

Equality Impact Assessment Recording Form

This is a new and important process that will require different perspectives to be considered and, in some cases, difficult decisions may need to be made about policy and service delivery. This impact assessment focuses upon the staff groups affected by the proposals in the Older Persons Transformation Strategy including changes to working hours and revised job description and specification and highlights any adverse impact.

Whilst it is necessary to identify a lead officer, it is advised that they do not undertake the Impact Assessment on their own, but set up a group comprising a diverse range of staff responsible for delivery the service, there may also be an opportunity to include a customer, stakeholder, partner or critical friend to get a more rounded understanding of the full implications of the policy, practice, service or function.

For more information on carrying out the Assessment please refer to the guidance notes or contact the Equalities and Diversity Officer or your Department's Equality Champion.

STEP1 Equality Impact Assessment Team

Name of Policy, practice, service or function: Delivery of Older People's Services to Support Independent Living
Service Standards-Tenant and Customer Care, Complaints, Compliments, comments,
Business Plan - Mission, vision, values

Assessment Team Leader Name: Angela Smith

Date: 5.11.09 (last updated 03.12.09)

Directorate Responsible: Neighbourhood Services

Service Area: Older Persons – Support & Solutions

Other members of the assessment team:

Name	Position	Area of Expertise
Lee Bloomfield	Director of Neighbourhood Services	Housing – general
Angela Smith	Solutions and Support Manager	Older People's

STEP2 Identifying the aims/objectives of the policy, practice, service or function

Questions

1	<p>What are the main aims and objectives or purpose of the policy, practice, service or function? To provide a fit for purpose Independent Living Service.</p> <p>What outcomes do you want to achieve? Move from a service or service based tenure to one based on personal need.</p>									
2	<p>Are there any associated services, policies or procedures?</p> <p>If 'Yes' please list below:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Supporting People Contract</td> <td style="width: 33%;">Vulnerability Policy</td> <td style="width: 33%;">Older People's PID</td> </tr> <tr> <td>Fairer Charging Policy</td> <td>Business Plan</td> <td>National Priorities</td> </tr> <tr> <td>Equality & Diversity Policy</td> <td>Vulnerability Matrix</td> <td></td> </tr> </table>	Supporting People Contract	Vulnerability Policy	Older People's PID	Fairer Charging Policy	Business Plan	National Priorities	Equality & Diversity Policy	Vulnerability Matrix	
Supporting People Contract	Vulnerability Policy	Older People's PID								
Fairer Charging Policy	Business Plan	National Priorities								
Equality & Diversity Policy	Vulnerability Matrix									
3	<p>Who is affected by this policy, practice, service or function, or by the way it is carried out? I.e. Who are the internal and external customers, groups, communities or any other stakeholders?</p> <p>Tenants and service users of Care Call New vulnerable tenants and service users Supporting People Staff working in the Community Wardens and Care Call Service.</p>									
4	<p>Who implements, carries out or delivers the policy, practice, service or function? Please state where more than one person, team, department or body – and include any outside organisations who deliver under procurement arrangements etc.</p> <p>Support & Solutions Team, Community Wardens, Care Call Staff, Service Supervision, Neighbourhood Champions.</p>									

Questions

5	<p>Is the policy, practice, service or function affected by external drivers for change? E.g. new legislation, national policy, external inspection etc.</p> <p>Older Persons Service Improvement Group - OPSIG Supporting People, Independent Living Agenda, Audit Commission Inspection, cuts across social care, housing and health</p>
6	<p>What existing or previous inspections of the policy, practice, service or function are there? E.g. Best Value Inspections, policy reviews, research into the effects of a policy or practice.</p> <p>Audit Commission Inspection (mock) revealed no real strengths in service (KLOEs). Supporting People QAF set at level C.</p> <p>What did they tell you?</p> <p>Service had no real strengths and major review required</p>
7	<p>How is information about the policy, practice, service or function publicised?</p> <p>Staff communication, union involvement, Homing In articles, meeting with NEDDC and Supporting People, team meetings, PID Steering Group, Core Brief, Service User Forum (DCC), Older Persons Service Improvement Group – OPSIG, Service Use Forum (DCC)</p>

STEP 3 Equality Impact Assessment

Although this form is set out under the six strands of equality we are focusing on (race, disability, gender, age, religion & belief and sexuality), consider any impacts / barriers that might cross over between race / disability, gender / religion & belief, sexuality / age etc., or all three. Use the boxes on the next couple of pages to indicate where the policy, practice, service or function could have a positive or negative impact for different groups and your reasons.

Race

This question looks broadly at adverse impacts / barriers in terms of race, whilst the next page considers adverse impacts / barriers which may be particular to people from one ethnic group.

Question 9 considers impact / barriers for different ethnic groups within the five broad census headings.

