

**INDIVIDUAL EQUALITY IMPACT ASSESSMENTS FOR
SPECIFIC MTFP PROPOSALS**

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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 - FLOATING SUPPORT

Title of activity:	To decommission the contract for the provision of Floating Support to Victims of Domestic Abuse and their children
Lead Officer responsible for this EIA:	Helen Watson/Nicola Childs
Telephone:	01325 405868
Service Group:	People
Service or Team:	Development & Commissioning
Assistant Director accountable for this EIA	Hilary Hall
Who else will be involved in carrying out the EIA:	Current Service Users. Adult Social Care Children’s Social Care Housing Services Service Providers Key stakeholders

What stage has the EIA reached?		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified		<i>Whole population, e.g. whole borough, a neighbourhood, a whole demographic group such as older people</i> Domestic Abuse could affect any resident of Darlington.
Stage 2: Further Assessment. Target Population likely to be affected identified		<i>Target population, e.g. rural communities, community centre users in neighbourhood, older users of particular services</i> The service is for Victims of domestic abuse aged over 16 for the outreach element support and over 18 for the Confidence Building Programme
Stage 3: Further Assessment. Individuals likely to be affected identified		<u>The service is for Victims of domestic Abuse who are:</u> Aged sixteen (16) years or over for the Outreach Service, or eighteen (18) years or over for Confidence Building Programme; (ii) have been, or is currently affected by domestic abuse; (iii) be willing to engage in support; and (iv) reside in the Borough of Darlington, or be setting up accommodation within the Borough. Individuals may also have a range of other needs, for which referrals to specialist agencies may be required. This may include, but is not limited to: young people at risk; people with mental health problems; or people with drug and/or alcohol problems.
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Section 2 – The Activity and Supporting Information

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

Cease Domestic Abuse Floating Support (C3)

This service provision comprises of a number of elements, some of which have been deemed as 'statutory' and are therefore not subject to this proposal. The whole service comprises of; Outreach support for Victims of Domestic Abuse, Freedom Programme, Children's Worker and drop in support.

The elements of this service which the MTFP proposal pertains to is the Outreach support for victims of Domestic Abuse and the Freedom Programme.

The service enables individuals/families to improve the quality of their lives by addressing safety, legal and housing matters all associated with Domestic Abuse, and to develop coping mechanisms and resilience. By helping individuals to resolve the present crisis by reducing risk and increasing feelings of safety, the service creates space for the individual to start taking control and planning for the future.

There is insufficient provision in the Refuge for the overall numbers of people presenting with a domestic abuse need. This is the only service available to male victims of Domestic Abuse and for victims who have a male child over the age of 16 (the refuge cannot accommodate older male children)

This service is part of a pathway of services for victims of Domestic Abuse. It is the identified route of support for women leaving the refuge and can also, in many cases, prevent the need for families to enter the refuge.

The Service will focus on the range of presenting problems that can result from experiencing Domestic Abuse; these could include, but are not limited to:

- (i) the loss of accommodation;
- (ii) rent arrears;
- (iii) anti-social behaviour;
- (iv) isolation;
- (v) general lack of skills in managing accommodation, such as support in coping with utilities;
- (vi) difficulties integrating into community activities;
- (vii) difficulties in engaging with support agencies;
- (viii) poor life skills which inhibits the ability to live independently;
- (ix) a lack of emotional support;
- (x) lack of knowledge about other agencies, which includes, but is not limited to Welfare Rights, CAB, Drug and Alcohol Treatment Service and Age UK;
- (xi) lack of financial skills, including debt, budget management and accessing benefits; or
- (xii) personal anxieties arising from Domestic Abuse.

As part of the Service, the Contractor has facilities to run a series of practical sessions for Individuals aimed at developing independent living skills, which can be delivered on an individual or group basis. These sessions may cover activities such as decorating; plug changing, basic DIY etc

Who will be affected by the activity?

Whole population

This proposal affects the whole population of Darlington due to the non-discriminatory nature of domestic abuse.

Target population

The service is available to victims of domestic abuse from the age of 16, both male and female, with or without child/ren.

In an 8 month period (July 2015-Feb 2016), 83 adult victims have received support under this contract. Additionally 33 clients are currently in receipt of support.

Individuals

An analysis of the needs of clients who were referred into the service over a 3 month period shows that in addition to domestic abuse, the clients had other needs which impacted on their lives:

49%	Mental Health
32%	Current Children Service Involvement
37%	Met the MARAC threshold
16%	Physical health need
33%	Attempted suicide or self-harmed
12%	Attended A&E for a Domestic violence related injury.

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

Consultation with the current provider, stakeholders, and the clients in receipt of the service. Qualitative and Quantitative information from the IT system which includes presenting needs, and individuals progress within the support service and departures/re-presentations. The provider also submits additional information via their 'Insights' form which will be utilised in this EIA.

Section 3: Officer Assessment

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
Age		N			M		As this is community based support for people affected by Domestic Abuse it can provide support for families where there is a male child over the age of 16. There is no alternative service provision which can meet this needs, as male children over the age of 16 cannot be accommodated within the refuge.	
Race		N			M		This service can effectively support individuals who have been affected by forced marriage and honour based violence. It is the only community based support service for people affected by Domestic Abuse in Darlington. Data from the “Insights” Domestic Abuse report indicates that usage of this service from culturally diverse community groups is marginally higher than the geographical profile of Darlington.	
Sex		N		H			This is the only service which provides support for male victims of domestic abuse. There is no alternative provision. The utilisation of the service is predominately by women with children, although there are a number of single women who have accessed the service and a very small number of male victims who have received support.	
Gender Reassignment		N			L		As the service is a community based provision it can be delivered to wherever a person resides, which provides additional support options for Individuals who may not wish to access refuge provision.	
Disability (summary of detail on next page)		N			M		This is the only outreach service for victims of domestic abuse, the other provision is a refuge and although they have one room for clients with a disability, the outreach service enables the client to be supported in	

							their own accommodation which increases the availability for clients with a disability. The service also supports individuals to obtain accommodation. See detail on the next page.
Religion or belief		N			M		There is no envisaged impact upon individuals relating to religion or belief should this service commission cease. This position will be reviewed and revisited as the EIA progresses
Sexual Orientation			NA			NA	This service can effectively support individuals who have been affected by forced marriage and honour based violence. It is the only community based support service for people affected by Domestic Abuse in Darlington. Data from the "Insights" Domestic Abuse report indicates that usage of this service from culturally diverse community groups is marginally higher than the geographical profile of Darlington
Pregnancy or maternity		N			M		There are a number of women who are pregnant at the point at which they are accessing support from the Domestic Abuse Outreach service.
Marriage/ Civil Partnership			NA			nil	There is no envisaged impact upon individuals relating to Marriage/Civil Partnership should this service commission cease. This position will be reviewed and revisited as the EIA progresses.

Section 3: Officer Assessment - continued

Mobility Impairment		N				L	Analysis of the needs of the Individuals receiving support on this service between 26/09/2015 and 03/01/2016 identified that 16% of the individuals in receipt of the service had a physical health need. This position will be reviewed and revisited as the EIA progresses.	
Visual impairment		N				L	This is the only community based service for people affected by Domestic Abuse and therefore can be delivered to wherever an individual resides.	
Hearing impairment			NA			nil	This is the only community based service for people affected by Domestic Abuse and therefore can be delivered to wherever an individual resides. The service is person centred and therefore can be delivered in whatever format an individual requires.	
Learning Disability		N				L	This is the only community based service for people affected by Domestic Abuse and therefore is responsive and flexible to be delivered wherever an individual resides.	
Mental Health		N		H			Analysis of the needs of the Individuals receiving support on this service between 26/09/2015 and 03/01/2016 identified that 49% of the individuals in receipt of the service had a mental health need. This position will be reviewed and revisited as the EIA progresses.	
Long Term Limiting Illness			NA				nil	There is no envisaged impact arising as a result of this particular characteristic this will be reviewed and revisited as the EIA progresses.
Multiple Impairments		N				L	This is the only community based support services for people affected by Domestic Abuse which can be delivered wherever an individual resides, the only alternative provision would be the refuge and therefore there is likely to be a greater impact for those individuals who require person centred support to stay in their present accommodation.	

Cumulative Impacts	
<p>Due to the number of budget proposals which affect vulnerable groups the cumulative impact which is generated is substantial. There are direct impacts which will affect the way in which potential clients will access the service, support services which they could access when moving on from this specialist service and ancillary services which provide them with additional provisions to enable them to live in suitable and habitable accommodation.</p> <p>The disproportionate number of proposals which effect vulnerable people will have a knock on impact on their independence as it is often these services provided by the 3rd sector, with their flexible person centred approach to support, which provide individuals with the motivation to change their lifestyle choices. The level of stabilisation which these services provide and the opportunities which they make available to vulnerable clients cannot be underestimated.</p>	
Change activities	Potential cumulative impacts
MTFP proposal also impacting individuals affected by Domestic Abuse - Sanctuary Scheme (S07)	Provides added security to properties to enable victims of domestic abuse and their families to remain in their home. Without this resource, already vulnerable people will have to seek alternative accommodation. Without the support services to assist the client to move, there is a concern that less people will chose to leave a violent relationship
MTFP proposal also impacting individuals affected by Domestic Abuse -Reductions to Multi Agency Risk Assessment Conference MARAC (S10)	The MARAC offers a co-ordinated response from a number of statutory agencies to high risk victims of domestic abuse. As the data above highlighted, 37% of the clients on this service met the MARAC threshold. Without the whole sphere of protection which MARAC allows for, the support available for clients who have a high risk associated with their domestic abuse would have a substantial reduction in their support and the risks to their safety would severely increase. MARAC will still continue however there will be a reduced funding contribution form Public Health.
Children’s Centres, Early Help and Specialist Family Support (Hu1)	This provision offers a safe meeting space for users of this service.
Outreach support for people affected by Domestic Abuse has already been re-scoped and the funding reduced as part of the 2014/2015 strategic review.	The available funding has already been reduced for the service This re-scoped service commission commenced on 1 st April 2015.
Reductions to Sexual Health and Contraception (S01)	Reductions to Sexual Health and Contraception (S01) although it is not expected that this proposal will lead to a service reduction.
Proposal to remove the Social Fund Budget (S13)	Both the Crisis Support and Community Care elements are used by people fleeing domestic abuse. The Community Care element is particularly used when people are being re-located into new accommodation.
Cease funding to Gay Advice Darlington (09)	This service provision is the only form of direct support provision for male victims of Domestic Abuse, and is a key

	service provision for onward referral from GADD where individuals have Domestic Abuse needs.
Reductions to Obesity funding (MTFP Proposal Number S09)	Individuals accessing this service have also made effective use of the Healthy HUB for person centred health Interventions.
National Welfare reforms	The users of this service are primarily working age adults who are being impacted by the whole scale reform of working age benefits.
Associated MTFP proposals for Cease drug and alcohol floating support (C6)	Outreach support for victims of Domestic Abuse who require support to find and/or maintain their existing accommodation and/or develop confidence to live independently. Support also available for children to support them to deal with domestic violence. Such specialist support is essential to reduce the level of domestic abuse and to break the cycle of abuse.
Ceasing Vulnerable Adults Floating Support (C5)	The vulnerable Adults Floating Support service offers support to vulnerable people who have a 'generic' need for support i.e. a number of issues which means they need support to be able to live independently and be a contributor to their community. This vulnerable adults floating support service acts as pathway for individuals moving on from the Outreach Support Domestic Abuse service, and therefore acts as an effective mechanism to ensure that the service does not become silted when there are still independent living needs, but, the primary needs around Domestic Abuse have been addressed. Even with provisions within the Future Fund there will be significant re-scoping and reduction of the vulnerable adult support service.

Potential Consequential Impacts from Ceasing or Reducing the floating support service.

Consequential impact upon housing options when short term accommodation based services become silted.	The Outreach Support Service for people affected by Domestic Abuse plays an integral role in supporting the move on from the women's refuge. Refuge places are continually in high demand with occupancy consistently at 100%. There is a risk that any reduction or re-scoping of this service provision would silt the refuge as there would be no ongoing support for individuals within the community to help them move on.
This is the only community based service commission of this nature for people affected by Domestic Abuse. There is no equivalent designated service provision.	This is the only designated community based support service for victims of domestic abuse. This is the only provision for male victims.
Delays in accessing support/limited support options available	As the service is a very specific commission there is no alternative/equivalent service provision, any service re-scoping will focus on prioritising the highest risk/ need

	cases, this may result in individuals with low level needs having to wait longer to access support.
<p>Increase in crisis representations and level of fail to attend (for clinical interventions and treatment options)</p>	<p>Negative impact on other public services (including health - hospital admissions and A&E, Police, probation) and the voluntary and community sector as individuals present in crisis, due to a reduction in their ongoing preventative support. These services will not have the preventative service to refer individuals on to.</p> <p>Primary and Secondary Care and community based interventions services are likely to see an increase in the number of fail to attends as the service plays a key role in supporting individuals to engage positively with other services which impacts positively on their mental health and wellbeing and ultimately their ability to live independently and sustain their accommodation.</p>

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.

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

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
If yes, please state which groups and how The EIA has demonstrated that the service is presently entirely utilised by women affected by Domestic Abuse and therefore any changes to the service will greatly disadvantage women. Due to the nature of the vulnerability of the individuals using the service, any changes to the existing service will have to be handled in a planned and managed way. Any mitigation which can be put in place through the Future Fund will be worked alongside this proposal.
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
No
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
If yes, please state which groups and how The associated impact will increase disadvantage for vulnerable people affected by Domestic Abuse If they cannot access appropriate support and help

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
21.03.16	Individuals in receipt of the service	21.03.16 – 15.04.16	Questionnaire distributed to the provider for them to forward onto existing clients to support them to complete questionnaires where required. A number of questionnaires were also left with the provider for completion by clients who 'drop in' for triage or the Freedom Programme
29.03.16	Stakeholders	29.03.16 – 15.4.16	Questionnaire sent via email to a number of stakeholders to ascertain their views on the proposal.

Section 6: Engagement Findings

For a further breakdown of the client consultation responses please see Appendix A to this document

Clients

Questionnaires were given to the contracted provider for them to give to current clients (at that point in time). Due to the vulnerable and complex nature of the clients it was felt that this was the most appropriate approach. The questions focused on:

- Do you receive floating support?
- Have you accessed the Freedom or Confidence Building Programme
- How is the support helping you?
- What is important to you about the support you receive?
- What would be the impact on you if the service was no longer available (positive/negative)?
- Further comments about this or any other budget proposal

42 responses were received from clients of the service

Stakeholders

The services are integral to the preventative agenda and due to the vulnerable, chaotic nature of many of the clients, they are well known to other statutory agencies. It was therefore valuable to obtain stakeholder views as to how the budget proposal would impact on their organisation. Although a number of questionnaires were distributed, only 3 responses were returned. However, further responses were received from stakeholders via corporate feedback mechanisms.

	Date/summary of engagement carried out	Summary of impacts identified
Age	29-03-16 to 15-4-16	53% of respondents did not specify an age. For those who did, 68% identified themselves as being aged between 21-30. The Officer Assessment EIA level of impact remains unchanged .
Disability		
Mobility Impairment	29-03-16 to 15-4-16	No respondents identified themselves as having a Mobility Impairment The Officer Assessment EIA level of impact remains unchanged .
Visual impairment	29-03-16 to 15-4-16	No respondents identified themselves as having a Visual Impairment The Officer Assessment EIA level of impact remains unchanged .
Hearing impairment	29-03-16 to 15-4-16	No respondents identified themselves as having a Hearing Impairment

		The Officer Assessment EIA level of impact remains unchanged .
Learning Disability	29-03-16 to 15-4-16	No respondents identified themselves as having a Learning Disability The Officer Assessment EIA level of impact remains unchanged .
Mental Health	29-03-16 to 15-4-16	8 out of 42 respondents identified themselves as having a Mental Health disability (19%) The Officer Assessment EIA level of impact has reduced .
Long Term Limiting Illness	29-03-16 to 15-4-16	1 out of 42 respondents identified themselves as having a Long Term Limiting Illness (2%) The Officer Assessment EIA level of impact remains unchanged .
Multiple Impairments	29-03-16 to 15-4-16	No respondents identified themselves as having Multiple Impairments The Officer Assessment EIA level of impact remains unchanged .
Other - Specify	29-03-16 to 15-4-16	1 out of 42 respondents identified themselves as having a Substance Misuse need (2%) The Officer Assessment EIA level of impact remains unchanged .
Race	29-03-16 to 15-4-16	40 out of the 42 respondents identified themselves as being White British (95%) 1 respondent identified themselves as Algerian (2.5%) 1 respondent identified themselves as Polish (2.5%) The Officer Assessment EIA level of impact remains unchanged .
Sex	29-03-16 to 15-4-16	All respondents identified themselves as Female (100%) The Officer Assessment EIA level of impact remains unchanged .
Gender Reassignment	29-03-16 to 15-4-16	No respondents identified themselves as having changed gender from the gender they were

		<p>assigned at birth</p> <p>The Officer Assessment EIA level of impact remains unchanged.</p>
Religion or belief	29-03-16 to 15-4-16	<p>13 out of the 42 respondents identified themselves as Christian (31%) 1 respondent identified themselves as Muslim (2%) 28 respondents declined to comment</p> <p>The Officer Assessment EIA level of impact remains unchanged.</p>
Sexual Orientation	29-03-16 to 15-4-16	<p>38 out of the 42 respondents identified themselves as Heterosexual (90%) The remaining 4 did not answer the question</p> <p>The Officer Assessment EIA level of impact remains unchanged.</p>
Pregnancy or maternity	29-03-16 to 15-4-16	<p>4 out of 42 respondents identified themselves as being either Pregnant or on Maternity Leave (10%)</p> <p>The Officer Assessment EIA level of impact remains unchanged.</p>
Marriage / Civil Partnership	29-03-16 to 15-4-16	<p>25 out of 42 respondents identified themselves as being Single (60%) 5 out of 42 respondents identified themselves as being Married (12%) 3 out of 42 respondents identified themselves as being Separated (7%) 2 out of 42 respondents identified themselves as being in a relationship (5%) 1 out of 42 respondents identified themselves as being Divorced (2%) 3 out of 42 respondents did not provide an answer (7%)</p> <p>The Officer Assessment EIA level of impact remains unchanged.</p>

Please note: there are some variances between the protected characteristics identified at the officer screening based on need and those identified by Individuals completing the

questionnaires. The variance is due to the way in which the Individual perceives their needs as opposed to what a professional has recorded on a need & risk assessment.

EIA Findings –This section must be read in conjunction with Appendix A which details all responses received against this EIA proposal

Below is a summary of the key findings against each question. Where themes were identified, correlating comments, as written by the respondent (or by a representative on their behalf) have been quoted:

Do you receive the floating support service?

40% (16 people) of Individuals specified that they had or /do receive the floating support

Have you accessed Freedom Programme or Confidence Building Programme?

59% (24 people) of Individuals specified that they had accessed Freedom Programme or Confidence Building Programme.

How is the support helping you?

Overarching

- Positive impact upon parenting/skills and the wellbeing of children.
- Part of a package of support to help with whole family
- Improve wellbeing, mental health and provide emotional support to begin to look forward to the future.
- Making my accommodation safe/helping me move to alternative accommodation which is safe
- Help to move into the community after a period in refuge accommodation.
- To understand domestic abuse and the impact upon me/my children/family and understand what a positive relationship is.
- Impartiality

“Helped me to be a better Mam”.

“The support has made me more confident in myself, not only as a person, but as a mother to my children”.

“Confidence to escape my ex-partners abusive behaviour, and to safeguard my son”

“Housing safety”.

“To see the circle of Domestic Violence and how it works. Put me in contact with relevant services, someone to turn to, move on!”.

“Confidence”/“Self-respect”.

“My support worker has made me feel safe and secure in my own home and will visit when it suits me”.

“light at the end of the tunnel.”

“helping me to survive. You can tell you friends, put things into perspective made me understand other aspects of abuse like financial because that had always happened to me, I didn't know it was abuse.”

“arranged housing and then refuge accommodation because I still didn't feel safe.”

“Recognise the signs (of abuse) and live in a safe and secure environment.”

“They’re helping me move on. I hope/will gain back my confidence and be the person I used to be and provide a happy life for my son.”

What is important to you about the support you receive?

- Helping people to stay out of the abusive relationship
- Having a child returned to their care
- Helped to keep me alive/supported me through the move away from an abusive relationship.
- Non-judgemental/ honest/ impartial support, from people who specialise in supporting people affected by Domestic Abuse (The EIA responses highlighted that people are fearful of involvement of statutory agencies)
- Supported me to be safely housed.
- Help with the legal process – attending court/ obtaining a non molestation order

“Support there to help me feel strong each day.”

“To help me have my daughter returned to my care.”

“It is non-judgemental, helping me cope with what has happened. I would have still been in it, and could have been killed.”

“My Support Worker also tells me her concerns and helps me keep my tenancy.”

“It’s also important to know what effects Domestic Abuse has on children, and the different kinds of Domestic Abuse.”

“It is important to me because it gives me someone to talk to who is not a family member or friend.”

