i>	<i>Meetings arranged to communicate key issues and direction regarding the proposed changes – opportunities to gain insight and feedback regarding the impact of the proposed changes.</i>	<i>Key stakeholders and partners involved in the process</i>	<i>On-going next scheduled event is early Feb18</i>	<i>Findings will be summarised and reported to the City Manager of ASC for scrutiny</i>
<i>HCC, its partners and service providers will work together to</i>	<i>Consultation and engagement with providers and stakeholders</i>	<i>Key stakeholders, partners and</i>	<i>Following Contract</i>	<i>Ongoing service monitoring meetings</i>

<i>help individuals access the right services first time, via a new dedicated single point of access</i>	<i>will be scheduled to ensure the effective development and implementation of a single point of access.</i>	<i>winning providers involved in the process</i>	<i>award Nov 18</i>	<i>with key stakeholders, partners and winning providers will assess and evaluate the progress of development and the impact of the SPA once live.</i>
<i>To develop an outcome framework that can set clear and measurable milestones for the HRS service to be measured against post award</i>	<i>Consultation and engagement with providers and stakeholders will be scheduled to ensure the effective development and implementation of an outcome framework fro HRS</i>	<i>Key stakeholders, partners, service users and winning providers involved in the process of informing development</i>	<i>Following Contract award Nov 18</i>	<i>Meetings with key stakeholders, partners and provider forums will assess and evaluate the progress of development and the impact of the outcome framework – once live quality monitoring officers will evaluate service outcomes through KPI performance monitoring and service audits</i>

## **Stage 9 - Monitoring and review/ mainstreaming into business plans**

Please indicate whether any of your objectives have been added to service or business plans and your arrangements for monitoring and reviewing progress/ future impact?

- Monitoring by protected characteristic will be implemented as part of the single point of access development and implementation phase post award of contract. All information that is collected will be appropriately stored, administered and regularly monitored to check impact. Any negative impact identified as a result of analysis will be assessed and mitigating action taken immediately.
- We will monitor complaints received about the transformation process, through an analysis of complaints received
- Proposals to collect regular contract monitoring and outcome data will be formulated and will encapsulate information and engagement from a wide spectrum of partner agencies with the appropriate agreements put in place.

## **Stage 10 - Publishing the completed analysis**

Completed analysis approved by \_\_\_\_\_ on \_\_\_\_\_

Where and when published?

## **Decision-making processes**

**Where linked to decision on proposals to change, reduce or withdraw service/ financial decisions/ large-scale staffing restructures**

**Attached to report (title): Housing Related Support Re-Commissioning**

**Date of report: 1 February, 2018**

**Author of report: Alison Barker/Neil Daynes**

**Audience for report e.g. Cabinet: Health & Social Wellbeing Scrutiny; Finance & VFM Scrutiny; People & Communities Overview & Scrutiny; Committees in Common; Cabinet Working Group; CST**

**Outcome from report being considered**

**Details of follow-up action or monitoring of actions/ decision undertaken**

**Updated by:**

**Date:**