8	Identify an adverse impacts / barriers of the policy or procedure on people who may be disadvantaged because of their race. No adverse impact on staff because of their race. 100% white British staff. Like all posts in Rykneld we would aim to ensure where possible that future recruitment addresses under representation in the work force to reflect the tenant profile.
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9	Broad categories used in 2001 census	Identify any adverse impact / barriers of the policy, practice, service or function on people who may be disadvantaged because of their race STAFF
	<ul style="list-style-type: none"> • Asian or Asian British 	
	<ul style="list-style-type: none"> • Black or Black British 	
	<ul style="list-style-type: none"> • Chinese 	
	<ul style="list-style-type: none"> • Dual Heritage 	
	<ul style="list-style-type: none"> • White British 	100%
	<ul style="list-style-type: none"> • Any other people 	
	<ul style="list-style-type: none"> • Gypsies and Travellers 	
	<ul style="list-style-type: none"> • Asylum Seekers and Refugees 	
10	Where do you think improvements could be made for people of different racial groups? None – no adverse impact identified.	

Gender

It is worthwhile remembering that women and men have different priorities in relation to what services they want and different needs for how these are provided. Men-only or women-only delivery for some services could be an option.

11	Identify any adverse impact / barriers of policy, practice, service or function on people who may be disadvantaged because of their gender.	
Women 92.31%	<p>Pregnancy – service review could have adverse impact if any women are on maternity leave and therefore not fully engaged in review and consultation process. This is counteracted as no staff as currently off on maternity leave.</p> <p>Part-time working – majority of staff are female (some of whom are prime carers for children and families) and could be affected if only full-time positions were offered.</p> <p>Requests for job-share or part-time working would be considered but would be balanced and measured against the operational needs of the service.</p>	
Men 7.69%		
Transgender 0%	Possible stereotyping in certain communities that they are working in and may suffer prejudice.	

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Where do you think improvements could be made for people experiencing disadvantage because of their gender?

Pregnancy – identify ways of communication to engage staff during maternity/paternity/leave to ensure they are engaged and involved in the process.

Part-time working – involve staff in discussions where they have a wish to work part time. There is a need to balance staff requests with service provision.

Stereotyping/prejudice – where there is any evidence of this work with service users to educate and promote tolerance and support member of staff.

Disability

All service providers have a duty to make reasonable adjustments for people with disabilities, including physical features of premises, so it is advisable to anticipate any adjustments that may be required. Consider the barriers faced by different groups of people with disabilities as listed in the boxes below. Note also that changes to legislation mean that conditions such as MS, HIV and cancer are now included under the DDA from the time of diagnosis.

13	Identify any adverse impact / barriers of policy, practice, service or function on people who may be disadvantaged because of their disability.	
	People with physical or mobility impairments	Sensitively manage sickness capability procedures and support staff where disabilities are identified and reasonable adjustments can be made. We ensure we follow DDA legislation and look at redeployment opportunities where reasonable adjustments cannot be made.
	People with sensory impairments (hearing, visual and speech)	As above
	People who use Mental Health Services	As above
	People with learning disabilities	As above
	People who have a non-visible condition such as epilepsy or diabetes	As above

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Where do you think improvements could be made for people experiencing disadvantage because of their disability?

76.92% - not disabled

0% - disabled

23.08% - prefer not to say

- Reasonable adjustments to working hours, equipment etc.
- Redeployment opportunities considered.
- Skills assessment/training/support.
- Regular reviews of H&S workplace requirements.
- Support through occupational health – HR – job centre – access to work for epilepsy. Other agency support to keep employee on.

Age

When answers the following questions consider the needs of the wider age range of District

15	Identify any adverse impact / barriers of policy, practice, service or function on people who may be disadvantaged because of their age.	
	Blank	0%
	20 and under	0%
	21-30	0%
	31-40	0%
	41-50	38.46%
	51-60	38.46%
	61-70	23.08%
	70 and over	0%
16	Where do you think improvements could be made for people experiencing disadvantage because of their age? <ul style="list-style-type: none"> • Skills assessment/training opportunities • 1:1 support – HR, Line Management • Redeployment opportunities into roles suited to skills • Education – skills/training • Profiling – being undertaken • Older groups may not have had the same level of opportunities for skills/training in education • Review all applications for extensions to over 65 working – based on business case 	

Religion and Belief

17	Identify any adverse impact / barriers of policy, practice, service or function on people who may be disadvantaged because of their religion or belief.	
Christian	84.62%	
Buddhist	0%	
Hindu	0%	
Jewish	0%	
Muslim	0%	
Sikh	0%	
Other	%	
No religion or prefer not to say	15.38%	
18	<p>Where do you think improvements could be made for people experiencing disadvantage because of their race or religion?</p> <ul style="list-style-type: none"> • Staff profile being undertaken to identify diversity including religion. • Reasonable adjustments can be considered where any specific religious requirements are identified for example, restructuring of hours, leave around key religious dates etc. • Remove any barriers due to religion or belief. 	