“helped me to understand that I was in an abusive relationship, the way I was living was not normal and I had choices other than remaining in the relationship.”

“I was very frightened of what was going to happen.”

“Helped to escape before things got really bad.”

“They arranged for security checks to be done on my house and for a non-molestation order and helped me to understand the court process”.

“Helped me stop a very violent man hurting me anymore, bring him to justice and they possibly saved my life”.

What would the impact be for you (effect on you/consequence) if the services were no longer available?

- Would stay in abusive relationship where the risk was escalating as there would be no help and support to keep you safe and help you move on.

- I would have ended up dead
- Deterioration in mental health and wellbeing
- No understanding of signs of abuse and positive relationships

“Quiet people who don’t say anything, who think he beats me up every night, but its ok because he gets me everything I need. If I hadn't had Harbour I would have got back with him and one of us would have been dead, because it would have got worse.”

“I would not have been able to see the conviction of the perpetrator without them”

“I could quite honestly see myself going back to the perpetrator; I need that external push / support.”

“Women would still be in an abusive relationship, as I would have been, as you don’t realise how serious it is. They showed the techniques used by the abuser to gain control, and to be abusive. I would have been scared to leave..... I could have been killed”

“I would be a quiet person with no self-confidence, my anxiety would get worse, and my children wouldn't have the mother they have now. It’s always nice to know you have someone you can talk to when, and if you need them.”

I think people would stay in relationships longer because they are not able to know where to get help.

If support was not there, there would be no one to turn to who is not involved with the family

I would hide, probably go back to how I was. I would be scared and worried. My son would suffer and we would have absolutely have no support.

What would the impact be for you (effect on you/consequence) if the services were no longer available?

Freedom Programme

“The Freedom Programme has made me more aware of how Domestic Violence has affected mine and the kids’ lives. I could not have done it without this service or my Support Worker”

“I would not have much insight to Domestic Abuse if there was no Freedom Programme, or how it affects the children.”

“Freedom Programme - It has done so much for me! I'm not suffering alone”.

Please use this section to detail any further comments you have about this or any other budget proposals

“A lot of people would really suffer if services like Harbour were no longer available. Domestic Abuse will become a secret, and people would be alone, and suffer.”

“You can't put a price on a women/s/children's safety. There are too many women still in the situation I was in, who are too scared to leave. With Harbour support, the help with support, whatever you need and potentially saves lives.”

“Don't think it is a good idea for people needing the support and advice not to be able to receive this because of budgets.”

“I feel the service needs to be kept up and running. I use the services Sure Start, Harbour, Alcohol and Drug Abuse. By shutting the services it means lack of contact for split families, and will have a knock on effect, so I feel these need support to be kept open.”

STAKEHOLDERS

Community Safety partnership

“They provide a vital and effective service supporting victims of domestic abuse and their families. To reduce the service will put more women at increased risk of harm and death. The impact upon children who continue to be subject to the impact of domestic abuse and who will be affected emotionally, psychologically, poor education attainment i e general reduction in life chances and capacity to thrive.”

National Probation Service Durham & Darlington

We work with many vulnerable adults who have been/are victims of Domestic abuse – they will often tell us how useful they have found the support from Harbour. Many women have spoken about the Freedom Programme and how this has enabled them to start living their lives again. This is bespoke support and is much needed as women cannot access any other service like this in Darlington.

We also work with perpetrators of domestic abuse and knowing their partners are being supported by Harbour is vital if we are to reduce this crime type.

We will have nowhere to direct the women to go to for help and support that is tailored to the needs of victims of domestic abuse.

Outreach support for women is vital, to support, check on their wellbeing, sign post to other agencies to get the best advice available.

Section 6: Engagement Findings – Continued

a) How will the proposal help to eliminate discrimination, harassment and victimisation?

The proposal to cease or reduce housing related floating support for people suffering from domestic violence will not help to eliminate discrimination, harassment and victimisation.

b) How will the proposal help to advance equality of opportunity?

The proposal will not advance equality of opportunity housing related floating support for people suffering from domestic violence

c) How will the proposal help to foster good relations?

The proposal will not help to foster good relations for people suffering from domestic violence

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

From the EIA responses the only suggestion was in relation to keeping the service provision at its present level (not ceasing or reducing the level of service provision)

This proposal (as with another two housing related support services MTFP proposal numbers 05 and 06) is linked to the Future Fund Opportunity- Housing Related and Outreach Support for Vulnerable Adults (£160,000)

The potential to re-procure a single service for vulnerable people through a competitive tender exercise was explored and discounted as it would be not felt to be financially viable

Proposal 1: Cease Domestic Abuse Floating Support (03)

Should the proposal to cease the domestic abuse floating support be agreed there would be no designated community based support service for people affected by Domestic Abuse. This service focuses on the acquisition of accommodation and/or maintenance of existing accommodation/ prevention of homelessness and person centred support to support individuals' recovery from Domestic Abuse and journey towards independence.

There would also be no opportunity for people affected by Domestic Abuse to receive structured peer support through the Freedom Programme and to understand the impact of Domestic Abuse and what constitutes a healthy and positive relationship. Additionally, there would be no opportunity for parents to reflect upon the impact that domestic abuse has had on their Children.

The ability to mitigate the impacts set out above would be negligible; as there would be no alternative equivalent service provision. The service offer would be the statutory Darlington Borough Council Housing Options service or eligibility of Adult Social Care or Health support, supplemented by any available community advice and information. The majority of the individuals on the service will have no links with statutory service provision and therefore there would be a significant cohort of individuals who would not have support. In addition for those very high risk cases where a support service is required there would need to be spot purchase arrangements, which are likely to be higher costs and would result in a delay in access to support for very vulnerable individuals.

Proposal 2- Reduce Domestic Abuse Floating Support (03) Reduce within the Fund Future Opportunity- Housing Related and Outreach Support for Vulnerable Adults.

Should the service be reduced this will be progressed through contract variation with the existing contractor to rescale the present requirements. It is envisaged the reduced provision

would provide a level of service which would continue to be able to provide support for those individuals moving on from the refuge and support for those high risk need cases, support will still be available for victims of Domestic Abuse to obtain appropriate housing and develop independent livings skills and move to a sustainable life free from Abuse. A mechanism to ensure the service remains as responsive as far as reasonably practicable will be developed with the current Provider; it may be that an alternative level of support is offered for low need cases.

The reduction would not impact upon the Children’s work or the offer of support presently available through the MASH and the present indication is that the provision of support via the Freedom Programme will remain unchanged even with a reduced service.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	<i>Helen Watson Newes</i>
	Date:	9 th June 2016
	Job Title:	Contract & Review Officer
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10.6.16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

What does the review of the information show?
Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact

Section 9 – Action Plan and Performance Management

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
<ul style="list-style-type: none"> • Would stay in abusive relationship where the risk was escalating as there would be no help and support to keep you safe and help you move on. • I would have ended up dead • Deterioration in mental health and wellbeing • No understanding of signs of abuse and positive relationships 	<p>Apply Future fund allocation and effect via contract variation</p> <p>The identified Equality Impact Assessment impact has reduced from the initial officer assessment to medium against Age, Gender, Mental Health, Pregnancy and Maternity Leave if the future Fund is applied. The service transition plan will seek to reduce these impacts to low.</p>	<p>Service Commissioner following Member decision making.</p>	<p>Following Member decision 29.06.16</p>
<p>The ability for the service to:</p> <ul style="list-style-type: none"> • Be responsive will be constrained due to staff resources. • To deliver support around holistic support needs will be reduced with the primary support focus being on the sustainment and acquisition of accommodation. 	<p>Service commissioners work with the Service Provider to successfully re-scope the service in a way which will support the maximum number of People possible in a safe and effective way, through a quality service provision which achieves outcomes for the people who use it. Ways to ensure that service does not build up a waiting list or become silted and there is provision for rapid intervention crisis support will be explored with the service provider.</p> <p>To proportionately re-scope and reduce the performance requirements of the contract in line with the re-scoped service provision. Prioritise</p>	<p>Service Commissioner</p>	<p>01.07.16 – 30.09.16</p>

	<p>support for highest risk individuals</p> <p>Working with the existing contractor re-scope the service through a transitional phase as far as reasonably practicable through natural processes to avoid a service withdrawal from an existing client.</p> <p>Opportunities to Maximise Peer support/volunteer led activities will be explored.</p>		
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Performance Management	
Date of the next review of the EIA	The EIA will be continuously reviewed through each service transition phase.
How often will the EIA action plan be reviewed?	Immediately following Members decision and through the service transition phase.
Who will carry out this review?	Service Commissioners

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

Title of activity:	The proposal is to terminate the Key Point of Access (KPA) and to streamline processes for the assessment and referral into Housing Related Support Services. The KPA is operated by both Housing Options and First Stop Darlington, who carry out interviews, complete needs & risks assessments and make onward referrals to commissioned service providers for vulnerable people in need of support.	
Lead Officer responsible for this EIA:	Helen Watson / Nicola Childs	
Telephone:	01325 405868	
Service Group:	People	
Service or Team:	Development & Commissioning	
Assistant Director accountable for this EIA	Hilary Hall	
Who else will be involved in carrying out the EIA:	Current Service Users. Children’s Social Care Service Providers	Adult Social Care Housing Services Key stakeholders
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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified		The risk of homelessness could affect any resident of Darlington, and the associated consequences of homelessness impact upon the whole of the Borough with regard to Anti-social behaviour and crime rate.
Stage 2: Further Assessment. Target Population likely to be affected identified		The KPA provides referrals into support and accommodation services for people who fit the criteria for the services. This criteria, varies from service to service, but the remit remains that the client must be ‘vulnerable’ and have support and accommodation needs. Therefore the target population are those residents of Darlington who are vulnerable with accommodation needs and do not possess the relevant life skills to enable themselves to work their way out of homelessness without support.
Stage 3: Further Assessment. Individuals likely to be affected identified		Vulnerabilities displayed by the users of the KPA are varied and the list is not exhaustive, but includes; mental health needs, learning disabilities, substance addictions, offending behaviours, lack of independent living skills etc.
Stage 4: Analysis of Findings		Page 15
Stage 5: Sign-Off		Page 26
Stage 6: Reporting and Action Planning		Page 27

Section 2 – The Activity and Supporting Information

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

MTFP proposal ref C4. The proposal is to terminate the Key Point of Access (KPA) and to streamline processes for the assessment and referral into Housing Related Support Services. The KPA is operated by both Housing Options and First Stop Darlington, who carry out interviews, complete needs & risks assessments and make onward referrals to commissioned service providers for vulnerable people in need of support.

The KPA has been operational since 2010 and has always operated out of the 2 locations to ensure equality of access to support services for all vulnerable clients who require a housing related support service. The service is the referral gateway into a number of supported accommodation and housing related support services. For some services, namely for those who are homeless, it is the only referral route. However for a number of other services, mental health, substance misuse, domestic abuse, it is one of many referral routes.

The KPA utilises a database provided by a third party ICT company. The system is web based and can be accessed anywhere, which opens up opportunities for needs & risk assessment forms to be completed at a location convenient to the client by relevantly trained agencies. The IT system will remain.

The objectives of the KPA are to:

- **Provide comprehensive advice and guidance to all clients who request housing and support assistance, due to being homeless, or being at risk of homelessness.**
- **Provide the client with options, to enable them to move forward with their situation.**
- **Provide a contact and needs and assessment function that seeks to resolve and prevent homelessness in the first instance.**
- **Conduct an initial standardised needs & risk assessment to identify all support needs.**
- **Make referrals for clients into other specialist services on a needs led basis, where appropriate.**
- **Manage access routes and referrals into commissioned housing related support services for people who are homeless or at risk of homelessness.**
- **Ensure that clients are referred to the housing and / or support service that will best meet their needs, or provide acceptable alternatives where the most appropriate option is not currently available.**
- **Reconnect people who have support networks outside of Darlington back to their local area when appropriate.**
- **Develop a resource facility as a “hub” of information on all homelessness issues.**

The level of partnership working between Darlington Borough Council and the voluntary sector has been greatly enhanced following the creation of the KPA. The level of information which is exchanged between both access points is unsurpassable, and as a consequence there is a good working knowledge of the risks and needs of Darlington’s most vulnerable and complex residents.

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

The service is available to any resident of Darlington who requires a housing related support service in order to prevent them from becoming homeless, or requires an accommodation based service (hostel) to ensure they avoid rough sleeping.

Target population

The target population is any resident of Darlington who is aged over 16, has direct housing responsibilities and / or a housing need.

The EIA will focus on clients who access the KPA in order to be referred into the 3 services for which the KPA is the only referral route – 700 Club accommodation service for clients who are homeless aged 18+, DISC's Outreach support for people who are homeless or at risk of homelessness and the Positive Support Pathway (PSP), which is provided by Tees Valley YMCA.

All other services which fall into the 'housing related support' category can be referred into by the KPA, but they have other referral routes and therefore the KPA referrals make up only a small number of their referrals. These services are more specialist around a particular client group; Vulnerable Families, Mental Health, Domestic Abuse, Substance Misuse, Physical & Sensory Impairment and Learning Disability.

Individuals

For the period 01.01.15 – 29.02.16 a total of 754 referrals were made into the 3 relevant services. The referral source was as follows:

Service	Total	DBC	First Stop	Other *
Hostel	221	144	48	29
DISC	304	216	43	45
PSP	229	181	41	7

*'other' relates to internal transfer of clients between providers and will not form part of the EIA

The individuals that would be affected as those who are being referred into the support services by the current referral points. It will be important to ensure that the needs of individuals who are being assessed at different referral points are collected during the EIA process.

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

The commissioners have liaised with other Local Authorities to ascertain how they utilise the same IT system in their areas. Although there are a number of authorities who utilise the system as we do, there are an increasing number of Council's who enable a range of referral agencies to refer directly into services, rather than having an actual 'gateway', the IT system allows for a 'virtual gateway'.

We are able to compare the referrals which are made to the other commissioned services who have more than one referral route. Although the services have been in place for differing periods, the table below highlights the varying referral sources:

Service	Period	Total Referrals	Primary Referral Source	Secondary Referral Source	Other
Vulnerable Parents	01/01/15 - 29/02/16	51	Self (21)	Children's Services (10)	LA Management Officers, Adult Social Care (ASC), Police
Mental Health	01/10/15 - 29/02/16	43	Self (20)	West Park/Hospital (8)	ASC, Housing Options, First Stop, Probation, NECA
Substance Misuse	01/09/15 - 29/02/16	35	Self (15)	First Stop (7)	NECA, ASC, Probation
Physical & Sensory Impairment	01/09/15 - 29/02/16	49	ASC (23)	Self (10)	LA Management Officers, Hospital

*Data has not been available for the domestic abuse services, however, this issue is being rectified.

The service providers have strict eligibility criteria, and therefore only people who meet this criterion are accepted onto the service. Therefore there are no concerns around the high level of 'self' referrals. However the table does demonstrate the wide number of referral agencies which rely on housing related support services to help them support their clients. The above services still have a throughput of clients and this, length of stay and referral sources can all be monitored via the reports on Capita.

Although this proposal looks at the KPA being terminated, it also suggests that a streamlined process can be put in place. The EIA will therefore address this, by asking clients

- where they would not go for an assessment; and
- whether they would be happy with an agency who they are already working with to carry out their needs & risk assessment for a housing support service.

It is not being proposed that clients will be able to self-refer into the accommodation based service as this is required to enable the local authority to fulfil their statutory duty, and to prevent street homelessness whilst reducing the number of homeless clients who are placed in bed & breakfast accommodation.

Other budget proposals, if mandated by Council, will also have an effect on the number of services available, and their capacity. The Substance Misuse, Outreach Floating Support and Floating Support for Victims of Domestic Abuse are also proposed as budget cuts. They are however, subject to the Future Fund, and if that money is secured, would have to be significantly reduced in partnership with the current provider. For some services this would include a greater emphasis on triage and signposting, which could open up the argument for the provider to be able to add their own referrals for people who 'drop in' for support.

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
Age			N/A				Nil	There is no envisaged impact upon individuals relating to age should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Race			N/A				nil	There is no envisaged impact upon individuals relating to race should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Sex			N/A				nil	There is no envisaged impact upon individuals relating to sex should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Gender Reassignment			N/A				Nil	There is no envisaged impact upon individuals relating to gender reassignment should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Disability (summary of detail on next page)			N/A				Nil	There is no envisaged impact upon individuals relating to disability should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Religion or belief			N/A				Nil	There is no envisaged impact upon individuals relating to religion or belief should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Sexual Orientation			N/A				Nil	There is no envisaged impact upon individuals relating to sexual

							orientation should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Pregnancy or maternity			N/A			Nil	There is no envisaged impact upon individuals relating to pregnancy or maternity should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Marriage/ Civil Partnership			N/A			Nil	There is no envisaged impact upon individuals relating to marriage/civil partnership should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.

Section 3: Officer Assessment - continued

To ensure a reflective response for this section, we have analysed of the needs of the Individuals referred into the, floating support and Positive Support Pathway (as detailed in the other EIA documents) between 01/02/2015 and 29/02/16.
Between both services, the following needs were identified:

<p>Mobility Impairment</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals referred into either the Hostel, PSP or floating support service between 01/02/2015 and 29/02/2016 identified that 25% of the individuals in receipt of the service had a physical or sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.</p>
<p>Visual impairment</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals referred into either the Hostel, PSP or floating support service between 01/02/2015 and 29/02/2016 identified that 25% of the individuals in receipt of the service had a physical or sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.</p>
<p>Hearing impairment</p>			<p>N/A</p>			<p>Nil</p>	<p>None identified at this stage .This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.</p>
<p>Learning Disability</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals referred into either the Hostel, PSP or floating support service between 01/02/2015 and 29/02/2016 identified that 25% of the individuals in receipt of the service had a learning disability. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.</p>
<p>Mental Health</p>		<p>N</p>		<p>H</p>			<p>Analysis of the needs of the Individuals referred into either the Hostel, PSP or floating</p>

								support service between 01/02/2015 and 29/02/2016 identified that 64% of the individuals in receipt of the service had a mental health need. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Long Term Limiting Illness		N		H				Analysis of the needs of the Individuals referred into either the Hostel, PSP or floating support service between 01/02/2015 and 29/02/2016 identified that 46% of the individuals in receipt of the service had a long term health need. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Multiple Impairments			N/A				Nil	None identified at this stage. This position will be reviewed and revisited as the EIA progresses. Please refer to page 15 for EIA findings.
Other - Specify		N		H				The complexities of a number of the clients who are assessed for support through the KPA cannot be underestimated. Many live chaotic lifestyles, misuse substances, have offending histories as well as having mental health episodes and displaying vulnerable behaviours. Please refer to page 15 for EIA findings.

Cumulative Impacts

There are a number of MTFP proposals which effect vulnerable people. Any changes to services that support these clients have to be approached with caution, and managed sensitively. This proposal has the potential to remove the 'stability' which a lot of vulnerable people need to be able to function. Although not addressed through this EIA, it is pertinent to highlight that the proposed removal of this funding from First Stop, together with the proposed removal of other Darlington Borough Council funding streams through the MTFP proposals does raise the concern about the cumulative impact on First Stop's financial position.

This raises great concerns as to where their clients would go to receive the support which they receive from First Stop on a daily basis. There will also be an impact on other statutory services; police, probation etc. who rely on First Stop to support their complex clients and the

<p>knowledge which the staff team has on Darlington's most vulnerable residents cannot be underestimated and could not be replaced.</p>	
Change Activities	Potential Cumulative Impacts
<p>Proposal to remove the Social Fund Budget (S13)</p>	<p>Both the Crisis Support and Community Care elements are used by people assessed by the KPA. The Community Care element is particularly used when people are being accommodated and after a period in temporary accommodation/hostel accommodation. Individuals accessing this service are key users of Crisis support for support around utilities and food.</p>
<p>Ceasing Vulnerable Adults Floating Support (C5)</p>	<p>The vulnerable Adults Floating Support service offers support to vulnerable people who have a 'generic' need for support i.e. a number of issues which means they need support to be able to live independently and be a contributor to their community. The removal of this service will significantly remove the support options available. Both the KPA and the support services which are subject to MTPF proposals (05 & 06) offer early intervention advice, without this, there is the potential for the needs of vulnerable clients to escalate.</p>
<p>Cease Outreach Support for People with a Substance Misuse Need (C6)</p>	<p>With a substance misuse service and without the ability to assess the client to access supposition 1sert, the accumulative impact for that individual will be severe.</p>
<p>MTPF proposals also affecting People with Drug and Alcohol needs (S02)</p>	<p>The KPA completes assessments for a high percentage of clients who have a substance misuse need. Their ability to offer short term advice and signposting, reassures the client that support is there for them.</p> <p><u>Homelessness and Substance Misuse Service</u> Removal of contribution to a local organisation that provides homelessness support services to ensure all provider staff are trained to, and carry out, screening, brief interventions, 1-2-1 support and appropriate referrals to the Recovery & Wellbeing Service, for those individuals presenting with substance use issues.</p> <p><u>Drug, Alcohol & Tobacco Commissioning Team</u> There would be no capacity to undertake local campaigns and limited capacity to support national or regional campaigns in Darlington.</p> <p><u>Wider Alcohol Control</u> No contribution to BALANCE the regional office for the reduction of Alcohol Harm.</p>

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.

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

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No			
<p>If yes, please state which groups and how No protected characteristic group will be treated differently as a result of this of this proposal. However, due to the nature of the vulnerability of the individuals using the service any changes made to the existing service will have to be handled in a planned and managed way. Any mitigation which can be put in place through reconfiguring processes will be worked alongside this proposal. The EIA has demonstrated that there is a disproportionate use of the service by males (77%) and there is a significant negative impact upon individuals with mental health needs which made up 34% of the EIA respondents. Due to the service being available to everyone, the EIA also highlighted that 14% of respondents identified themselves as having a Learning Disability and 17% determined that they had Multiple Impairments.</p>			
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No			
<p>If yes, please state which groups and how No, there is no differential treatment; however, there are associated negative impacts for people with mental health needs.</p>			
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No			
The associated impact will increase disadvantage for vulnerable people with mental health needs who tend to be the most disconnected members of society.			
Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of Plan Entry	Organisation, Group or Individuals	Date of Event or Activity	Type of activity – venue, channels, method and staffing
21.3.16	Hostel clients/ YMCA Foyer current residents	21.3.16 - 15.4.16	Questionnaires given for completion by current Hostel / Foyer residents as all will have received a KPA assessment from either DBC or First Stop
21.3.16	First Stop & Housing Options	21.3.16 - 15.4.16	Both organisations were given a supply of questionnaires to be completed by all clients who present for a KPA assessment during the 4 week period.
29.03.16	Stakeholders	29.03.16 - 15.4.16	Questionnaire sent via email to a number of stakeholders to ascertain their views on the proposal
01.04.16	Stakeholders (Providers)	01.04.16 - 15.04.16	Questionnaire sent via email to providers who receive their referrals from the KPA to ascertain their views on the proposal

Section 6: Engagement Findings

For a further breakdown of the client consultation responses please see Appendix A to this document

Clients

Questionnaires were given to the contracted provider for them to give to current clients (at that point in time). Due to the vulnerable and complex nature of the clients it was felt that this was the most appropriate approach. The questions focused on:

- How did you find out about the KPA?
- Where did you use the KPA?
- Why did you choose to use the KPA there?
- What would the impact be for you (effect on you/consequence) if you could no longer go there for a KPA assessment – Negative / Positive
- Would allowing other agencies to do assessments help you or others?
- Please explain your answer
- Is there anywhere you would not go for an assessment?
- Further comments about this or any other budget proposal

64 responses were received from clients of the service

Stakeholders

The services are integral to the preventative agenda and due to the vulnerable, chaotic nature of many of the clients, they are well known to other statutory agencies. It was therefore valuable to obtain stakeholder views as to how the budget proposal would impact on their organisation. Although a number of questionnaires were distributed, only 3 responses were returned. However, further responses were received from stakeholders via corporate feedback mechanisms.

	Date/summary of engagement carried out	Summary of impacts identified
Age	29-03-16 to 15-4-16	Where the Individual provided their age the age range was as follows: Under 20 = 11 Respondents 20-30 = 16 Respondents 31-40 = 7 Respondents 41-50 = 2 Respondents 50+ = 3 Respondents 25 Respondents have not provided a response
Disability	29-03-16 to 15-4-16	
Mobility Impairment	29-03-16 to 15-4-16	4 out of the 64 respondents identified themselves as having a Mobility Impairment (6%)

		The Officer assessment of the level of impact against this characteristic remains unchanged
Visual impairment	29-03-16 to 15-4-16	2 out of the 64 residents identified themselves as having a Visual Impairment (3%) The Officer assessment of the level of impact against this characteristic remains unchanged
Hearing impairment	29-03-16 to 15-4-16	3 out of the 64 residents identified themselves as having a Hearing Impairment (5%) The Officer assessment of the level of impact against this characteristic remains unchanged
Learning Disability	29-03-16 to 15-4-16	9 out of the 64 respondents identified themselves as having a Learning Disability (14%) The Officer assessment of the level of impact against this characteristic has reduced
Mental Health	29-03-16 to 15-4-16	22 out of the 64 respondents identified themselves as having a Mental Health need (34%) The Officer assessment of the level of impact against this characteristic remains has reduced
Long Term Limiting Illness	29-03-16 to 15-4-16	2 out of the 64 respondents identified themselves as having a long term limiting illness (3%) The Officer assessment of the level of impact against this characteristic remains unchanged
Multiple Impairments	29-03-16 to 15-4-16	11 out of the 64 respondents identified themselves as having Multiple Impairments (17%) The Officer assessment of the level of impact against this characteristic remains has increased
Other - Specify		
Race	29-03-16 to 15-4-16	61 out of the 64 respondents identified themselves as White British (95%) 1 respondent identified themselves as Caribbean (2%) 1 respondent identified themselves as Kurdish (2%) 1 respondent identified themselves as Gypsy/Traveller (2%) The Officer assessment of the level of impact against this characteristic remains unchanged
Sex	29-03-16 to 15-4-16	49 respondents identified themselves as Male (77%)

		<p>15 respondents identified themselves as Female (23%)</p> <p>The Officer assessment of the level of impact against this characteristic has increased</p>
Gender Reassignment	29-03-16 to 15-4-16	<p>No respondents identified themselves as having changed gender from the gender they were assigned at birth</p>
Religion or belief	29-03-16 to 15-4-16	<p>43 out of the 64 respondents did not provide a response to this question (67%)</p> <p>For the 21 respondents who provided an answer, they identified themselves as the following:</p> <p>14 identified themselves as Christian (22%)</p> <p>1 identified themselves as being a Freemason (2%)</p> <p>2 identified themselves as being Jedi (3%)</p> <p>1 identified themselves as being Muslim (2%)</p> <p>1 identified themselves as being Pagan (2%)</p> <p>1 identified themselves as being Satanist (2%)</p> <p>1 identified themselves as Jewish (2%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Sexual Orientation	29-03-16 to 15-4-16	<p>6 respondents did not provide a response (10%)</p> <p>50 respondents identified themselves as Heterosexual (78%)</p> <p>4 respondents identified themselves as Bisexual (6%)</p> <p>4 respondents identified themselves as Lesbian/Gay (6%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Pregnancy or Maternity	29-03-16 to 15-4-16	<p>No respondent identified themselves as being pregnant or on maternity leave</p>
Marriage / Civil Partnership	29-03-16 to 15-4-16	<p>61 out of the 64 respondents identified themselves as Single (95%)</p> <p>1 out of the 64 respondents identified themselves as a widow (2%)</p> <p>The remaining 2 respondents did not provide an answer</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>

Please note: there are some variances between the protected characteristics identified at the officer screening based on need and those identified by Individuals completing the questionnaires. The variance is due to the way in which the Individual

perceives their needs as opposed to what a professional has recorded on a need & risk assessment.

EIA Findings –This section must be read in conjunction with Appendix A which details all responses received against this EIA proposal

Below is a summary of the key findings against each question. Where themes were identified, correlating comments, as written by the respondent (or by a representative on their behalf) have been quoted:

Why did you choose to use the KPA there?

First Stop

- **Known to First Stop**
- **Friendly & helpful staff**
- **They were the only agency to offer help**
- **Didn't know where else to go**
- **Availability of appointments**

“Already use their service”

“Known to First Stop and its workers - familiar environment”

“I was already accessing First Stop for housing advice”

“Found the staff helpful and friendly”

“Used as a drop in”

“Easy to use”

“Because they were the only agency to offer me any help. I had no knowledge of any other agency that would help me”

“The support workers at First Stop have spent a lot of time gaining my confidence and helped me a lot, they suggested the KPA and explained how it works. I needed more support they did it all for me”

“Available Appointment”

Housing Options

- **Homeless**
- **Were advised by another agency**

“Social Worker assisted me”

“Advised by First Stop”

“I went to DISC and they advised to go to the Council”

“Had no where else to go”

“Because I was going to become homeless”

“Because of being made homeless”

“Leaving Care worker”

“I’ve been in here before and no problems”

“First Stop was shut”

What would the impact be for you (effect on you/consequence) if you could no longer go there for a KPA assessment - Negative

First Stop

- Homeless
- Return to their previous lifestyle
- Decline in mental health
- No impact
- Would have gone to DBC

“Might not be housed, could have made mental health worse, resulting in suicide”

“I would still be in a house of disrepair”

“It would be massive as I do not go to other agencies as I have trust which has built up over the years”

“Homeless and probably a return to crime”

“Couldn’t understand post, budgeting, wouldn’t get the support needed”

**3 out of the 22 referred to being homeless / sofa surfing, or sleeping on the streets
In relation to ‘NO impact’ and ‘would have gone to DBC’ quotes were:**

“No impact but would have used an Advocate”

“Maybe I would go to the Council”

“I would go to Council”

“Use DBC”

“Use DBC where else”

“Would go to DBC”

Housing Options

- Homeless
- Decline in mental health
- Would use another agency

"I would be homeless."

"I would have been street homeless or sofa surfing"

"Would be living on the streets"

"It would affect my living arrangement, and would affect my mental health, as have been in a homeless situation before, and couldn't deal with the worry"

"Homeless and in danger"

**19 out of the 32 referred to being homeless / sofa surfing, or sleeping on the streets
In relation to 'would have used another agency'**

"None - I'd go to First Stop"

"I would go somewhere who did do it"

"I would go to the YMCA for help"

"There will be no consequences as I could find somewhere else to fill it out."

Would allowing other agencies to do assessments help you or others?

Yes 46 (72%)

No 1 (17%)

Answer Yes & No 1

Unsure 1

Not answered/no comment 5

Please explain your answer

Key points noted from the responses were (Those who answered YES to above question):

"I work with Morrison's Trust - Keyring and DISC in the past, and would happily allow their workers to do assessment"

"More and easier access"

"More accessible for people in need"

"At DISC, I feel comfortable there"

"Other agencies with specialist knowledge would be useful"

"Multiple agencies using my information will provide more assistance with my needs"

"I chose Yes as the more people that would allow me to work with them, there would be a better chance of finding accommodation and support if necessary"

“Because there will be more people to help me”

“Helps other agencies to help me”

“It would simplify the process to work with agencies I am already working with”

“A lot easier - appointments are hard at the Council”

“Done with project in prison and found it helpful”

“Its easier as I am going to someone I know”

“Only if it’s a service I feel comfortable with”

“May have got KPA done quicker”

Those who answered NO to the above question:

“I prefer to keep my information confidential”

“Leave it to the professional people who are doing it”

“Due to high amount of people being made homeless the duress of the stressful situation. It would impede social standing of the assistance given from the KPA to the public. The staff of First Stop show compassion & understanding of peoples situations where as employees of the council treat it as 'just another job' and disregard people’s humanity and treat them as just another number”

Is there anywhere you would not go for an assessment?

No – 33 Yes - 52%

Places where clients would not go and reasons:

- Treatment service
- DBC
- Other Agencies

Treatment Service

“NECA - because I lost trust with the appointments given to me”

“NECA, because I don’t like to see certain people”

“NECA, DISC, Social services, Probation, Switch - because I would feel uncomfortable”

DBC

“Council - feel like people are numbers, not people”

“Darlington Borough Council due to their 'assessments' of being homeless they do not care if you sleep on the streets”

“Town Hall or other busy place, due to not knowing anyone”

Other Agencies

“700 Club”

“Have had problems at First Stop but would go if I had to”

“YMCA cos they don’t meet my needs”

“Job centre plus”

Please use this section to detail any further comments you have about this or any other budget proposals?

41 respondents had not entered any comments

23 had entered comments, including:

“Should keep KPA at First Stop, as friendly service, but feel Council is more of a production line, and more people go to First Stop for help.”

“I will not get the help I need and other people won’t too.”

“Sad First Stop losing funding as I'm used to their staff and environment, and spend a lot of time there.”

“The service is vital for the need of the vulnerable and at need.”

“Cutting this service will be detrimental to vulnerable people.”

“It would be hard for people like me if this service was to be removed.”

“Please don’t cut our budgets, and help me!”

“I feel that shutting this system down to save a few pence would have a negative effect as it would ask people to pen themselves up to another stranger after building up trust with another”

“No. Mental health support needs to be better and easier/quicker to access. Cost of furniture for my new flat is too much £36 a week - more help needed to set up home.”

“as a young person it is hard to start living independently and it’s important that we get support and help. This will effect a lot of people”

“I feel that it is important to have support that will continue after the hostel support so I can adjust to living independently. I think it’s important that the people who support us know about setting up a home, setting up bills and that they know about the problems we face such as alcohol and addiction”

“Please do not sanction the homeless people, they are many more than initially appears, many hidden homeless - we all do need support and often have many extenuating problems that have led to homelessness - nobody does this on purpose - in my experience we are affected people who need real help “

STAKEHOLDER

Stakeholder Responses

National Probation Service Durham & Darlington

Q. How does the above named support service help your organisation?

“First Stop is an excellent organisation who have supported our offenders, especially those in crisis and who lead very chaotic lives. For many offenders having the ability to go to First Stop to have their KPA completed and receive other help has been vital in helping us reduce their needs and drain on other services. They know and understand the needs many of our clients have and we have worked together many times to help reduce offending”

Q. What is the potential impact for your organisation if the service was no longer provided or much reduced?

“This service would be a great loss, we deal with some very difficult cases who have caused harm to our communities, and First Stop do not turn them away. We have appreciated the work they have done in helping people resettle after coming out of prison. Their knowledge and level of expertise is excellent, they are accessible to our clientele, and we have worked well together to try and reduce reoffending. It is difficult to know who else we could turn to for this kind of support for our clients”

Q. If a level of service provision can be retained in a reduced capacity, which elements of the service would you find most valuable?

“We could complete KPA’s with our offenders if that was allowed? However we are not a housing agency and this support and guidance is vitally needed to channel the most effective route into support, especially with this difficult to manage group”

Existing housing related support services

Q. What is the potential impact for your organisation if the service was no longer provided or much reduced?

“Potential longer waiting times for a KPA appointment for our customers”

Q. How do you feel that the ‘assessment and referral process’ into Housing Related Support Services could be streamlined?

Housing organisations completing the KPA application with the customer and then sending it directly to housing. We often hold valuable information about the customer which would be of benefit to them being noted in the KPA application. This would reduce the waiting time to access services.

Through completion at Provider drop ins.

If all housing related support agencies were able to complete a KPA type of assessment and email this into Housing Options for them to decide the most appropriate service for the client, this would enable clients to be referred more quickly and it would reduce the need for clients repeating themselves to numerous agencies, as we already ask very similar questions on our own assessments

All services could be access points with a KPA still being completed if there is a desire to keep a central system. Organisations will then have full control of their referrals and can refer on to other HRS services if more relevant using the system”

Integrated Offender Management Unit (IOMU)

Q. How does the above named support service help your organisation?

“It acts as a vital referral point into housing for our cohort of offenders. Most have drug and alcohol issues, combined with mental health problems and low self-esteem. These make for poor communication skills, and many have difficulty reading and writing. All this makes them fearful of going into main stream public services, as it is often too hard to understand rules and paperwork etc. First Stop understand the issues, and can spend time helping our offenders make applications. They also have a good understanding of the offenders and can filter ‘untruths’ etc. on applications”

Q. What is the potential impact for your organisation if the service was no longer provided or much reduced?

“A loss of this will mean an increase in either a police or probation officer having to find time to hand hold in mainstream services or offenders will refuse to engage with main office staff and sofa surf/sleep rough which increases their likelihood of offending behaviour and addiction”

Q. If a level of service provision can be retained in a reduced capacity, which elements of the service would you find most valuable?

“Could First Stop still be a point of KPA but on certain days, or a housing outreach worker with the required skills use First Stop as a base on certain days etc with a nominal fee paid to First Stop for use of space? Or could this service be provided at the probation CRC hub?”

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal to cease the Key Point of Access will not help to eliminate discrimination, harassment or victimisation.
b) How will the proposal help to advance equality of opportunity?
This proposal will not advance equality of opportunity for vulnerable people who have been assessed by the Key Point of Access
c) How will the proposal help to foster good relations?
The proposal will not help to foster good relations

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

The proposal has always been a 2 tiered approach with the termination of the Key Point of Access (KPA) being replaced by a more 'Virtual Gateway'. This was reflected in the questions which were asked in the client consultation questionnaire.

Clients were asked if they would be happy for other agencies to complete their needs & risk assessments for housing support services – 72% said that they would be happy for this to happen.

As we have always proposed that we would retain the Capita database due to the strategic picture it creates for Darlington Borough Council and its partners of the most vulnerable residents of Darlington. We approached both Housing Options and First Stop to see if they would continue to use the system for referring their clients who require support into services.

Housing Options agreed to continue with this function, as it enables them to fulfil their statutory duty and enables homelessness to be prevented.

First Stop have also agreed to continue to conduct assessments for their clients who require an accommodation and/or support service. They felt that this was the best outcome for their clients and other vulnerable people who come into their service. A further hand off to another agency to carry out an assessment would not be the best approach for supporting a vulnerable person. They were also keen to ensure that the rich data we have generated over the lifetime of the current contract is not lost, and neither is the partnership which they have with Housing Options. The sharing of risk data is essential for the safety of workers, and the knowledge which First Stop brings to the cases cannot be underestimated. We have to acknowledge the dedication and professionalism of First Stop in agreeing to this approach

The success of the discussions with both First Stop and Housing Options help to mitigate the issues which were highlighted in this report to a large degree and the co-operation shown is very much acknowledged.

We have also worked with ICT to produce a secure web page for Needs & Risk assessments to be uploaded, which will then open up the opportunity for further promotion work with agencies who could complete Needs & Risk assessments, thus removing the need for the client to present to housing options.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	<i>Helen Watson Newes</i>
	Date:	9 th June 2016
	Job Title:	Contract & Review Officer
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10.6.16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue

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
Negative impacts which were identified from First Stop clients as to the impact if they were no longer able to attend there for an assessment	These are no longer an issue due to First Stop agreeing to continue to complete assessments for their clients. This mitigation enables all level of impact for people with protected characteristics in Section 3 & 6 to be reduced to LOW.	Service Commissioner	01.07.16 – 30.09.16
For clients who felt that they would not like another agency to complete their assessment	This is no longer an issue as both Housing Options and First Stop have agreed to complete needs and risk assessments	Service Commissioner	01.07.16 – 30.09.16

Performance Management	
Date of the next review of the EIA	Immediately following Members decision
How often will the EIA action plan be reviewed?	The impacts will be continuously reviewed through the implementation stage
Who will carry out this review?	Service commissioners

Section 1 – Service Details and Summary of EIA Activity – OUTREACH SUPPORT

Title of activity:	To remove the contract for the provision of Housing Related Support for Vulnerable People aged 25+. (This is not Hostel provision – 29 units will remain). This contract encompasses the management of Darlington Borough Council’s statutory provision of Temporary Accommodation (11 units of accommodation) and this statutory provision is also out of scope of the proposal.
Lead Officer responsible for this EIA:	Helen Watson / Nicola Childs
Telephone:	01325 406866
Service Group:	People
Service or Team:	Development & Commissioning
Assistant Director accountable for this EIA	Hilary Hall
Who else will be involved in carrying out the EIA:	Current Service Users The Service Contractor Key Stakeholders

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	12.02.16	<i>Whole population, e.g. whole borough, a neighbourhood, a whole demographic group such as older people</i> The risk of homelessness could affect any resident of Darlington, and the consequences of homelessness impact upon the whole of the Borough in terms of ASB and crime rate. However, this specific proposal would not directly affect the whole population, as the service commission is specifically for Individuals aged 25 years and over, and, in specific circumstances, clients aged 18 and over, who are homeless or at risk of homelessness.
Stage 2: Further Assessment. Target Population likely to be affected identified	12.02.16	<i>Target population, e.g. rural communities, community centre users in neighbourhood, older users of particular services</i> Primary age range: Vulnerable people within the borough of Darlington who are primarily aged over 25 who are homeless or at risk of homelessness. Secondary age range: Individuals aged 18 or over (at the Council’s discretion and consent, if it is deemed necessary a referral may be made for a 16 or 17 year old).

<p>Stage 3: Further Assessment. Individuals likely to be affected identified</p>	<p>12.02.16</p>	<p><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></p> <p><u>Eligibility</u></p> <p>Primary age range: priority will be given to Individuals who are aged 25 or over</p> <p>Secondary age range: Individuals aged 18 or over (at the Council’s discretion and consent, if it is deemed necessary a referral may be made for a 16 or 17 year old).</p> <p>Individuals using this service, will be homeless, or at risk of becoming homeless, will have a need for housing related support and be willing to engage in support;</p> <p>The individual will have identified needs which can range from ‘complex’ to ‘generic’;</p> <p>In addition to addressing the housing needs of the Individual the Service supports the Individual to address any other identified and emerging secondary needs such as:</p> <ol style="list-style-type: none"> 1 offending behaviour; 2 community safety issues; 3 the need to engage with mental health services; and 4 the need to access local drug and alcohol treatment and recovery agencies.
<p>Stage 4: Analysis of Findings</p>		<p>Page 18</p>
<p>Stage 5: Sign-Off</p>		<p>Page 29</p>
<p>Stage 6: Reporting and Action Planning</p>		<p>Page 30</p>

Section 2 – The Activity and Supporting Information

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

MTFP proposal Ceasing Vulnerable Adults Floating Support (C5)

To remove the contract for the provision of Housing Related Support for Vulnerable People aged 25+. (This is not Hostel provision – 29 units will remain). This contract also encompasses the management of Darlington Borough Council's statutory provision of Temporary Accommodation (11 units of accommodation), and this statutory provision would need to remain.