Sexuality

19	Identify any adverse impact / barriers of policy, practice, service or function on people who may be disadvantaged because of their sexuality.	
	Lesbian, gay or bisexual people	Heterosexual – 92.31% Prefer not to say/blank – 7.69%
20	<p>Where do you think improvements could be made for people experiencing disadvantage because of their sexuality?</p> <p>Support around any issues identified in relation to any prejudice or stereotyping etc. Where identified, educate to support tolerance and support member of staff.</p> <p>Help, advice and assistance via LGB user groups – other providers locally or nationally.</p>	

Other Categories

21	<p>Rural/Urban</p> <ul style="list-style-type: none"> • Key issue with service review is requirement for staff to be mobile throughout the whole of NEDDC and not tied to one village. • Public transport is limited to which does not enable affective service delivery – response times. • Lone Working Policy – predominantly female workforce – susceptible about being out late at night. New rotas proposed Mon – Fri – 9-5 working. • Access to extended vehicle – currently may only have access to vehicles during a few hours a day. 	
22	<p>Any other</p> <p>These statistics are based on 54.17% of Wardens and Care Call staff who returned the monitoring forms. The forms were re-distributed to all staff.</p>	

Customer Access

23	<p>How do customers currently access the service i.e. what are the access channels e.g. web, telephone, letter etc.</p> <p>What improvements can be made?</p> <ul style="list-style-type: none"> • Access service via telephone, email, mobile phone, written communications, hard wired system, Care Call, personal contact, union representation, team meetings, 1:1's. • Continual programme of training and development to include Customer Care Services.
	<p>Are there any physical barriers to accessing the service? How are they overcome?</p> <ul style="list-style-type: none"> • Issues around IT confidence but training has been provided and is ongoing – included in training programme. • Telecare – training required to be able to undertake installation of equipment.
	<p>What customer involvement in setting the customer service standards i.e. opening hours, response times, availability etc.</p> <ul style="list-style-type: none"> • Older Persons Service Improvement Group – OPSIG - supervisor on group. • Discussions encouraged at team meetings, 1:1's – and feedback gathered. • Older People PID – unions have attended meetings and represented staff views. • Full staff meetings (including unions) to launch key documents in relation to service review. • Senior management and staff meetings have been held.

STEP 4 Collecting the information and data about how the policy, practice, service or function impact on communities

Please record your information and data below with reference to:

- Deciding what information or data you will need or desire
- Using both quantitative and qualitative data
- Ensuring that where possible there is information that allows all perspectives to be considered
- Identified any gaps in the information / data and what it can tell you

Data or information	When and how collected	Source	What it tells you – please consider all 6 equality strands where possible	Gaps in information
Customer feedback and complaints	Regular team meetings	Feedback – unions, grievances, 1:1's, team mtg	Review unpopular with some staff	There is some inconsistency in messages in relation to the perception of the need for change – grievances.
Consultation and involvement	Ongoing	Launch meetings, updates through PID, 1:1's, team meetings, unions	Review unpopular with some staff	N/A
Communication	Feedback meetings. Ongoing	Group meetings	Inconsistent communication between staff themselves about the changes sometimes causes confusion.	Staff message inconsistent – to be improved.
		1:1	Different messages on a 1:1 level to that of group meetings.	N/A

Data or information	When and how collected	Source	What it tells you – please consider all 6 equality strands where possible	Gaps in information
Performance information including best value.	PI data – monthly	PI data	Room for improvement in service delivery – call answering times, care plans.	N/A
Take up and usage data	Support plans information	Individual Support Plans	Identified need to move away from daily visits to more personal service based on need.	N/A
Comparative information or data where no local information	N/A			
Census, national or regional statistics	N/A			
Access audits or assessments e.g. DDA assessments	N/A			
Workforce profile	N/A			
Where services delivered under procurement arrangements – workforce profile for deliverers	N/A			
Monitoring and scrutiny outcomes	PI reports	Reports to Board and sub-board	Further data to be developed	Further data to be developed

STEP 5 Monitoring

For this step it is important to refer to any monitoring information which is already held. As stated in the guidance notes arrangements need to be set up for effective monitoring if this is not already taking place.

	<p>How do we know whether our service is accessible to all groups? Consultation, EIA.</p>
	<p>If there is a lack of information, what research will be carried out, and for which groups? Diversity monitoring data being collected.</p>
	<p>If this is a new policy, or one not currently monitored, what are the arrangements to begin monitoring the actual impacts of the policy?</p> <ul style="list-style-type: none">• Organisation review of Older Persons Service.• Recruitment to posts.• Ongoing 3 month review of service for first year – to ensure its effective delivery.• Ongoing consultation with staff/unions.

STEP 6 Consultation

	<p>What have service users/non-users or other stakeholders (including employees) already told you about the policy and negative impacts?</p> <p>OPSIG, support plans</p> <p>Who has been consulted and what methods were used?</p> <p>Yes – all staff in Older Persons Services, Community Wardens and Care Call (separate EIA to be done for any TUPE process) - separate requirements due to TUPE, affected by review.</p> <p>Team meetings, 1:1's, union involvement, meetings with senior management, Core Brief, Word on the Road.</p>
	<p>If you need to carry out further consultation, who will you be consulting with and by what methods?</p> <p>Further consultation with unions.</p> <p>Staff have been given an extra 30 day consultation period.</p>

STEP 7 Equality Action Plan

Problem / barrier identified

Actions to overcome problem / barrier

Resources required Responsibility Target date –

See SIPs – Business Plan 2009/10

See Older Peoples Service Action Plan