This Service is to support Individuals with a wide range of needs, from complex to generic, who are homeless, are at risk of homelessness or require support to maintain accommodation. These Individuals could also have associated needs and vulnerabilities, including needs arising from an offending history, mental ill health, learning difficulties, substance misuse, or they could pose a risk to themselves, or to others.

The service has capacity to support over 300 Individuals per annum. Support is delivered through triage support, group work, crisis interventions and floating support (floating support is support delivered in the community to individuals whose identified needs cannot be met through triage, for a maximum of 6 months).

In addition to ensuring the individual is adequately housed, the service aims to reduce dependency, increase and sustain independence, increase the number of clients taking part in education, training and employment and meaningful daytime activities. These include, but, are not limited to; reducing overall debt, better management of physical health, mental health and substance misuse issues, and support to avoid harm from others and to others, which are all important in supporting an individual to move towards independent living and becoming a contributor to society.

This specific support commission:

- Acts as a pathway to support individuals moving on from short term / temporary accommodation based services where individuals are ready to move on to more independent living;
- Works with Individuals living in the community to retain their current accommodation, and to prevent them becoming homeless;
- Works with Individuals to find alternative accommodation which is more suitable to their situation, and better meets their needs;
- Provides pre-tenancy support to Individuals who do not presently have responsibilities for a tenancy, but require support to source appropriate accommodation;
- Places individuals in temporary accommodation units to support them to develop their independence.

The service plays a key role in the provision of instant access and person centered support for vulnerable adults, in addition to the 1:1 support in the community. The service also provides “meaningful activities” to ensure that users of the service have meaningful and constructive activities which helps to embed a routine in their lives.

The service delivers very positive outcomes for the people who use it, and a number of former clients have become volunteers on the service.

The service performance data for Q3 identified that 67% of the vulnerable individuals who left the support service 6 months prior had sustained their independence without making

a presentation to statutory services. In making these checks, the contractor identified two cases whereby timely interventions around debt would prevent any deterioration in circumstance, these individuals were picked back up on the service for a short term intervention.

Who will be affected by the activity?

Whole population

The risk of homelessness could affect any resident of Darlington, and the consequences of homelessness impact upon the whole of the Borough in terms of Anti-Social Behaviour and crime rate. However, this specific proposal would not directly affect the whole population, as the service commission has priority for individuals aged 25+ years, who are homeless or at risk of homelessness. In exceptional circumstances, the service can work with people from the age of 18.

Target population

The target population for this review are people aged 25+ who are considered to be vulnerable and at risk of homelessness. Clients who have accessed the commissioned services have a variety of needs and require support to be able to live independently. Between 01/02/2015 and 29/02/2016, 125 clients moved on from support provided through this service. Additionally, as of the 04/03/ 2016, 164 clients are receiving support through this contract agreement.

** figures do not take account of the number of clients who have been supported and managed through the Temporary Accommodation Units*

Individuals

An analysis of the needs of the individuals receiving support on this service between 01/02/2015 and 29/02/2016 demonstrate the complexity of needs and vulnerabilities of the individuals whom this service supports:

Mental Health	75%
Long-Term Health	45%
Offending History	37%
Physical/Sensory Impairment	36%
Drugs Misuse	30%
Learning Disability	25%
Alcohol Misuse	24%
Domestic Abuse	20%

Additionally, analysis of the needs identified on the needs & risk assessment at the point at which the individual presented, identified that:

81%	Required support with Independent Living Skills
63%	Had concerns around being vulnerable
48%	Had issues around neglect

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

Consultation with the current provider, stakeholders, and the clients in receipt of the service.

Qualitative and quantitative information from the Capita system which includes presenting needs, and individuals progress within the support service and departures/re-presentations.

Section 3: Officer Assessment

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
		N						
Age		N		H				This is the only designated housing related support service for people aged 25+, there is no alternative equivalent service provision for Individuals in this age group. Please refer to page 21 for EIA findings
Race			N/A				Nil	There is no envisaged impact upon individuals relating to race should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Sex			N/A				Nil	There is no envisaged impact upon individuals relating to sex should this service commission cease, the service is utilised by both males and females cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Gender Reassignment			N/A				Nil	There is no envisaged impact upon individuals relating to gender reassignment should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Disability (summary of detail on next page)								
Religion or belief			N/A				Nil	There is no envisaged impact upon individuals relating to religion or belief should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Sexual			NA				Nil	There is no envisaged impact upon

Orientation							individuals relating to sexual orientation should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Pregnancy or maternity		N				L	There are a number of families who are receiving support through this service commission who would be impacted if this service ceased. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Marriage/ Civil Partnership			N/A			Nil	There is no envisaged impact upon individuals relating to marriage/civil partnership should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings

Section 3: Officer Assessment - continued

<p>Mobility Impairment</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 45% of the individuals in receipt of the service had a long term condition. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings</p>
<p>Visual Impairment</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 36% of the individuals in receipt of the service had a physical and sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings</p>
<p>Hearing Impairment</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 36% of the individuals in receipt of the service had a physical and sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings</p>
<p>Learning Disability</p>		<p>N</p>		<p>M</p>			<p>Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 25% of the individuals in receipt of the service had a physical and sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings</p>
<p>Mental Health</p>		<p>N</p>	<p>H</p>				<p>Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 75% of the individuals in receipt of the service had a mental health need. This position will</p>

								be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Long Term Limiting Illness		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 45% of the individuals in receipt of the service had a long term condition. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings
Multiple Impairments		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 36% of the individuals in receipt of the service had a physical and/or sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to page 21 for EIA findings

Cumulative Impacts

Due to the number of budget proposals which affect vulnerable groups the cumulative impact which is generated is substantial. The disproportionate number of proposals which effect vulnerable people will have a knock on impact on their independence, as it is often these services provided by the 3rd sector, with their flexible, person centred approach to support, which provide individuals with the motivation to change their lifestyle choices. Attendances at A&E and their criminal behaviours reduce. The level of stabilisation which these services provide and the opportunities which they make available to vulnerable clients cannot be underestimated. As these services reduce, the resources available to vulnerable people to partake in daytime activities are reduced, subsequently there are no diversions to their chaotic lifestyles and no one in particular providing support to avoid a deterioration in circumstance. This could lead to an increase in anti-social behaviour, crime, health conditions and homelessness.

Change Activities

Through the 2013/14 Homeless Strategic Review the available funding for housing related support for vulnerable people was significantly reduced. This service was commissioned following an amalgamation and re-scoping of previous contracts

MTFP proposals also affecting

Potential Cumulative Impacts

The available funding has already been reduced for the service. This re-scoped service commission commenced on 01.01.2015. Therefore any further reduction or re-scope is on top of savings already achieved.

30% of clients referred into the Vulnerable adults

<p>people with drug and alcohol needs (there are people with drug and alcohol needs accessing this service) (S02)</p>	<p>service between 01/02/2015-29/02/2016 had an issue with drugs and 24% had some level of alcohol addiction.</p> <p><u>Homelessness and Substance Misuse Service</u> Removal of contribution to a local organisation that provides homelessness support services to ensure all provider staff are trained to, and carry out, screening, brief interventions, 1-2-1 support and appropriate referrals to the Recovery & Wellbeing Service, for those individuals presenting with substance use issues.</p> <p><u>Drug, Alcohol & Tobacco Commissioning Team</u> There would be no capacity to undertake local campaigns and limited capacity to support national or regional campaigns in Darlington.</p> <p><u>Wider Alcohol Control</u> No contribution to BALANCE the regional office for the reduction of Alcohol Harm.</p>
<p>Reductions to Sexual Health and Contraception (S01)</p>	<p>Reductions to Sexual Health and Contraception (S01) Often due to their chaotic lifestyles, the clients of the Vulnerable Adults Outreach service, are frequent users of the sexual health service although it is not expected that this proposal would lead to a service reduction.</p>
<p>Proposal to remove the Social Fund Budget (S13)</p>	<p>Both the Crisis Support and Community Care elements are used by clients on the Vulnerable Adults service. The Community Care element is particularly used when people are being accommodated and after a period in temporary accommodation / hostel accommodation. Individuals accessing the service are key users of Crisis support for support around utilities and food.</p>
<p>Cease funding to Gay Advice Darlington and for the DAD Information Post (C9)</p>	<p>Individuals accessing the Vulnerable Adults service may also access support from GADD and DAD.</p>
<p>Reductions to Obesity funding (MTFP Proposal Number (S09)</p>	<p>Individuals accessing this service have also made effective use of the Healthy HUB for person centred health intervention.</p>
<p>This services has assisted in the mitigation of previous budget proposals</p>	<p>The preventative Housing Related Support services were identified as part of the mitigation plan for previous budget cuts, including the changes to Adult Social Care FACS bands.</p>

<p>National Welfare Reforms</p>	<p>The users of this service are primarily working age adults who are being impacted by the whole scale reform of working age benefits.</p>
<p>Impacts for Parents/Carers, circles of support</p>	<p>There are likely to be associated negative impacts for parents / carers and circles of support who have relatives who are presently receiving a designated support service to maintain accommodation and address addiction.</p>
<p>Charing Policy Adult Social Care</p>	<p>Should the service cease, or be significantly reduced there are likely to be more requests for assessment from Adult Social Care, should individuals have eligible needs they will be assessed in line with the Charging Policy.</p>
<p>Vane House Visual Impairment Service Review</p>	<p>There are individuals accessing the Vulnerable Adults Floating Support Service who have a visual impairment, who may also be impacted by the Vane House Visual Impairment Service Review.</p>
<p>Associated MTFP proposals for Cease Domestic Abuse Floating Support (C3)</p> <p>Reductions to Multi Agency Risk Assessment Conference (MARAC) (S10)</p>	<p>A small proportion of clients have been dual worked between the Vulnerable Adults service and the Domestic Abuse service.</p> <p>Outreach support for victims of domestic abuse who require support to find and / or maintain their existing accommodation and/or develop confidence to live independently. Support is also available for children to support them to deal with domestic violence. Such specialist support is essential to reduce the level of domestic abuse reports, and to break the cycle of abuse. It is not envisaged that the MARAC proposal will lead to a service reduction.</p>
<p>Cease Key Points of Access</p>	<p>Proposal is to cease the Key Point of Access (KPA) and streamline the referral process. The KPA is operated by both Housing Options and First Stop. Vulnerable residents are used to attending either location to access housing related support services.</p> <p>The contractual terms of the KPA enables the provider to give advice to the clients to help them initially until a support service becomes available, without this element of the KPA there will be a reduction in early intervention support.</p>
<p>Reduce Young Person's Pathway</p>	

(C7)	This Outreach Support service commission for vulnerable adults does have provision to support young people aged 18 and over in certain circumstances, however, the re-scoped floating support service will have less available support, so will naturally limit this opportunity. This is further compounded by the reduction in provision of floating support for vulnerable young people through the proposal to reduce the available funding in the Positive Support Pathway.
Impacts on the wards with the highest levels of deprivation who already experience significant health inequalities	Due to the vulnerabilities of the individuals on the service there are a number of individuals who are accommodated within wards with higher levels of deprivation.

Potential Consequential Impacts from Ceasing or Reducing the Floating Support Service

Consequential impact upon housing options if short term accommodation based services become silted	The Outreach Support service for vulnerable adults plays an integral role in supporting the move on from temporary accommodation and hostel accommodation. Without this community based support these statutory units of accommodation would become silted resulting in bed and breakfast placements being made with no community based support available. The service includes the provision of a rapid intervention/triage support which enables individuals to receive instant support and interventions. If this daily drop in service was not available it would result in an increase in the number of direct presentations to housing services. Due to the chaotic lifestyles of the individuals it is unlikely that they would make and keep appointments to access advice / help in the same way
This is the only service commission of this nature for Vulnerable people with a Housing need, there is no equivalent designated service provision	This is a designated service for vulnerable adults with no prerequisite to meet statutory thresholds to access support, the service position is to prevent, reduce and delay the need for adult social care statutory interventions. This is a responsive, person centred service, which has been commissioned to respond to the fluctuating needs of vulnerable adults, the support can increase and decrease in intensity in response to individual circumstance to avoid an escalation of need and crisis presentations.
Delays in accessing support / limited support options available	Without this support service individuals may have to wait for assessment of needs to ascertain if they are eligible to access statutory support (some individuals may have eligible needs, but, owing to their complex

	<p>chaotic needs will not engage with statutory services). Due to the reduction of support services there will be little or no alternative support services in the community for vulnerable people who do not meet the statutory threshold.</p> <p>For the majority the service plays a preventative role in avoiding the escalation of avoidable circumstances which prevent, reduce and delay the need for a Social Care intervention.</p>
<p>Increase in crisis representations and level of fail to attend (for clinical interventions and treatment options)</p>	<p>Negative impact on other public services (including health, hospital admissions and A&E, Police, Probation) and the Voluntary and Community Sector as individuals present in crisis, due to a reduction in their ongoing preventative support. These services will not have the service to refer individuals on to.</p> <p>Primary and Secondary Care and community based interventions services are likely to see an increase in the number of fail to attends as the service plays a key role in supporting individuals to engage positively with other services which impacts positively on their mental health and wellbeing, and ultimately their ability to live independently and sustain their accommodation.</p>

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.

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

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? No*			
<p>If yes, please state which groups and how No protected characteristic group will be treated differently as a result of this proposal. However, due to the nature of the vulnerability of the individuals using this service any changes to the service will be have to be handled in a planned and managed way. Any mitigation which can be put in place through the Future Fund will be worked alongside this proposal. The EIA has demonstrated that there is a significant negative impact upon individuals with mental health needs, which made up 70% of the EIA respondents. As the service is not a designated ‘specialist service’, i.e. does not support a specific client group such as people with mental health problems, the EIA characteristics highlighted that 23% of the respondents identified themselves as having multiple impairments.</p>			
Will the differential treatment advance equality for people with Protected Characteristics? No			
<p>No, there is no differential treatment; however, there are associated negative impacts for people with mental health needs.</p>			
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes			
<p>If yes, please state which groups and how The associated impact will increase disadvantage for vulnerable people with complex issues who tend to be the most disconnected members of society.</p>			
Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
21.03.16	Individuals in receipt of the service	21.03.16 to 15.04.16	Questionnaires, for distribution to all clients on service, were distributed to the provider. A number of questionnaires were also left with the provider for completion by clients who ‘drop in’ for triage or group work
29.03.16	Stakeholders	29.03.16 to 15.04.16	Questionnaire sent via email to a number of stakeholders to ascertain their views on the proposal

Section 6: Engagement Findings

For a further breakdown of the client consultation responses please see Appendix A to this document

Clients

Questionnaires were given to the contracted provider for them to give to current clients (at that point in time). Due to the vulnerable and complex nature of the clients it was felt that this was the most appropriate approach. The questions focused on:

- How is the support helping you?
- Do you call into the office for support?
- What would be the impact on you if the service was no longer available (positive / negative)?
- What is important to you about the support you receive?
- Further comments about this or any other budget proposal

64 responses were received from clients of the service.

Stakeholders

The services are integral to the preventative agenda and due to the vulnerable, chaotic nature of many of the clients, they are well known to other statutory agencies. It was therefore valuable to obtain stakeholder views as to how the budget proposal would impact on their organisation. Although a number of questionnaires were distributed, only 3 responses were returned. However, further responses were received from stakeholders via corporate feedback mechanisms.

Characteristics

	Date/Summary of Engagement carried out	Summary of impacts Identified
Age	29-03-16 to 15-4-16	<p>Where the Individual provided their age the age range was as follows:</p> <ul style="list-style-type: none"> • 20-29: 7 Individuals (11%) • 30-39: 8 individuals (12%) • 40-49: 5 Individuals (8%) • 50-59: 12 Individuals (19%) • 60-69: 3 Individuals (5%) <p>29 respondents chose not to provide an age (45%)</p> <p>The Officer assessment of the level of impact against this characteristic has changed to Medium.</p>
Disability		

Mobility Impairment	29-03-16 to 15-4-16	14 out of the 64 respondents identified themselves as a person with a mobility impairment (22%) The Officer assessment of the level of impact against this characteristic remains unchanged.
Visual Impairment	29-03-16 to 15-4-16	3 out of the 64 respondents identified themselves as a person with a Visual Impairment (5%) The Officer assessment of the level of impact against this characteristic remains unchanged.
Hearing Impairment	29-03-16 to 15-4-16	4 out of the 64 respondents identified themselves as a person with a Hearing Impairment (6%) The Officer assessment of the level of impact against this characteristic remains unchanged.
Learning Disability	29-03-16 to 15-4-16	12 out of the 64 respondents identified themselves as a person with a Learning Disability (19%) The Officer assessment of the level of impact against this characteristic remains unchanged.
Mental Health	29-03-16 to 15-4-16	45 out of the 64 respondents identified themselves as a person with mental health problems (70%) The Officer assessment of the level of impact against this characteristic remains unchanged.
Long Term Limiting Illness	29-03-16 to 15-4-16	9 out of the 64 respondents identified themselves as a person with a Long Term Limiting Illness (14%) The Officer assessment of the level of impact against this characteristic remains unchanged.
Multiple Impairments	29-03-16 to 15-4-16	15 out of the 64 respondents identified themselves as a person with Multiple

		<p>Impairments (23%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Other - Specify		
Race	29-03-16 to 15-4-16	<p>57 out of the 64 respondents identified themselves as White British (89%) 11% of the respondents identified themselves as being of an alternative ethnicity 1 out of the 64 respondents identified themselves as Turkish 1 out of the 64 respondents identified themselves as Latvian 1 out of the 64 respondents identified themselves as Croatian 1 out of the 64 respondents identified themselves as African 1 out of the 64 respondents identified themselves as Gypsy/Irish 2 out of the 64 respondents identified themselves as Gypsy/English</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Sex	29-03-16 to 15-4-16	<p>26 (41%) Respondents were female 38 (59%) respondents were male.</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Gender Reassignment	29-03-16 to 15-4-16	<p>No individuals gender identity had changed from that which was assigned at birth</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Religion or belief	29-03-16 to 15-4-16	<p>20 out of the 64 respondents identified themselves as Christian (31%) 4 out of the 64 respondents identified themselves as Catholic (6%)</p>

		<p>1 Individual identified themselves as Muslim The remaining individuals either identified themselves as of no religion, or did not wish to state The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Sexual Orientation	29-03-16 to 15-4-16	<p>8 out of the 64 respondents did not specify their Sexual Orientation 1 out of the 64 respondents identified themselves as bisexual 55 out of the 64 respondents identified themselves as heterosexual</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Pregnancy or Maternity	29-03-16 to 15-4-16	<p>1 Person was pregnant / on maternity leave</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Marriage / Civil Partnership	29-03-16 to 15-4-16	<p>15 Individuals were divorced (23%) 1 Individual was a Widow 1 individual was co- habiting 1 individual did not state a marital status</p> <p>The remaining (46) Individual's identified themselves as single (72%) The Officer assessment of the level of impact against this characteristic remains unchanged.</p>

Please note: there are some variances between the protected characteristics identified at the officer screening based on need and those identified by Individuals completing the questionnaires. The variance is due to the way in which the Individual perceives their needs as opposed to what a professional has recorded on a need & risk assessment.

EIA Findings –This section must be read in conjunction with Appendix A which details all responses received against this EIA proposal

Below is a summary of the key findings against each question. Where themes were identified, correlating comments, as written by the respondent (or by a representative on their behalf) have been quoted:

How is the support helping you?

- Making me more stable both financially and my mental health
- Moving home /finding more appropriate accommodation / obtaining accommodation
- Helping me to budget, address debts and rent arrears
- Helping to obtain independent living skills and manage my home
- Accessing other services for help – mental health services.
- Dealing with correspondence
- The group work – providing social contact for well being

“More stable including finances, with a better life.”

“Help with benefits, keeping my tenancy, health appointments, education training, reading and understanding letters”

“... with everything to do with independent living as I have never lived alone before”

“The support helps me by helping me to read my letters and explain the content”

“Helping with correspondence I don’t understand. Helping to deal with stressful situations”

“DISC helped me keep calm. To get me through complex procedures of social welfare and benefit systems without fracturing my delicate mental health even more”

“The support I get helps me with my rent arrears and helps me to budget, and also without help I would not know what to do in certain circumstances”

“It has helped me to sort out budgeting, address rent arrears and prevent future arrears happening. The support I have got has enabled me to make contact with services to get support for my mental health”.

“Help with housing issues - new safe home. Debt advice - get my debts under control. Someone to talk to about any situation that worries me. To help cope with my depression and eventually get back to work”

..”have done quite a lot since leaving care for me. Helps me become more independent”

“I am very chaotic and don’t deal with issues very well due to my mental health. DISC is helping me to maintain my tenancy and address my debts”

“Helps me in a good way. It prevents me from living on the streets. Helps me with my mental health and motivates me to look after my home”

“I’m still alive, haven’t felt desire to commit suicide as having someone to talk to and support me has been beneficial to my mental health”

60% of participants in the EIA call into DISC’s offices for immediate support in between scheduled support sessions, those that don’t primarily did not owing to mental ill health issues.

No positive impacts were identified in relation to the proposal.

What would the impact be for you (affect on you / consequence) if the Outreach Service was no longer available? – Negative

- Escalation in mental health needs / suicidal thoughts
- End up dead
- Homelessness
- Return to drug and alcohol misuse and associated crime
- Would not engage with other services agencies.

- Debt / Court orders

“I would be homeless, vulnerable and unhealthy”

“I would feel isolated - afraid for my future.”

“High risk of suicide, severe depression”.

“Without the support I was feeling so low and the only way out I could see would be to take my own life”

“I would have nowhere to go. My mental health would deteriorate. It could lead to me relapsing and drugs and other things”

“I often need help and if I didn’t have the help of people like DISC I would be frightened, low in mood as I wouldn’t have help to read my letters, help with making decisions, accessing mental health services. I think my mental health would fail.”

“I would be more stressed. I would have nowhere to go for support. I would put letters in the bin if I didn’t understand them”

“I wouldn’t attend appointments and wouldn’t be on top of anything.”

“I would not be able to understand some of the documents I receive from my Landlord and other parties. Without their help I would not be where I am now in understanding documents and without 1 to 1 contact I wouldn’t be able to put my point across in the way you could with a phone call.”

“I would go back to feeling suicidal and my mental health issues would increase meaning I couldn’t function ‘independently’”

“If I hadn’t had support from DISC I would probably have been evicted from my house and would not be getting support with my mental health, as without DISC's support I would not have attended appointments or asked for help.”

“I would struggle to manage as a result of my depression. I may not follow through with sorting out the move which I am in desperate need of due to current housing impacting on my mental health due to neighbour disputes”

“I would end up locked up or harming myself if I didn’t have support to keep me right”

“Before coming onto support I had my house repossessed and a nervous breakdown. DISC helped me through this and also informed me of the correct benefits I could claim as well as help from housing and mental health services.”

“Without the support I would be more vulnerable to impulsive behaviour and I would have debt problems, leading to loss of home which would be catastrophic as I have children to look after”

What is important to you about the support you receive?

- Preventing a deterioration in circumstance (going back into debt / a relapse of mental health)
- Progressive support to help turn your life around
- Addressing important correspondence
- Their impartiality from statutory and public sector services
- Opportunity to build external support networks

“Advice and support, helping me move to a place where I am happy. I am accessing services to improve my health”

“Giving me confidence, helping my mental state, preventing relapse and home visits when I’m in crisis.”

“It helps me feel safe”

"I deal with mail that I otherwise wouldn't be able to deal with. Support enables me to attend appointments."

"It helps my mental health. I know that I can phone someone if I have problems or feel stressed. This helps reduce my stress. I have someone to talk to."

"If I didn't get out to DISC, I would feel very lonely and lost without their support, it really helps me"

"Without someone neutral to talk to I would probably be almost housebound as I was before support."

"Impartial and none judgemental"

"It's my last chance of getting my life together by having someone help me"

"My financial situation is maintained and also that it doesn't get as bad as it was pre-DISC as I could don't manage"

Please use this section to detail any further comments you have about this or any other budget proposals

"I feel the proposal will do a lot of damage, people will have no support when things go wrong."

"I feel the cuts are not considering the vulnerable people they will affect"

"I feel it would be wrong to cut DISC in Darlington"

"The cuts will put extra pressure on the Council and will not be economical for anybody."

"I think it is wrong to make that decision and that there will be no support or there will be more crimes on the streets"

"I think it is wrong to close down or not budget this service as it helps a lot of vulnerable people who need help like this to survive, to cope with everyday living"

"Will the Council be able to justify itself to all of the residents in Darlington if someone with mental health problems that needed assistance that were part of DISC / referred to DISC at some point in time no longer having the assistance needed because it had been removed / no longer funded. As a result if their mental health deteriorated to the point where they self harmed / attempted suicide, do you think the people of Darlington would forgive you as a Council, and what do you think the media frenzy would be?"

"I feel that cutting support services will leave a significant amount of vulnerable people in a bad place with no support network. I feel support services have a better one to one relationship with the vulnerable than the council do"

"It is having a big effect on people like myself and it will only get worse. These cuts provide me with no outlook and no future."

Specific feedback in relation to group work

"Going to groups has helped stabilise my mental health".

.."would not be able to go to social groups where I feel safe. Would also have issues with anxiety and mental health due to lack of support"

Support specifically linked to impairments

“I had a stroke two years ago that causes me memory and communication difficulties. The support I have had from DISC has been so positive. I feel my Support Worker helped me to move home and was a gateway to other services I have now accessed”

“Disc's support has helped me sort and stabilise issues with debt and arrears from living on benefits, having a brain tumour that causes memory issues. Their support has stabilised my living situation such as helping with court matters and the weekly visits help prevent it from reoccurring by helping with things I cannot do alone”

Culturally Diverse Community Groups

“I would miss being able to get my point across to other services due to language barriers, without support I leave things such as phone calls and don't communicate with agencies. I don't know how to ask for what I need”

“Attend Community Group for the first time”

“I haven't any relatives to help me. Will be more problems”

Individuals with Impairments

“If I got stuck with bills or arrears I wouldn't have anywhere to help me. Due to having a hearing impairment I sometimes just need support with phone calls due to bad lines etc., I like to know I have the support there if I need it when things get on top of me”

STAKEHOLDERS

People's Parliament

A direct response was received from the People's Parliament who are a user-led group which aims to be a voice for people with a learning impairment in the Darlington area.

They highlighted that the proposed ceasing or reduction to the housing related support services are a “concern” as “it is likely to affect people who don't necessarily qualify for social services support but do require support to successfully gain, maintain and adhere to housing tenancy agreements. Bill paying support may also be linked to this”. “Some people using housing related support really benefit from this low level regular support where the worker and the person are able to build up a relationship.”

Parliament members were in favour of the Future's Fund being utilised for housing related support if this does end up being an area that is cut and highlighted that further information is needed about what support would be available for people who may require independent living support, but, are not necessarily homeless.

Community Safety Partnership Response to the Housing Related Support budget cut proposals

These projects are involved in supporting vulnerable people and the removal of the services will mean that increasing numbers of vulnerable people will be unsupported and will be at greater risk of exploitation / drug dealers / bullying and abuse. This will impact upon health and emergency services. It will also lead to loss of confidence in Darlington Borough Council as residents see more people under the influence of alcohol and drugs / sleeping rough; begging and crime and anti-social behaviour increases. Darlington will not be perceived as a safe place to live and work or visit recreationally. Cutting these services is false economy given the loss of confidence and the cost of addressing the problems in the future.

Response from the CCG to Darlington Borough Council's budget proposals

We are concerned that several of the planned changes appear to affect those most at risk and the vulnerable in our society, in particular those with a learning disability, the homeless and those who are often known to several organisations as high impact users with complex and chaotic lifestyles.....the local health profiles for Darlington identify both alcohol and smoking as key priorities. We know the rate of alcohol related hospital stays among the under 18's is worse than the England average; the rate of alcohol related harm in adults is worse than the England average.....For all of these areas there are direct impacts on individuals, but they also place avoidable economic pressure on NHS and social care resources.

The service reduces the pressure on Statutory partners resources e.g.

- Reduction in A&E admissions – all clients are registered and supported to attend GP appointments, clients are supported to seek medical attention at the earliest opportunity and are signposted to and supported to attend specialist services where the need is identified**
- Reduction in Crime – clients are supported to address all of their issues and by addressing their issues, the underlying reason as to why they commit crime is addressed. Clients are encouraged to engage in daytime activities, which divert them away from crime. They are supported to move into more appropriate accommodation which is a basic human need, which provides stability and security to enable them to address their issues.**

By the objectives highlighted above the services helps to address the strategic priorities of 'One Darlington Perfectly Placed', by ensuring that people are not disadvantaged by lack of income, where they live, or any other potential disadvantage.

The service also helps to address the issues highlighted through the influential Marmot Report (2010) 'Fair Society, Healthy Lives'

The report contained many important findings, some of which are summarised below.

- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status**
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS**
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community**

The Darlington Health Profile data highlights 3 key priority areas:

- Giving every child the best start in life**
- Tackling alcohol related harm**
- Promoting mental health and wellbeing**

This service delivers on each of these priority areas.

The Housing Act 1996 highlights a local authority's responsibility to prevent homelessness and the Housing P1E requires the Council to demonstrate its proactive response to the prevention of homelessness this service supports the aim of the prevention of homelessness. The contract for the provision of Housing Related / Outreach Support service for vulnerable people helps Darlington Borough council prevent people from losing their accommodation. Additionally, the service provides move on support for people who are in hostel accommodation and is the only form of community based service support generally for adults. This is a vital service as without the provision, hostel accommodation would become silted and placements in bed & breakfast provision would increase.

Section 6: Engagement Findings – Continued

a) How will the proposal help to eliminate discrimination, harassment and victimisation?

The proposal to cease or reduce Outreach Support for Vulnerable Adults needs will not help to eliminate discrimination, harassment and victimisation.

b) How will the proposal help to advance equality of opportunity?

The proposal will not advance equality of opportunity for Vulnerable Adults

c) How will the proposal help to foster good relations?

The proposal will not help to foster good relations for Vulnerable Adults.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

From the EIA responses the only suggestion was in relation to keeping the service provision at its present level (not ceasing or reducing the level of service provision).

This proposal (as with another 2 housing related support services MTFP proposal numbers 03 and 06) is linked to the Future Fund Opportunity - Housing Related and Outreach Support for Vulnerable Adults (£160,000).

Proposal 1- Ceasing Vulnerable Adults Floating Support (C5)

Should the proposal to cease the Vulnerable Adults Floating Support be agreed, there would be no designated community based support service for vulnerable people focusing upon the acquisition of accommodation, or maintenance of existing accommodation / prevention of homelessness. The ability to mitigate the impacts set out in this EIA would be negligible; the service offer would be the statutory Darlington Borough Council Housing Options or eligibility of Adult Social Care or Health support, supplemented by any available community advice service and information. The majority of the individuals on the service will have no links with statutory service provision, and therefore there would be a significant cohort of individuals who would not have support.

The potential to re-procure a single service for vulnerable people through a competitive tender exercise was explored and discounted, as it would be not be financially viable.

Proposal 2- Reduce Vulnerable Adults Floating Support (C5) within the Fund Future Opportunity - Housing Related and Outreach Support for Vulnerable Adults

Should the service be reduced this will be progressed through a contract variation with the existing contractor, to rescale the present requirements. It is envisaged that the reduced services will provide support for those individuals moving on from hostel/temporary accommodation, and also be the main form of support for vulnerable people aged over 25 with housing related support needs, both in terms of support to acquire appropriate accommodation or sustain existing accommodation. There will be a much smaller provision of 1 to 1 community support.

There will continue to be provision for drop in support for individuals to address presenting needs and prevent escalation of crisis. However, the availability of this drop in support will need to be reduced and rescaled.

Those individuals with the greatest presenting needs /highest risks will be prioritised, which will include those identified as individuals who would potentially be significantly negatively impacted with mental health needs.

Steps will be taken to avoid, where reasonably possible, a service withdrawal from any individual accessing the service, and the step down to a remodelled service will come through the management of new referrals and natural service exits.

- **The reduced service will be able to support less individuals than the previous service level, the number of people have not been quantified as Service Commissioners will work with the contractors through a variation process to ascertain the maximum number of individuals who could be safely supported. Due to the scale of the reduction this is expected to be in the region of two thirds less than previously supported.**
- **There will be less support available to enable individuals to be supported to attend appointments with clinical services, health services, benefits.**
- **The ability for the service to be responsive will be constrained due to staff resources.**
- **The provision of meaningful activities will need to be reduced accordingly**
- **The ability for the service to deliver support around holistic support needs will be reduced with the primary support focus being on the sustainment and acquisition of accommodation.**
- **In the move to the rescaled service provision there is a risk that experienced staff presently delivering the service will leave, owing to uncertainty.**

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	<i>Helen Watson Newes</i>
	Date:	9 th June 2016
	Job Title:	Contract & Review Officer
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10.6.16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

What does the review of the information show?
Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact

Section 9 – Action Plan and Performance Management

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
<p>Main theme negative impacts from the EIA / responses from existing users of the service</p> <ul style="list-style-type: none"> • Escalation in mental health needs/Suicidal thoughts • End up dead • Homelessness • Return to drug and alcohol misuse and associated crime • Would not engage with other services agencies. • Debt/Court orders 	<p>The level of Future Fund to not decrease below the level presently set and to effect change via process of contract variation</p>	<p>Service Commissioner following Member decision making.</p>	<p>Following Member decision 29.06.16</p>
<ul style="list-style-type: none"> • There will be less support to available enable individuals be supported to attend appointments with clinical services, health services, benefits. • The ability for the service to responsive will be constrained due to staff resources. • The provision of meaningful activities will need to reduced accordingly. • The ability for the service to deliver support around holistic support needs will be reduced with the primary support focus being on the 	<p>Service Commissioners work with the service provider to successfully re-scope the service in a way which will support the maximum number of people possible, through a quality service provision which achieves outcomes for the people who use it. Ways to ensure that service does not build up a waiting list, and there is provision for rapid intervention crisis support will be explored with the service provider.</p> <p>To proportionately re-scope and reduce the performance</p>	<p>Service Commissioner</p>	<p>01.07.16 – 30.09.16</p>

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
sustainment and acquisition of accommodation.	<p>requirements of the contract in line with the re-scoped service provision. Prioritise support for highest risk individuals</p> <p>Working with the existing contractor to re-scope the service through a transitional phase as far as reasonably practicable through natural processes to avoid a service withdrawal from an existing client.</p> <p>Opportunities to maximise peer support / volunteer led activities will be explored.</p>		

Performance Management	
Date of the next review of the EIA	Immediately following Members decision and through the service transition phase.
How often will the EIA action plan be reviewed?	The EIA will be continuously reviewed through each service transition phase
Who will carry out this review?	Service Commissioners

Section 1 – Service Details and Summary of EIA Activity – SUBSTANCE MISUSE

Title of activity:	To remove the Contract for the provision of Housing Related / Outreach Support Service for People with Substance Misuse Problems (Alcohol and Drugs)
Lead Officer responsible for this EIA:	Helen Watson / Nicola Childs
Telephone:	01325 406866
Service Group:	People
Service or Team:	Development & Commissioning
Assistant Director accountable for this EIA	Hilary Hall
Who else will be involved in carrying out the EIA:	Individuals receiving the service Adult Social Care Children's Social Care Housing Services Service Providers Key Stakeholders

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	12.02.16	<i>Whole population, e.g. whole borough, a neighbourhood, a whole demographic group such as older people</i> Any member of the population can be susceptible to having an alcohol or drug addiction. Such addictions bring along an increased risk of homelessness. The consequences of homelessness impact upon the whole of the Borough with regard to Anti-Social Behaviour, and crime rate. However, this specific proposal would not directly affect the whole population, as the service commission is specifically for Individuals aged 16 years and over who are homeless/at risk of homelessness, and have a substance misuse issue.
Stage 2: Further Assessment. Target Population likely to be affected identified	12.02.16	<i>Target population, e.g. rural communities, community centre users in neighbourhood, older users of particular services</i> Primary age range: Vulnerable people within the Borough of Darlington who are primarily aged over 16

		who are homeless or at risk of homelessness, and have a substance misuse need
Stage 3: Further Assessment. Individuals likely to be affected identified		<p>This service is specifically for Individuals who are aged 16 or over; (and not in secondary education)</p> <ul style="list-style-type: none"> • Who have been assessed as having a substance misuse need and in need of housing related support; • Resident within the Borough of Darlington; • Willing to engage in support; • Have direct housing responsibilities (they must be the accommodation owner, or have the tenancy in their own name) or be actively seeking accommodation and in need of pre-tenancy support. <p>Individuals may also have a range of other needs including, but not limited to: mental health problems or an offending background.</p>
Stage 4: Analysis of Findings		Page 17
Stage 5: Sign-Off		Page 27
Stage 6: Reporting and Action Planning		Page 28

Section 2 – The Activity and Supporting Information

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

MTFP proposal Ref: C6- To remove the Contract for the provision of Housing Related / Outreach Support Service for People with Substance Misuse Problems (Alcohol and Drugs).

The service supports approx. 50 clients per annum, who are vulnerable adults and whose substance misuse needs makes them in specific need of support to find appropriate accommodation, to successfully live independently, or to maintain their present accommodation and avoid becoming homeless. As well as addressing an individual's accommodation and independent living needs, the service aims to reduce dependency, increase and sustain independence, increase clients taking part in education, training and employment and meaningful daytime activities, which are all critical to supporting an individual to move towards independent living, and becoming a contributor to society.

The support encourages the individual to reduce their substance intake, so that the associated vulnerabilities are reduced. Their need to commit crimes to fund their addictions also reduces, as does their need to attend A&E and their GP. This service acts as a pathway for people moving on from hostel accommodation and short term temporary accommodation to provide support in their new tenancy.

The Objectives of the service include supporting Individuals to maintain health, independence and choice and control over their lives with a particular, but not exhaustive, focus on enabling Individuals to:

- Understand and manage their substance misuse
- Reduce relapses
- Successfully complete treatment programmes
- Sustain their accommodation
- Maximise their finances
- Meet their potential and aspirations
- Maintain social contacts
- Access education, training or employment opportunities

As highlighted in the bullet points above, the service plays a key role in ensuring clients with often chaotic lifestyles, engage and sustain their engagement with the treatment services. For clients who are not engaging in treatment, the provider works with the client to reduce their substance intake so that it is at a level which enables them to improve their quality of life and manage their addiction. The availability of 'day time activities' also ensures that the clients have meaningful and constructive activities which help embed a routine in their lives.

The service delivers very positive outcomes for the people who use it, a number of former clients have become volunteers on the service.

Who will be affected by the activity?

Whole population

The risk of homelessness could affect any resident of Darlington, and the consequences of homelessness impact upon the whole of the Borough in terms of Anti Social Behaviour and the crime rate. However, this specific proposal would not directly affect the whole population, as this service works to support anyone who has a substance misuse need and a housing issue.

Target population

The target population is any resident of Darlington who is aged over 16, who has a substance misuse issue and has direct housing responsibilities or a housing need. For the period 01/02/2015 to 29/02/2016, 54 clients have moved on from support from this service. There are currently 20 clients in receipt of this service, with 4 on the waiting list. The new contract which commenced on the 1st October 2015 has a 'triage' provision included, and therefore it is anticipated that the number of clients accessing the service will increase (for ad hoc or immediate support.)

Individuals

An analysis of the needs of the clients who were referred into the Housing Related / Outreach Support service for people with substance misuse problems (alcohol and drugs) service between 01/02/2015 and 29/02/2016 demonstrate the complex needs of the individuals who this service supports:

Offending History	83%
Mental Health	75%
Drug Issues	71%
Alcohol Issues	58%
Long Term Health	39%
Physical / Sensory Impairment	26%
Rough Sleeping / Sofa Surfing	36%

The needs identified above are consistent with the impact which an addiction has on an individual's lifestyle – offending history, unsecure accommodation, mental health issues and an impact on their health with a high percentage having either long term health needs or a physical / sensory impairment. Additionally, it was identified that:

91%	Required Independent
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	Living Skills support	
54%	Had issues around neglect	
49%	Were considered to be vulnerable	

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

Consultation with the current provider, stakeholders, and the clients in receipt of the service.
Qualitative and quantitative information from the Capita System which includes presenting needs, and individuals progress within the support service, and departures / re-presentations.

Section 3: Officer Assessment. Please refer to Page Pg16 Overview of all identified impacts

Protected Characteristics	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
Age		N				L		This is the only designated housing related support service for people over 16 who have a substance misuse need. There will remain a level of provision for young people aged 16-25 through the Positive Support Pathway. Please refer to pg16 for EIA findings
Race			N/A				Nil	There is no envisaged impact upon individuals relating to race should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Sex			N/A				Nil	There is no envisaged impact upon individuals relating to sex should this service commission cease, the service is utilised by both males and females. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Gender Reassignment			N/A				Nil	There is no envisaged impact upon individuals relating to gender reassignment should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Disability (summary of detail on next page)		N		H				Please see the detail on the next page.
Religion or belief			N/A				Nil	There is no envisaged impact upon individuals relating to religion or belief should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.

Sexual Orientation			N/A			Nil	There is no envisaged impact upon individuals relating to sexual orientation should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Pregnancy or maternity			N/A				There is no envisaged impact upon individuals relating to pregnancy or maternity should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Marriage/ Civil Partnership			N/A			Nil	There is no envisaged impact upon individuals relating to marriage / civil partnership should this service commission cease. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.

Section 3: Officer Assessment - continued

Mobility Impairment		N			M			Analysis of the needs of the individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 39% of the individuals in receipt of the service had a long term condition. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Visual impairment		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 26% of the individuals in receipt of the service had a physical and / or sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Hearing impairment		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 26% of the individuals in receipt of the service had a physical and / or sensory impairment. This position will be reviewed and revisited as the EIA progresses. Please refer to Pg16 for EIA findings.
Learning Disability		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 14% of the individuals in receipt of the service had a learning disability. This position will be reviewed and revisited as the EIA progresses.
Mental Health		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 75% of the individuals in receipt of the service had a mental health need. This position will be reviewed and revisited as the EIA progresses.

								*The level of potential impact has been increased to high highlighted on pg 16 following analysis of the EIA findings.
Long Term Limiting Illness		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 39% of the individuals in receipt of the service had a long term condition. This position will be reviewed and revisited as the EIA progresses.
Multiple Impairments		N			M			Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 26% of the individuals in receipt of the service had a physical and / or sensory impairment. This position will be reviewed and revisited as the EIA progresses. *The level of potential impact has been increased to high on pg 16 following receipt of the EIA findings.
Other - Specify	P	N	N/A	H	M	L	Nil	None identified at this stage .This position will be reviewed and revisited as the EIA progresses.

Cumulative Impacts

Due to the number of budget proposals which affect vulnerable groups, the cumulative impact which is generated is substantial. There are direct impacts which will affect the way in which potential clients will access the service, support services which they could access when moving on from this specialist service, and ancillary services which provide them with additional provisions to enable them to live in suitable and habitable accommodation. The disproportionate number of proposals which effect vulnerable people will have a knock on impact on their independence, as it is often these services provided by the 3rd sector, with their flexible person centred approach to support, which provide individuals with the motivation to change their lifestyle choices. Attendances at A&E and their criminal behaviours reduce. The level of stabilisation which these services provide, and the opportunities which they make available to vulnerable clients cannot be underestimated. As these services reduce, the resources available to vulnerable people to partake in daytime activities are reduced, subsequently there are no diversions to their chaotic lifestyles, and no one in particular providing support to avoid a deterioration in circumstance. This will lead to an increase in anti-social behaviour, crime, health conditions and homelessness.

Change Activities

Potential Cumulative Impacts

MTFP proposals also affecting

<p>People with Drug and Alcohol needs (S02)</p>	<p><u>Homelessness and Substance Misuse Service</u> Removal of contribution to a local organisation that provides homelessness support services to ensure all provider staff are trained to, and carry out, screening, brief interventions, 1-2-1 support and appropriate referrals to the Recovery & Wellbeing Service, for those individuals presenting with substance use issues.</p> <p><u>Drug, Alcohol & Tobacco Commissioning Team</u> There would be no capacity to undertake local campaigns and limited capacity to support national or regional campaigns in Darlington.</p> <p><u>Wider Alcohol Control</u> No contribution to BALANCE the regional office for the reduction of Alcohol Harm.</p>
<p>Outreach/ Floating support service for people with drug and alcohol misuse needs has already been re-scoped and the funding reviews as part of the 2014/2015 strategic review.</p>	<p>The available funding has already been reduced for the service. This re-scoped service commissioned commenced on 01.10.2015.</p>
<p>Reductions to Sexual Health and Contraception (S01)</p>	<p>Due to the chaotic lifestyles which a high percentage of the clients on this service have, there are general concerns around sexual health due to high risk taking behaviours. It is not envisaged that this proposal would reduce the service provision.</p>
<p>Proposal to remove the Social Fund Budget (S13)</p>	<p>Both the Crisis Support and Community Care elements are used by people with substance misuse issues. The Community Care element is particularly used when people are being accommodated, and after a period in temporary accommodation / hostel accommodation. Individuals accessing this service are key users of Crisis support for support around utilities and food.</p>
<p>Cease funding to Gay Advice Darlington and for the DAD Information Post (C9)</p>	<p>Individuals accessing the Floating Support Drug and Alcohol service may also access support from GADD and DAD.</p>
<p>Reductions to Obesity funding (MTFP Proposal Number (S09)</p>	<p>Individuals accessing this service have also made effective use of the Healthy HUB for person centred health intervention.</p>
<p>Services which assisted in the mitigation of previous budget proposals</p>	<p>The preventative Housing Related Support services were identified as part of the mitigation plan for previous service reductions.</p>

<p>National Welfare Reforms</p>	<p>The users of this service are primarily working age adults who are being impacted by the whole scale reform of working age benefits.</p>
<p>Impacts for Parents/Carers, circles of support</p>	<p>There are likely to be associated negative impacts for parents / carers and circles of support who have relatives who are presently receiving a designated support service to maintain accommodation and address addiction.</p>
<p>Charing Policy Adult Social Care</p>	<p>Should the service cease or be significantly reduced, there are likely to be more requests for assessments from Adult Social Care, should individuals have eligible needs they will be assessed in line with the Charging Policy.</p>
<p>Vane House Visual Impairment Service Review</p>	<p>There are individuals accessing the floating support drug and alcohol service who have a visual impairment, who may also be impacted by the Vane House Visual Impairment Service Review.</p>
<p>Associated MTFP proposals to Cease Domestic Abuse Floating Support (C3)</p> <p>Reductions to Multi Agency Risk Assessment Conference (MARAC) (S10)</p>	<p>Outreach support for victims of Domestic Abuse who require support to find and / or maintain their existing accommodation and / or develop confidence to live independently. Support is also available for children to support them to deal with domestic abuse. Such specialist support is essential to reduce the level of domestic abuse reports, and to break the cycle of abuse. It is not envisaged that the MARAC proposal will lead to a service reduction.</p>
<p>Cease Key Points of Access (C4)</p>	<p>Proposal is to cease the Key Point of Access (KPA) and streamline the referral process. The KPA is operated by both Housing Options and First Stop. Vulnerable residents are used to attending either location to access housing related support services. Although this Outreach service for clients with a substance misuse need can take referrals from a number of sources, 20% of the referrals into this service for a 5 month period were received from First Stop.</p> <p>The contractual terms of the KPA enables the provider to give advice to the clients to help them initially until a</p>

	<p>support service becomes available. Without this element of the KPA there will be a reduction in early intervention support.</p>
<p>Ceasing Vulnerable Adults Floating Support (C5)</p>	<p>The Vulnerable Adults Floating Support service offers support to vulnerable people who have a 'generic' need for support i.e. a number of issues which means they need support to be able to live independently, and be a contributor to their community. As the termination of this service is an MTFP proposal, an analysis of the needs of clients who accessed the service between 01/02/2015 and 29/02/2016 highlighted that 30% of clients had a drug need and 24% had alcohol dependence. The removal of both services would disadvantage people with a substance misuse need. The Vulnerable Adults service also acts as a move on service for clients moving on from the Substance Misuse service. With both services being subject to budget proposals, there will be no support available to support clients moving on from hostel accommodation. This could lead to 'bed blocking' and with no available 'outreach' support, the vulnerabilities of clients is likely to increase as will anti-social behaviour etc.</p>

Potential Consequential Impacts from Ceasing or Reducing the Floating Support Service

<p>Consequential impact upon housing options due to short term accommodation based services becoming silted</p>	<p>The substance misuse floating support service plays an integral role in supporting the move on from temporary and hostel accommodation. Without this community based support these statutory units of accommodation would become silted, resulting in bed and breakfast placements being made with no community based support available which would increase the length of stay.</p> <p>The service includes the provision of a rapid intervention / triage support which enables individuals to receive instant support and interventions. If this daily drop in service was not available it would result in an increase in the number of direct presentations to housing services. Due to the chaotic lifestyles of the individuals, it is unlikely that they would make and keep appointments to access advice/help in the same way.</p>
<p>This is the only service commission of this nature for people with substance misuse issues, there is</p>	<p>This is the only designated community based support service for people with substance misuse needs. There is no prerequisite for individuals to be in treatment at</p>

no equivalent designated service provision	the point of accessing support, and therefore this service can deliver support and person centred interventions to individuals who are not accessing or eligible to receive support from elsewhere.
Delays in accessing support / limited support options available	<p>Without this support service, individuals may have to wait for assessment of needs to ascertain if they are eligible to access statutory support (some individuals may have eligible needs, but, owing to their complex chaotic needs will not engage with statutory services). Due to the contracting of support services there will be little or no alternative support services in the community for vulnerable people who do not meet the statutory threshold.</p> <p>For the majority, the service plays a preventative role in avoiding the escalation of avoidable circumstances which prevent, reduce and delay the need for a Social Care intervention.</p>
Increase in crisis representations and level of fail to attend (for clinical interventions and treatment options)	<p>Negative impact on other public services (including health, hospital admissions and A&E, Police, Probation) and the Voluntary and Community Sector as individuals present in crisis, due to a reduction in preventative services.</p> <p>Primary and Secondary Care and community based intervention services are likely to see an increase in the number of fail to attends as the service plays a key role in supporting individuals to engage positively with other services, this impacts positively on their mental health and wellbeing, and ultimately their ability to live independently and sustain their accommodation.</p>

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.

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

Section 5 – Involvement and Engagement Planning

<p>Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? No</p>
<p>If yes, please state which groups and how No protected characteristic group will be treated differently as a result of this proposal. However, due to the nature of the vulnerability of the individuals using the service any changes to the existing service will have to be handled in a planned and managed way. Any mitigation which can be put in place through the Future Fund will be worked alongside this proposal. The EIA has demonstrated that there is a disproportionate usage of the service by males, and a significant negative impact upon individuals with mental health needs (65% of the EIA respondents) .</p>
<p>Will the differential treatment advance equality for people with Protected Characteristics? No</p>
<p>There is no differential treatment; however, there are associated negative impacts for Individuals with mental health needs, and those who identified themselves with multiple impairments.</p>
<p>Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes</p>
<p>If yes, please state which groups and how The associated impact will increase disadvantage for vulnerable people with substance misuse issues and mental health needs, who tend to be the most disconnected members of society.</p>

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
21.03.16	Individuals in receipt of the service		Direct EIA and consultation with users of the service and impact.
29.03.16	Stakeholders	29.03.16 – 15.4.16	Questionnaire sent via email to a number of stakeholders to ascertain their views on the proposal.

Section 6: Engagement Findings

For a further breakdown of the client consultation responses please see Appendix A to this document

Methodology – Current users of the service

Questionnaires were given to the contracted provider for them to give to current clients (at that point in time). Due to the vulnerable and complex nature of the clients it was felt that this was the most appropriate approach. The questions focused on:

- How is the support helping you?
- Do you call into the office for support?
- What would be the impact on you if the service was no longer available (positive/negative)?
- What is important to you about the support you receive?
- Further comments about this or any other budget proposal

17 responses were received from clients of the service. (Representing 80% of users of the service).

Stakeholders

The services are integral to the preventative agenda and due to the vulnerable, chaotic nature of many of the clients, they are well known to other statutory agencies. It was therefore valuable to obtain stakeholder views as to how the budget proposal would impact on their organisation. Although a number of questionnaires were distributed, only 3 responses were returned. However, further responses were received from stakeholders via corporate feedback mechanisms.

Characteristics

	Date/summary of engagement carried out	Summary of impacts identified
Age	29-03-16 to 15-4-16	<p>Where the Individual provided their age the age range was as follows:</p> <p>Under 20: 1 Individual 21-30: 1 Individual 31-40: 4 individuals 41-50: 2 Individuals</p> <p>Data analysis demonstrates that the majority of users of the adults elements of the service are aged between 25-45</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>

Disability		
Mobility Impairment	29-03-16 to 15-4-16	<p>5 out of the 17 respondents identified themselves as having a mobility impairment (29%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged.</p>
Visual Impairment	29-03-16 to 15-4-16	<p>3 out of the 17 respondents identified themselves as having a visual impairment (18%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Hearing Impairment	29-03-16 to 15-4-16	<p>2 out of the 17 respondents identified themselves as having a hearing impairment (12%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Learning Disability	29-03-16 to 15-4-16	<p>2 out of the 17 respondents identified themselves as having a learning disability (12%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Mental Health	29-03-16 to 15-4-16	<p>11 out of the 17 respondents identified themselves as a person with mental health problems (65%)</p> <p>The Officer assessment of the level of impact against this characteristic has been increased to high</p>
Long Term Limiting Illness	29-03-16 to 15-4-16	<p>3 out of the 17 respondents identified themselves as having a long term limiting illness (18%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Multiple Impairments	29-03-16 to 15-4-16	<p>10 out of the 17 respondents identified themselves as having multiple impairments (59%)</p> <p>The Officer assessment of the level of impact against this characteristic has been increased to high</p>
Race	29-03-16 to 15-4-16	17 out of the 17 respondents identified themselves as being White British

		The Officer assessment of the level of impact against this characteristic remains unchanged
Sex	29-03-16 to 15-4-16	<p>12 out of the 17 respondents identified themselves as male (71%) 5 out of the 17 respondents identified themselves as female (29%)</p> <p>Although the service is disproportionately used by males, there is no impact arising as a result of this specific characteristic. The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Gender Reassignment	29-03-16 to 15-4-16	<p>No respondents identified themselves as having changed gender from the gender they were assigned at birth</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Religion or Belief	29-03-16 to 15-4-16	<p>6 out of the 17 respondents identified themselves as Christian (35%) 11 out of the 17 respondents identified themselves as being of no religion (65%) The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Sexual Orientation	29-03-16 to 15-4-16	<p>16 out of the 17 respondents identified themselves as heterosexual (94%) 1 out of the 17 respondents identified themselves as Gay/Lesbian (6%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Pregnancy or Maternity	29-03-16 to 15-4-16	<p>No respondent identified themselves as being pregnant or on maternity leave</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Marriage / Civil Partnership	29-03-16 to 15-4-16	<p>10 out of the 17 respondents identified themselves as single (59%) 5 out of the 17 respondents identified themselves as Divorced (29%) 2 out of the 17 respondents identified themselves as Separated (12%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>

Please note: there are some variances between the protected characteristics identified at the officer screening based on need and those identified by Individuals completing the questionnaires. The variance is due to the way in which the Individual perceives their needs as opposed to what a professional has recorded on a need & risk assessment.

EIA Findings –This section must be read in conjunction with Appendix A which details all responses received against this EIA proposal

Below is a summary of the key findings against each question. Where themes were identified, correlating comments, as written by the respondent (or by a representative on their behalf) have been quoted:

How is the support helping you?

- **Financial Issues**
- **Accommodation**
- **Addiction**
- **Physical health**
- **Mental health**
- **Independent living skills**
- **Appointments**

“Helped me into accommodation and services to get back onto my feet. Help with budgeting, addressing financial issues. Also pointing in right direction for mental health issues. Support with alcohol issues and controlling it.”

**“Helping me set up home for a better future with the hope of having contact there with my kids.
Helping me with medical issues for my health.”**

“I was homeless when I joined the service and drinking a lot. I got help to find a house for me and my son and help to reduce my drinking. I also got support to attend NECA and set up a Credit Union account and standing orders. I am now budgeting better and paid off most of my debts. I was helped to make an ESA and PIP application, which has helped alot.”

“Point of contact for any issues - would have no human contact. Help with bills, budgeting, form filling, phone calls. Informing of entitlements eg. Benefits, social fund, activities, services. Would have been sofa surfing forever - now in my own Council accommodation. I now access services (NECA) with my Support Worker, when I would not before.”

“Help with housing problems and finances. Support with doctor and dentist. Daily support keeping me clean from drugs without support I would be using them again”.

“Although I am still in a care home -, they have helped by working with Social Services and the Council to get me housing that I will be moving into in a few weeks. They have helped me to set up a bank account and find a dentist. They work with me on helping stop drinking. I have not drunk since Christmas now. When I move I will need their support to help pay bills, and not relapse with my drinking”.

What would the impact be for you (effect on you/consequence) if the outreach service was no longer available? – Negative

- **Lose accommodation**
- **Mental health would deteriorate**
- **Physical health would suffer**

- Would go back to taking drugs/drinking
- Would end up dead
- Be living on the streets

“If there was no support I feel I would go back to drinking heavily and probably end up back in debt and lose my flat”

“Physical/Mental health would be affected as 700 Club have assisted me to Doctors and Dentist appointments and historically I would not attend due to anxieties”

“I would go back to using drink / drugs. “

“I would have worse mental health, and my flat would go downhill”.

“I would be severely affected, I'd have no one, no support, and would literally be a prisoner in my own home”,

“I really think I would go back to square one, and possibly end up homeless again”

“I would be homeless and still drinking heavily, and would be in a big mess”.

“I would end up dead from drug use without support”

“I would be tempted to go back on drugs again. I would probably be in debt again, lose my flat, have no money, be homeless,”

“I would drink more alcohol and probably become homeless again. I am sure I would end up dead”.

“Would struggle to maintain tenancy”.

What is important to you about the support you receive?

- Distance travelled
- Found accommodation
- Getting back on track
- Staying off drugs
- Staying out of prison
- Feeling ‘worthwhile’
- Managing debt

“I am now attending NECA and other services due to the support I receive.”

“Without this support I would still be drinking and homeless”.

“Someone who knows what they are talking about to help me with the problems I have and treat me as a person”.

“It is important to be able to live independently in my own property. It is important to control my drinking. They help me remember and attend appointments”

“I feel I have come a long way with the support, whereas without it I would still be drinking heavily, in debt, and probably could be homeless”.

“They understand my problems and treat me as human, instead of judging me. I couldn't have stopped drinking without the help and no chance of me getting a house. I had a stroke in October, and nobody helped me. I had massive problems with drinking and felt someone really wanted to help me with this. My benefits got stopped and I didn't know what to do, and I was helped to sort this out”.

“Helping me to be able to stay off drugs, and to take me to appointments and court, and to keep me out of prison as if I didn't go to court, or didn't have a Support

Worker, I wouldn't be able to get my appointment or get to court, and I would be in worse trouble”.

“Every aspect of it, and it help me live my life and allows me to do things I can't do on my own, I was homeless with a holdall, and now I have my own house. I need the support, phone calls, house calls, to enable me to live my life”.

“Direction, organisation, trust, a helping hand, help with socialising, being treated like a human - not a statistic, not being rushed, it is saving my life”.

Please detail any further comments you have about this, or any other budget proposals (*Please note only service specific summary feedback has been detailed below, any comments received in relation to wider budget proposals have been sent to Communications Unit*)

“I think this service and every other service deserves to carry on!”

“The Council's budget should be tailored towards helping people in the community who need help. I would scrap it and re-invest in rehabilitating people, particularly with the methods that the 700 Club use. Darlington might be a market town, and you wish to uphold it by making the Indoor Market better, but it wouldn't be a town at all without the people, so you should look after the people first”.

“This type of support should not be cut or stopped, this support saves lives”.

“I think it is shocking. A lot of people will lose out, and lose their houses. People will go on drink and drugs and get in trouble. They will not budget without this support”.

STAKEHOLDERS

People's Parliament

A direct response was received from the People's Parliament who are a user-led group which aims to be a voice for people with a learning impairment in the Darlington area.

They highlighted that the proposed ceasing or reduction to the housing related support services are a “concern” as “it is likely to affect people who don't necessarily qualify for social services support but do require support to successfully gain, maintain and adhere to housing tenancy agreements. Bill paying support may also be linked to this”. “Some people using housing related support really benefit from this low level regular support where the worker and the person are able to build up a relationship.”

Parliament members were in favour of the Future's Fund being utilised for housing related support if this does end up being an area that is cut and highlighted that further information is needed about what support would be available for people who may require independent living support, but, are not necessarily homeless.

Community Safety Partnership response to the Housing Related Support budget cut proposals

These projects are involved in supporting vulnerable people and the removal of the services will mean that increasing numbers of vulnerable people will be unsupported and will be at greater risk of exploitation / drug dealers / bullying and abuse. This will impact upon health and emergency services. It will also lead to loss of confidence in Darlington Borough Council as residents see more people under the influence of alcohol and drugs sleeping rough; begging and crime and anti-social behaviour increases. Darlington will not be perceived as a safe place to live and work or visit recreationally. Cutting these services is false economy, given the loss of confidence and the cost of addressing the problems in the future.

Integrated Offender Management Unit

A number of the offenders on the IOMU cohort are accommodated by the 700 Club, the floating support worker links in with either the Police Officer or Probation Officer who is managing the offender. The Outreach Worker ensures that the offender is reminded of appointments (both statutory and non-statutory), they share vital information on progress and work with us to reduce re-offending and risk to the community.

The ceasing of this service would result in a vital loss of contact and intelligence exchange on the town's most prolific offenders.

National Probation Service Durham & Darlington

Many offenders who are released from prison, or who are on a Community Order are accommodated by the 700 Club. The support they receive from staff both in their time in the hostel and outreach work is vital to help them maintain the tenancy, and learn how to live independently.

The concerns we would have is the chaotic adults we work with would have less support, this could create more anti-social behaviour and offending if they are living in Darlington without support – the impact / costs this may have in the long run may well outweigh the cost savings now.

I would want to know what support would there be for those people with drug and alcohol issues if these cuts were made. If the service has to be cut, then prioritising the most in need would have to be looked at, and the criteria narrowed for those needing support. Floating support helps people maintain their tenancies and is less of a drain on other services.

Response from the CCG to Darlington Borough Council's budget proposals

We are concerned that several of the planned changes appear to affect those most at risk and the vulnerable in our society, in particular those with a learning disability, the homeless and those who are often known to several organisations as high impact users with complex and chaotic lifestyles.....the local health profiles for Darlington identify both alcohol and smoking as key priorities. We know the rate of alcohol related hospital stays among the under 18's is worse than the England average; the rate of alcohol related harm in adults is worse than the England average.....For all of these areas there are direct impacts on individuals, but they also place avoidable economic pressure of NHS and social care resources.

EIA impact on Darlington Borough Council's ability to deliver their statutory function and the Prevention Agenda

The service which is MTFP proposal C6 is a 'preventative' service and helps Darlington Borough Council with its obligations under the Care Act. The service is able to support individuals to address their, often complex, issues at the earliest opportunity.

The objectives of the service are to support Individuals to maintain their health, independence and choice and control over their lives. The service achieves these objectives by working with Individuals to:

- understand and manage their substance misuse;
- reduce relapses;
- successfully complete treatment programmes;
- sustain their accommodation;
- maximise their finances;
- meet their potential and aspirations;
- maintain social contacts;
- access education, training or employment opportunities

By working to achieve the above the services naturally reduces, prevents and delays the need for individuals to receive a statutory intervention from Adult Social Care. The support which is offered builds independence and resilience and enables clients to become contributing members of Darlington's population.

The service reduces the pressure on statutory partners resources e.g.

- Reduction in A&E admissions – all clients are registered and supported to attend GP appointments, clients are supported to seek medical attention at the earliest opportunity and are signposted to and supported to attend specialist services where the need is identified.
- Reduction in Crime – clients are supported to address all of their issues and by addressing their issues, the underlying reason as to why they commit crime is addressed, clients are encouraged to engage in daytime activities which divert them away from crime. They are supported to move into more appropriate accommodation, which is a basic human need, which provides stability and security to enable them to address their issues.

By the objectives highlighted above the service helps to address the strategic priorities of 'One Darlington Perfectly Placed', by ensuring that people are not disadvantaged by lack of income, where they live, or any other potential disadvantage.

The service also helps to address the issues highlighted through the influential Marmot Report (2010) 'Fair Society, Healthy Lives'.

The report contained many important findings, some of which are summarised below:

- **Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status**
- **Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS**
- **Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community.**

The Darlington Health Profile data highlights 3 key priority areas:

- **Giving every child the best start in life**
- **Tackling alcohol related harm**
- **Promoting mental health and wellbeing**

This service delivers on each of these priority areas.

The Housing Act 1996 highlights a local authority's responsibility to prevent homelessness and the Housing P1E requires the Council to demonstrate its proactive response to the prevention of homelessness. This service is crucial to the prevention of homelessness. The contract for the provision of Housing Related / Outreach Support service for people with substance misuse problems helps Darlington Borough Council prevent people from losing their accommodation. Additionally, the service provides move on support for people who are in hostel accommodation, and is the only form of community based service support with substance misuse issues . This is a vital service as without the provision, hostel accommodation would become silted, and placements in bed & breakfast provision would increase.

Section 6: Engagement Findings – Continued

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal to cease or reduce Housing Related Floating Support for people with drug and alcohol needs will not help to eliminate discrimination, harassment and victimisation.
b) How will the proposal help to advance equality of opportunity?
The proposal will not advance equality of opportunity Housing Related Floating Support for people with drug and alcohol needs.
c) How will the proposal help to foster good relations?
The proposal will not help to foster good relations for people with drug and alcohol needs.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>From the EIA responses received the only suggestion was in relation to keeping the service provision at its present level (not ceasing or reducing the level of service provision).</p> <p>This proposal (as with another 2 housing related support services MTFP proposal numbers C3 and C5) is linked to the Future Fund Opportunity - Housing Related and Outreach Support for Vulnerable Adults (£160,000).</p> <p><u>Proposal 1- End Drug and Alcohol Floating Support (C6)</u></p> <p>Should the proposal to cease the drug and alcohol floating support be agreed, there would be no designated community based support service for people with drug and alcohol problems focusing upon the acquisition of accommodation, or maintenance of existing accommodation / prevention of homelessness. The ability to mitigate the impacts set out above would be negligible; the service offer would be the statutory Darlington Borough Council Housing Options, health services or treatment services, supplemented by any available advice and information, any of which will be available will be operating with significant waiting lists. The majority of the individuals on the service will have no links with statutory service provision and therefore there would be a significant cohort of individuals who would not have support.</p> <p><u>Proposal 2 – Deliver a reduced Drug and Alcohol Floating support service within the Future Fund Opportunity- Housing Related and Outreach Support for Vulnerable Adults.</u></p> <p>The potential to re-procure a single service for vulnerable people through a competitive tender exercise was explored and discounted as it would be not be financially viable.</p> <p>Therefore, should the service be reduced, this will be progressed through a contract variation with the existing contractor to rescale the present requirements. In this instance the separate funding streams, contained within the present contractual agreement, for the available housing related support element and Public Health (Young Person’s Worker) would be amalgamated to provide a single service. This reduced service is envisaged to provide a level of service which would continue to provide</p>

support for those individuals moving on from hostel / temporary accommodation into independent tenancies in the community, and provide a small outreach service within the community. Those individuals with the greatest presenting needs / highest risks will be prioritised, which will include those identified as high risk in EIA with significant drug and alcohol misuse needs, mental health needs or multiple impairments. The reduced and rescaled service provision will still offer an element of rapid intervention drop in support and designated support for young people.

Steps will be taken to avoid, where reasonable, service withdrawal from any individual accessing the service, and the step down to remodel the service will come through the management of new referrals and natural service exits.

- The reduced service will be able to support less individuals than the previous service level, the number of people have not been quantified, as service commissioners will work with the contractors through a variation process to ascertain the maximum number of individuals who could be safely supported. It is envisaged that this will be approximately 50% less than the numbers of individuals presently supported.
- There will be less support available to enable individuals to be supported to attend appointments with clinical services, health services and benefit departments.
- The ability for the service to be responsive will be constrained due to staff resources.
- The provision of meaningful activities will need to reduce accordingly.
- The ability for the service to deliver support around holistic support needs will be reduced, with the primary support focus being on the sustainment and acquisition of accommodation.
- In the move to the rescaled service provision there is a risk that experienced staff presently delivering the service will leave, owing to uncertainty.
- The reduced service will still continue to have the youth work with Switch / FIT and the Looked After Through Care Team as a priority.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	<i>Helen Watson Newes</i>
	Date:	9 th June 2016
	Job Title:	Contract & Review Officer
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10.6.16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

What does the review of the information show?
Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact?

Section 9 – Action Plan and Performance Management

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
<p>The main theme of the negative impacts from the EIA responses from existing users of the service was as follows.</p> <ul style="list-style-type: none"> • Lose accommodation • Mental health would deteriorate • Physical health would suffer • Would go back to taking drugs / drinking • Would end up dead • Be living on the streets 	<p>The pooled funding with Public Health to take place to maximise the available support offer</p>	<p>Service Commissioner</p>	<p>Following Member decision 29.06.16</p>
<p>Main theme negative impacts from the EIA responses from existing users of the service</p> <ul style="list-style-type: none"> • Lose accommodation • Mental health would deteriorate • Physical health would suffer • Would go back to taking drugs/drinking • Would end up dead • Be living on the streets <p>Other identified impacts: Reduction in the outcomes achieved for vulnerable people with substance misuse needs.</p>	<p>The level of Future Fund to not decrease below the level presently set and to effect change via process of contract variation</p>	<p>Service Commissioner following Member decision making</p>	<p>01.07.16 – 30.09.16</p>

<ul style="list-style-type: none"> • There will be less support available to enable individuals to be supported to attend appointments with clinical services, health services and benefit departments • The ability for the service to be responsive will be constrained due to staff resources • The provision of meaningful activities will need to reduce accordingly. • The ability for the service to deliver support around holistic support needs will be reduced with the primary support focus being on the sustainment and acquisition of accommodation. 	<p>Service commissioners work with the service provider to successfully re-scope the service in a way which will support the maximum number of people possible, through a quality service provision which achieves outcomes for the people who use it. Ways to ensure that the service does not build up a waiting list and there is provision for rapid intervention crisis support will be explored with the service provider</p> <p>To proportionately re-scope and reduce the performance requirements of the contract in line with the re-scoped service provision. Prioritise support for highest risk individuals</p> <p>Working with the existing contractor to re-scope the service through a transitional phase as far as reasonably practicable through natural processes to avoid a service withdrawal from an existing client.</p> <p>Opportunities to maximise peer support / volunteer led activities will be explored.</p>	<p>Service Commissioner</p>	
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Performance Management	
Date of the next review of the EIA	Immediately following Members decision and through the service transition phase
How often will the EIA action plan be reviewed?	The EIA will be continuously reviewed through each service transition phase.
Who will carry out this review	Service Commissioning Officers

Section 1 – Service Details and Summary of EIA Activity - PSP

Title of activity:	To reduce the Positive Support Pathway (PSP) for Young People who are homeless or at risk of homelessness by £50,000.
Lead Officer responsible for this EIA:	Helen Watson / Nicola Childs
Telephone:	01325 405868
Service Group:	People
Service or Team:	Development & Commissioning
Assistant Director accountable for this EIA	Hilary Hall
Who else will be involved in carrying out the EIA:	Current Service Users. Adult Social Care Children's Social Care Housing Services Service Providers Key stakeholders

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified		<i>Whole population, e.g. whole borough, a neighbourhood, a whole demographic group such as older people</i> The risk of homelessness could affect any resident of Darlington, and the consequences of homelessness impact upon the whole of the Borough with regard to Anti Social Behaviour, and crime rate. However, this specific proposal would not directly affect the whole population as the service commission is specifically for Individuals aged between 16 & 25 years who are homeless/at risk of homelessness.
Stage 2: Further Assessment. Target Population likely to be affected identified		<i>Target population, e.g. rural communities, community centre users in neighbourhood, older users of particular services</i> Primary age range: Vulnerable people within the borough of Darlington who are aged between 16& 25 who are homeless or at risk of homelessness
Stage 3: Further Assessment. Individuals likely to be affected identified		<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> <i>The eligibility to access this service is as follows:</i> <ul style="list-style-type: none"> • 16 or 17 years old who are homeless, or are at

		<p>risk of homelessness;</p> <ul style="list-style-type: none"> • 18-24 years olds who are homeless, or are at risk of homelessness and have additional support needs; Looked After Children who are 16 years of age or older; • Care Leavers who are aged 18 years and older. • It is envisaged that the young people referred to the PSP will have a range of needs which could include, but will not be limited to; mental ill health, substance misuse, inappropriate risk taking, sexual exploitation, offending behaviours, domestic abuse. • There will also be some young people who can no longer reside in the family home and are able to live independently with minimum support.
Stage 4: Analysis of Findings		Page 15
Stage 5: Sign-Off		Page 25
Stage 6: Reporting and Action Planning		Page 26

Section 2 – The Activity and Supporting Information

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

The PSP commenced on the 1st January 2015 and provides a pathway of accommodation and support for vulnerable young people aged 16-25 who are homeless, or at risk of becoming homeless. The Pathway consists of: mediation, crisis support, YMCA hostel (27 units and 1 x crash pad); 3 units for Young People Leaving Care, 8 dispersed units for those unsuitable for Homeless hostel accommodation, due to high needs or vulnerability, and 4 units for those in Further Education, training and employment and floating support. Additionally there is a Hub – this is a drop in facility for any young person with any concerns, where they can drop into and receive assistance and sign posting. Support workers make up the majority of the staffing composition, however there are posts such as Pathway Co-ordinator and Activities Co-ordinator, who offer added value to the service.

The PSP fulfils Darlington Borough Council's statutory responsibility to young people due to our obligation under Housing legislation and The Children Act 1989. Therefore, the onus of the required budget reduction is to remove elements which do not prevent us from delivering on these responsibilities and, more importantly, has as limited an impact as possible on the young people.

The over-arching service objectives are:

- To help create a culture of 'independence' rather than one of 'dependence';
- To provide a pathway for vulnerable Young People to enable them to address their varying levels of need, including young people with multiple /complex needs;
- To prevent and reduce youth homelessness through early intervention;
- To pro-actively raise Young People's aspirations, their skills, confidence, capability and resilience so they are prepared for employment;
- To develop practices and a culture within Young People's housing and support services which actively promote and support Young People to be in training, education, volunteering or in employment;
- To provide integrated support to Young People to minimise the negative impacts of homelessness, and help them improve their prospects;
- To establish effective partnerships to support Young People to engage with services they need to improve their health and well-being, to stay safe, and to develop their independent living skills;
- Promote healthy relationships and support individuals to have healthy relationships with their family, partners and peers;
- To support clients to move through the PSP and into sustainable, affordable tenancies;
- To reduce the number of unplanned moves and repeat presentations;
- To support successful transitions to adulthood through personalised resettlement and move on options.

The provider has proposed that the saving will be achieved through reducing the level of floating support which is available, and from a back office reconfiguration (the later will not impact on the service which the young people receive). This will equate to a 25% reduction in the number of young people who will be supported annually on Floating support.

Floating support is currently utilised to support clients moving on from the YMCA Foyer, and for those clients who already have their own accommodation, or are looking to source accommodation. In some cases, the floating support element is used to support clients whose needs are too high or who pose too much of a risk to other residents so are not able to access the Foyer. These clients tend to be known to multiple services, and have often been through a number of support services. Floating support is offered to determine whether they are now in the right place with themselves to engage in support. This has proved to be advantageous for a number of clients.

This EIA will be conducted by seeking the view of the young people who are currently accessing the Floating Support service to determine the impact on them if the service had not been available.

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

Homelessness and the threat of becoming homeless can affect any resident of Darlington, at any time due to changes in financial and social situations. This budget reduction relates to a contract which is for young people aged 16-25, and will therefore focus on all young people who reside within the Borough of Darlington.

Target population

The target population for this review are Young People aged 16-25 who are considered to be vulnerable and at risk of homelessness. Clients who have accessed the commissioned services have a variety of needs and need support to be able to live independently and free from support services.

Between 01/02/2015 and 29/02/2016, 204 young people moved on from support provided through the PSP. Additionally, as of the 04/03/2016, 92 young people are currently engaged in support.

Individuals

An analysis of the needs of the young people who were referred into the PSP between 01/02/2015 and 29/02/2016 demonstrate the complex needs of the young, vulnerable population of Darlington:

Mental Health	49%
Offending History	47%
Drugs Misuse	46%
Sofa Surfing	37%
Learning Disability	25%
Alcohol Misuse	20%
Care of a Local Authority	21%
Domestic Abuse	14%

Additionally, the general skills and abilities' to be able to live independently are also assessed, and it was determined that:

83%	Support with Independent Living Skills
54%	Had concerns around being vulnerable
44%	Had issues around neglect

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

Consultation with the current provider, stakeholders, and the clients from each of the elements of the PSP.
 Qualitative and Quantitative information from the designated ICT system which includes presenting needs, movement along the pathway and departures / re-presentations.

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
		N		H				
Age		N		H				The contract is for 16-25 year olds only. Any change could have significant impacts on this population of Darlington. Please refer to page 16 for EIA findings
Race			N/A				Nil	There will be no impact in relation to race from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Sex			N/A				Nil	There will be no impact in relation to sex from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Gender Reassignment			N/A				Nil	There will be no impact in relation to gender re-assignment from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal

							Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Disability (summary of detail on next page)		N		H			Please see detail on the next page
Religion or Belief			N/A			Nil	There will be no impact in relation to religion or belief from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Sexual Orientation			N/A			Nil	There will be no impact in relation to sexual orientation from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Pregnancy or Maternity			N/A			Nil	There will be no impact in relation to pregnancy or paternity from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings

Marriage/ Civil Partnership			N/A			Nil	There will be no impact in relation to marriage / civil partnership from this budget proposal. The service takes referrals direct from the KPA and therefore has no control over referrals. Equal opportunity data is collected through assessments. The provider has its own Equal Opportunities Policies. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
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Section 3: Officer Assessment - continued

Mobility Impairment	P	N	N/A	H	M	L	Nil	Please refer to page 16 for EIA findings
Visual impairment	P	N	N/A	H	M	L	Nil	Please refer to page 16 for EIA findings
Hearing impairment	P	N	N/A	H	M	L	Nil	Please refer to page 16 for EIA findings
Learning Disability		N		H				Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 25% of the individuals in receipt of the service had a learning disability. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Mental Health		N		H				Analysis of the needs of the Individuals receiving support on this service between 01/02/2015 and 29/02/2016 identified that 49% of the individuals in receipt of the service had a mental health need. This position will be reviewed and revisited as the EIA progresses. Please refer to page 16 for EIA findings
Long Term Limiting Illness	P	N	N/A	H	M	L	Nil	Please refer to page 16 for EIA findings
Multiple Impairments	P	N	N/A	H	M	L	Nil	Please refer to page 16 for EIA findings
Other - Specify	P	N	N/A	H	M	L	Nil	Please refer to page 16 for EIA findings

Cumulative Impacts

Due to the number of budget proposals which affect vulnerable groups the cumulative impact which is generated is substantial. There are direct impacts which will affect the way in which potential clients will access the service, support services which they could access when moving on from the PSP and ancillary services which provide them with additional provisions to enable them to live in suitable and habitable accommodation. The disproportionate number of proposals which effect vulnerable people will have a knock on impact on their independence as it is often these services provided by the 3rd sector, with their flexible person centred approach to support, which provide individuals with the motivation to change their lifestyle choices. Attendances at A&E and their criminal behaviours reduce. The level of stabilisation which these services provide and the opportunities which they make available to vulnerable clients cannot be underestimated. As these services reduce, the resources available to vulnerable people to partake in daytime activities are reduced; subsequently there are no diversions to their chaotic lifestyles, and no one in particular providing support to avoid deterioration in circumstance. This could lead to an increase in anti-social behaviour,

crime, health conditions and homelessness.	
Change Activities	Potential Cumulative Impacts
Ceasing Vulnerable Adults Floating Support (C5)	The vulnerable Adults Floating Support service offers support to vulnerable people who have a ‘generic’ need for support i.e. a number of issues which means they need support to be able to live independently and be a contributor to their community. If there are reasons why a young person cannot be supported through the PSP, they are referred in to the Vulnerable Adults Floating Support Service.
Cease Domestic Abuse Floating Support (C3)	Outreach support for victims of domestic abuse who require support to find and/or maintain their existing accommodation and/or develop confidence to live independently. Support also available for children to support them to deal with domestic violence. Such specialist support is essential to reduce the level of domestic abuse reports and to break the cycle of abuse. There is an increase in the number of young people affected by domestic abuse and a number of clients have been joint worked between both providers.
Cease Key Points of Access (C4)	Proposal is to cease the Key Point of Access (KPA) and streamline the referral process. The KPA is operated by both Housing Options and First Stop. Vulnerable residents are used to attending either location to access housing related support services. The contractual terms of the KPA enables the provider to give advice to the clients to help them initially until a support service becomes available, without this element of the KPA there will be a reduction in early intervention support.
Reductions to Sexual Health & Contraception (SO1)	A reduction in Sexual Health services and the ability to access contraception could lead to an increase in unplanned pregnancies and sexually transmitted diseases. The chaotic lifestyles led by some young people accessing the Positive Support Pathway make them regular users of Sexual Health Services. It is not envisaged that this proposal will reduce the service provision.
Youth Offending ASB (Hu2)	Any reduction in the Youth Offending Team (YOT) will reduce the ability to work together to support often the most chaotic and vulnerable young people. The YOT attend many multi agency meetings in relation to the young people who are supported in the pathway. Without the interventions from the YOT, the PSP will not be able to support high risk young people.
Proposal to remove the Social Fund Budget (S13)	The Community Care element is particularly used when people are being accommodated and after a period in temporary accommodation/hostel accommodation. Individuals accessing the PSP are key users of Crisis support for support around utilities and food.
Cease funding to Gay Advice	Individuals accessing the PSP may also access support

Darlington and for the DAD Information Post (C9)	from GADD and DAD
Reductions to Obesity funding (S09)	Young people accessing the PSP have also made effective use of the Healthy Hub for Person Centred health interventions.
National Welfare reforms	Proposals under the Welfare Reforms are far reaching for young people. In particular relevance to housing is the proposal to cease all Housing Benefit entitlements for young people.
Removal of the provision of Personal Budgets	As an early part of finding budget savings from this contract, the provision of a Personal Budget was removed. The purpose of a Personal Budget was to provide an additional financial resource to enhance an individual's opportunity for achieving a personal goal i.e. the purchasing of ID or trainer (to encourage a healthy lifestyle).

Potential Consequential Impacts from Reducing the Contractual Value of the Positive Support Pathway.

Consequential impact upon housing options	Without the ability to source accommodation and support for young people, the Local Authority would hold the statutory responsibility and would have to source alternative, more costly provision. Without support to move young people on from hostel style accommodation, the hostel beds would become silted and more young people would have to be placed in B&B accommodation (which is to be avoided at all costs).
This is the only service commission of this nature for young people who are at risk of homelessness, there is no equivalent designated service provision.	This is the only service commission which can be accessed by all young people aged between 16-25 who live in the borough of Darlington. All other services which are provided for young people are linked to being known to Children's Services. This service is a very cost effective way of supporting young people leaving care and reducing the number of young people who have to come into care, by providing preventative support.
Services which assisted in the mitigation of previous budget proposals	When this service was commissioned in 2015, a financial saving was required from the 'Homeless' services. It was determined that by having a more effective young person's service, the number of people requiring support in later life would reduce. The ethos of this service is to promote independence and a life away from living on benefits. This would therefore eventually reduce the expenditure for a

	number of statutory agencies in the longer term.
Increase in crisis representations and level of fail to attend (for clinical interventions and treatment options)	Negative impact on other public services (including health (hospital admissions and A&E), Police, probation) and the voluntary and community sector as individuals present in crisis, due to a reduction in their ongoing preventative support. These services will not have the preventative service to refer individuals on to. Primary and Secondary Care and community based interventions services are likely to see an increase in the number of fail to attends as the service plays a key role in supporting individuals to engage positively with other services which impacts positively on their mental health and wellbeing and ultimately their ability to live independently and sustain their accommodation.

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.

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

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
No protected characteristic group will be treated differently as a result of this of this proposal. However, due to the nature of the vulnerability of the individuals using the service, any changes to the existing service will be have to be handled in a planned and managed way. Due to the service being for young people under the age of 25, age is a characteristic which is affected through this proposal. The EIA has demonstrated that there is a significant negative impact upon individuals with mental health needs which made up 39% and Learning Disabilities (35%) of the EIA respondents.
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
No, there is no differential treatment; however, there are associated negative impacts for people with mental health needs, learning disabilities and for young people (Under 25).
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
The associated impact will increase disadvantage for vulnerable young people with mental health needs who tend to be the most disconnected members of society.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
29.03.16	Individuals in receipt of the service	29.03.16 - 15.04.16	An EIA questionnaire was distributed to the provider for them to forward on to clients and to support them to complete them.
29.03.16	Stakeholders	29.03.16 - 15.04.16	Questionnaire sent via email to a number of stakeholders to ascertain their views on the proposal.

Section 6: Engagement Findings

For a further breakdown of the client consultation responses please see Appendix A to this document

Clients

Questionnaires were given to the contracted provider for them to give to current clients (at that point in time). Due to the vulnerable and complex nature of the clients it was felt that this was the most appropriate approach. The questions focused on:

- How is the support helping you?
- Do you call into the office for support?
- What would be the impact on you if the service was no longer available (positive/negative)?
- What is important to you about the support you receive?
- Further comments about this or any other budget proposal

31 responses were received from clients of the service

Stakeholders

The services are integral to the preventative agenda and due to the vulnerable, chaotic nature of many of the clients, they are well known to other statutory agencies. It was therefore valuable to obtain stakeholder views as to how the budget proposal would impact on their organisation. Although a number of questionnaires were distributed, only 3 responses were returned. However, further responses were received from stakeholders via corporate feedback mechanisms.

Characteristics

	Date/summary of engagement carried out	Summary of impacts identified
Age	29-03-16 to 15-04-16	<p>All individuals in receipt of this service are aged between 16-25. The age range of the respondents were as follows:</p> <ul style="list-style-type: none"> • 17 years old - 1 Individual • 19 years old - 5 Individuals • 20 years old - 3 Individuals • 21 years old - 6 Individuals • 22 years old - 2 Individuals • 23 years old - 2 Individuals • 24 years old - 4 Individuals • 25 years old - 1 individuals <p>7 respondents declined to provide an age The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Disability		
Mobility		

Impairment		
Visual Impairment	29-03-16 to 15-04-16	2 out of the 31 respondents identified themselves as having a Visual Impairment (6%) The Officer assessment of the level of impact against this characteristic remains unchanged
Hearing Impairment	29-03-16 to 15-04-16	1 out of the 31 respondents identified themselves as having a Hearing Impairment (3%) The Officer assessment of the level of impact against this characteristic remains unchanged
Learning Disability	29-03-16 to 15-04-16	11 out of the 31 respondents identified themselves as having a Learning Disability (35%) The Officer assessment of the level of impact against this characteristic remains unchanged
Mental Health	29-03-16 to 15-04-16	12 out of the 31 respondents identified themselves as having a Mental Health Impairment (39%) The Officer assessment of the level of impact against this characteristic remains unchanged
Long Term Limiting Illness	29-03-16 to 15-04-16	1 out of the 31 respondents identified themselves as having a Long Term Illness (3%) The Officer assessment of the level of impact against this characteristic remains unchanged
Multiple Impairments		The Officer assessment of the level of impact against this characteristic has increased to high
Other - Specify	29-03-16 to 15-04-16	1 out of the 31 respondents identified themselves as having a Speech Impairment (3%) The Officer assessment of the level of impact against this characteristic remains unchanged
Race	29-03-16 to 15-04-16	30 out of the 31 respondents identified themselves as White British (97%) 1 respondent identified themselves as Gypsy / Irish Traveller (3%) The Officer assessment of the level of impact against this characteristic remains unchanged
Sex	29-03-16 to 15-04-16	16 out of the 31 respondents identified themselves as Male (51%) 15 out of the 31 respondents identified themselves as Female (49%) The Officer assessment of the level of impact against this characteristic remains unchanged
Gender Reassignment	29-03-16 to 15-04-16	None of the respondents identified themselves as individuals whose identity had changed to that which they were assigned at

		<p>birth.</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Religion or Belief	29-03-16 to 15-04-16	<p>14 out of the 31 respondents identified themselves as Christian (45%)</p> <p>12 out of the 31 respondents identified themselves as having no religion (39%)</p> <p>2 out of the 31 respondents identified themselves as Pagan (6%)</p> <p>1 out of the 31 respondents identified themselves as Mormon (3%)</p> <p>2 out of the 31 respondents who identified themselves did not provide a response (6%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Sexual Orientation	29-03-16 to 15-04-16	<p>1 out of the 31 respondents identified themselves as Lesbian / Gay (3%)</p> <p>22 out of the 31 respondents identified themselves as Heterosexual (71%)</p> <p>8 out of the 31 respondents not provide any information with regard to Sexuality (26%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Pregnancy or Maternity	29-03-16 to 15-04-16	<p>None of the respondents identified themselves as either pregnant or on maternity leave.</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>
Marriage / Civil Partnership	29-03-16 to 15-04-16	<p>28 out of the 31 respondents identified themselves as Single (90%)</p> <p>1 out of the 31 respondents identified themselves as Engaged (3%)</p> <p>1 out of the 31 respondents identified themselves as Co-habiting (3%)</p> <p>1 out of the 31 respondents identified themselves as Divorced (3%)</p> <p>The Officer assessment of the level of impact against this characteristic remains unchanged</p>

Please note: there are some variances between the protected characteristics identified at the officer screening based on need and those identified by Individuals completing the questionnaires. The variance is due to the way in which the Individual perceives their needs as opposed to what a professional has recorded on a need & risk assessment.

EIA Findings –This section must be read in conjunction with Appendix A which details all responses received against this EIA proposal

Below is a summary of the key findings against each question. Where themes were identified, correlating comments, as written by the respondent (or by a representative on their behalf) have been quoted:

How many times a week do you receive support?

Times per Week

1	- 8
1 to 2	- 10
2	- 9
2 or 3	- 2
3 to 4	- 1
5	- 1

How is the support helping you?

Synopsis of main trends:

- Finding accommodation
- Helping with utilities
- Life would be worse
- Getting back to work
- Sustaining mental health

Finding accommodation:

- *“They have helped me get a place of my own and continue to help me understand the bills that I receive”*
- *“Helping me to live independently as this is my first place on my own - the skills to live independently and my quality of life would not be the same without my DISC worker (PSP)”*
- *“housing support, first tenancy”*

Helping with utilities/household

- *“This support is helping me to understand how to live independently, help me to budget my money for necessities, food, kitchen supplies etc. DISC has also supported me through college, they have helped me with CV's and cover letters”.*
- *“My support help me with thing I may struggle with job/bills/health”*
- *“the support is helping me with everyday life and struggles. I hope to gain more confidence in myself handling bills and money”*
- *“Support Worker makes telephone calls for me as I am deaf, she helps me understand letters and paperwork as I struggle”*

Life would be worse

- *“It is helping me very well and would like to gain more confidence”*
- *“They have helped with housing, Social Fund, job searching and being there to talk to”*
- *“The support is helping me because if I was left to myself I would be dead”*
- *“The support just has, and a life that isn't screwed”*
- *“From previously receiving support I now have my own tenancy with my daughter and I have received the financial support I needed. The support is helping me gain independent living skills for me and my daughter so we can live a positive future”*
- *“To be able to become more social instead of being stuck in and to be a lot better at managing healthy eating and cleaning and managing my money a lot better”*

Getting back into work

- *“It was helping me get myself sorted and get stuff in place for a new house, better me fresh start onwards and upwards”*
- *“hoping that I will eventually get back into work, helping with finances, housing”*

Sustaining Mental Health

- *“Support Worker helps me with paying bills etc. and when I have any problems she helps me, especially with my Mental Health appointments”*

Do you call into the DISC offices for support?

22/31 do call in - reasons being:

- Missed appointments
- Any problems I have
- Urgent advice

What would the impact be for you (affect on you/consequence be) if the floating support provided through PSP (DISC) was reduced? - Negative

Synopsis of main trends:

- Mental health would be affected
- Homelessness
- Feelings of isolation and not being able to cope

Mental health would be affected

- *“I think I would end up in a lot of debt as well as depression taking a toll on me if I did not receive support”.*
- *“Devastating, upsetting, lonely, distressed, unsupported, mental health impact bad (suicidal)”*
- *“I would find it harder to cope, and it would impact on my Mental Health”*

Homelessness

- *“I would probably become homeless or worse if my support stopped. I would likely have a lot more problems”*
- *“I would end up on the streets, I couldn’t hope with no support”*
- *“I would not be able to live, I would end up homeless with intense support”*
- *“I currently rely on my Support Worker for all housing issues, but also all other problems I have. She gets me in contact with external services that I was not aware of to support my needs. If it was reduced I wouldn’t understand housing or paying my rent therefore I would get into debt, or also face eviction as before my Support Worker came on board I was served my notice, but I am now safe in the accommodation”*

Feelings of isolation and not being able to cope

- *“This could cause me difficulty as I need help with daily tasks at the moment and my DISC worker helps with all my legal stuff”*

- *“If I loose the support it would make things a lot harder for me to do, either through lack of knowledge, or in capabilities”*
- *“If the support was reduced I would struggle in College because DISC have helped me . Providing me with business application forms, bus passes etc”*
- *“No, I wouldn’t have found out about the funds and support help”*
- *“if I didn’t receive support any more I would be in the same old rut - would probably stay in the same flat even though I don’t want to, wouldn’t be able to cope with police case”*
- *“If I wasn’t able to have support I would end up getting into debt and not give my daughter the positive choice she needs , as the support helps me further”*
- *“I don’t think I’d be motivated or get things done like food shopping, or go to appointments that I wouldn’t understand”*

What is important to you about the support you receive?

Synopsis of main trends:

- They value the support
- Helps with mental health
- Helps with independence

They value the support

- *“Having someone who listens. Help with problems. Helps deal with stressful times”*
- *“The help with all my housing needs”*
- *“Helping me, and supporting me in the house, and when I get my own place”*
- *“It is important to me is that I lack confidence and can't understand letters that I get through the post, and DISC help me so much”*
- *“My support I receive is important to me because it is getting me more into a routine than ever before with tackling my problems with life”*
- *“Being deaf is isolating having support means I don’t feel so alone and I know someone is always there for me, even if I'm just having a bad day”*
- *“Due to previous issues, the support helps e recognise my potential and helps me set up for a healthy, positive and safe lifestyle for the future”*

Helps with mental health

- *“important that I get help - all to do with getting me ready to get into work.. Also receive a lot of moral and emotional support”*
- *“It helps with my depression”*

Helps with independence

- *“Help with correspondence and where to go for help”*
- *“For me personal help to find a job”*
- *“My Support Worker helps me with all aspects, seeing and finding accommodation, budgeting all my money, paying my bills and taking me shopping so I am clean and healthy. Providing me with support when in crisis. Support with various benefits to receive”*

Details of further comments about this or any other budget proposals

- ***“I believe that people need help in this society as things come up and we do not always understand, so removing money from places that are trying to help would have severe consequences”***
- ***“Without this service I would have still been a home as I live in the dispersed property and I would not have known where to go and what to do to find my own home. I also feel that I am becoming more independent with the help of my worker”.***
- ***“I feel that it is unfair that young people and being penalised when they need help.”***
- ***“Budgeting should not be cut because people like me and my partner would not receive the correct help and support we need with being independent in our own home, and with our benefits.”***
- ***“I think they should not cut the budget as some people who receive support are suicidal before the support takes place.”***
- ***“strongly advise that they don’t make the cuts as it will affect people in a negative way not just this but things could get so bad for people if they don’t have support which will make more work for council and police and health care system”***
- ***“I don’t understand the budget cuts because they will largely effect all the young people receiving support, creating more issues, so will then have to bring them back to further support young people”***

STAKEHOLDERS

People’s Parliament

A direct response was received from the People’s Parliament who are a user-led group which aims to be a voice for people with a learning impairment in the Darlington area.

They highlighted that the proposed ceasing or reduction to the housing related support services are a “concern” as “it is likely to affect people who don’t necessarily qualify for social services support but do require support to successfully gain, maintain and adhere to housing tenancy agreements. Bill paying support may also be linked to this”. “Some people using housing related support really benefit from this low level regular support where the worker and the person are able to build up a relationship.”

Parliament members were in favour of the Future’s Fund being utilised for housing related support if this does end up being an area that is cut and highlighted that further information is needed about what support would be available for people who may require independent living support, but, are not necessarily homeless.

Community Safety Partnership Response to the Housing Related Support budget cut proposals

These projects are involved in supporting vulnerable people and the removal of the services will mean that increasing numbers of vulnerable people will be unsupported and will be at greater risk of exploitation / drug dealers / bullying and abuse. This will impact upon health and emergency services. It will also lead to loss of confidence in Darlington Borough Council as residents see more people under the influence of alcohol and drugs / sleeping rough; begging and crime and anti-social behaviour increases. Darlington will not be perceived as a safe place to live and work or visit

recreationally. Cutting these services is false economy given the loss of confidence and the cost of addressing the problems in the future.

Response from the CCG to Darlington Borough Council's budget proposals

We are concerned that several of the planned changes appear to affect those most at risk and the vulnerable in our society, in particular those with a learning disability, the homeless and those who are often known to several organisations as high impact users with complex and chaotic lifestyles.....the local health profiles for Darlington identify both alcohol and smoking as key priorities. We know the rate of alcohol related hospital stays among the under 18's is worse than the England average; the rate of alcohol related harm in adults is worse than the England average.....For all of these areas there are direct impacts on individuals, but they also place avoidable economic pressure on NHS and social care resources.

EIA impact on Darlington Borough Council's ability to deliver their statutory function and the Prevention Agenda

The service which is MTFP proposal C7 is a 'preventative' service and helps Darlington Borough Council with its obligations under the Care Act. The service is able to support individuals to address their, often complex, issues at the earliest opportunity.

Consequential impact on Children's Services - The PSP was commissioned with a part contribution from Children's services for 3 specific beds and a crash pad for 16/17 year olds. Additionally, the PSP has accommodated and supported a number of young people leaving care in areas other than the designated units. These young people have been 'hard to place' young people who have often had multiple failed placements and have been in a youth offending placement. Without this resource, Children's Services would have had additional financial burdens on their budget.

The service reduces the pressure on Statutory partners resources e.g.

- Reduction in A&E admissions – all clients are registered and supported to attend GP appointments, clients are supported to seek medical attention at the earliest opportunity and are signposted to and supported to attend specialist services where the need is identified
- Reduction in Crime – clients are supported to address all of their issues and by addressing their issues, the underlying reason as to why they commit crime is addressed. Clients are encouraged to engage in daytime activities, which divert them away from crime. They are supported to move into more appropriate accommodation which is a basic human need, which provides stability and security to enable them to address their issues.

By the objectives highlighted above the services helps to address the strategic priorities of 'One Darlington Perfectly Placed', by ensuring that people are not disadvantaged by lack of income, where they live, or any other potential disadvantage.

The service also helps to address the issues highlighted through the influential Marmot Report (2010) 'Fair Society, Healthy Lives'

The report contained many important findings, some of which are summarised below.

- Health inequalities arise from a complex interaction of many factors - housing, income, education, social isolation, disability - all of which are strongly affected by one's economic and social status
- Health inequalities are largely preventable. Not only is there a strong social justice case for addressing health inequalities, there is also a pressing economic case. It is estimated that the annual cost of health inequalities is between £36 billion to £40 billion through lost taxes, welfare payments and costs to the NHS
- Action on health inequalities requires action across all the social determinants of health, including education, occupation, income, home and community

The Darlington Health Profile data highlights 3 key priority areas:

- Giving every child the best start in life
- Tackling alcohol related harm
- Promoting mental health and wellbeing

This service delivers on each of these priority areas.

The Housing Act 1996 highlights a local authority's responsibility to prevent homelessness and the Housing P1E requires the Council to demonstrate its proactive response to the prevention of homelessness this service supports the aim of the prevention of homelessness.. Additionally, the service provides move on support for people who are in hostel accommodation and is the only form of community based service support. This is a vital service as without the provision, hostel accommodation would become silted and placements in bed & breakfast provision would increase.

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal to reduce the Positive Support Pathway (PSP) for Young People who are homeless or at risk of homelessness by £50,000 will not help to eliminate discrimination, harassment and victimisation.
b) How will the proposal help to advance equality of opportunity?
The proposal will not advance equality of opportunity
c) How will the proposal help to foster good relations?
The proposal will not help to foster good relations for young vulnerable people who are homeless or at risk of homelessness.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>From the EIA respondent the only suggestion was in relation to keeping the service provision at its present level (not ceasing or reducing the level of service provision).</p> <p>As this proposal is to reduce the contract value by a specific amount we have been able to work with the provider to determine how the saving required will be found with a limited amount of impact on young people as is practically possible.</p> <p>The provider has proposed that the saving will be achieved through reducing the level of floating support which is available and from a back office reconfiguration (the later will not impact on the service which the young people receive). This will equate to a reduction by 15 young people who will be supported annually on Floating support.</p> <p>Floating support is currently utilised to support clients moving on from the YMCA Foyer, and for those clients who already have their own accommodation or are looking to source accommodation. In some cases, the floating support element is used to support clients whose needs are too high or who pose too much of a risk to other residents so are not able to access the Foyer. These clients tend to be known to multiple services and have often been through a number of support services. Floating support is offered to determine whether they are now in the right place with themselves to engage in support. This has proved to be advantageous for a number of clients.</p> <p>The numbers of high need /risk individuals who could be supported at any one time may reduce due to limited staff capacity. This will have a direct impact on Children’s services as this element of the PSP has been utilised to encourage harder to engage young people into support. The young people known to YOS will also be further impacted with the reduction in that service provision as stated on page 10.</p> <p>The availability of floating support for young people would be even further reduced through the proposal to cease the Vulnerable Adults floating support service as this contract does have provision, in certain circumstances, to deliver support to those aged over 18.</p> <p>The reduction in the availability of support is likely to result in individuals receiving less</p>

responsive access across the pathway.

The throughput of clients leaving hostels and other forms of temporary accommodation (B&B) would not be as efficient and may result in bed blocking and / or in an increase in rough sleepers / sofa surfers and the need for spot purchases as services become silted.

The majority of the individuals in receipt of this service have exceptionally limited housing options due to extensive previous arrears and failed tenancies, thus making them exceptionally difficult to accommodate. Frequently the provision of support from a housing related support service is the critical factor for a private landlord in determining whether to accommodate an individual, due to the positive rapport which has been built between the landlord and support provider. This will increase pressure on the Housing Options Team.

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	<i>Helen Watson Newers</i>
	Date:	9 th June 2016
	Job Title:	Contract & Review Officer
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10.6.16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

What does the review of the information show?
Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue

Section 9 – Action Plan and Performance Management

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
<p>Main theme negative impacts are the EIA responses from existing users of the service:</p> <ul style="list-style-type: none"> • Lose accommodation • Poor quality of life • Deterioration in mental health • Increased debt 	<p>Work with the provider to promote/increase usage of the YMCA HUB</p> <p>Work with the provider to increase the number of volunteers who could assist in longer term support to improve tenancy sustainment</p>	<p>Service Commissioners</p>	<p>01.07.16 – 30.09.16</p>
<p>Reduction in the number of young people with complex needs being supported through floating support</p>	<p>Work with the provider to promote/increase usage of the YMCA HUB</p> <p>Continue to promote joint working between the provider and other agencies involved with the young person</p>	<p>Service Commissioners</p>	<p>01.07.16 – 30.09.16</p>
<p>Bed Blocking of hostel places</p>	<p>Ensure that all young people who find accommodation in a Local Authority house are signed up to Housing Plus</p> <p>Work with the provider to ensure all residents on the hostel undertake ‘Tenancy Ready’ training</p>	<p>Service Commissioners</p>	<p>01.07.16 – 30.09.16</p>
	<p>There will be monitoring put in place to mitigate, where possible, the protected characteristics which were deemed to be high</p>	<p>Service Commissioners</p>	<p>01.07.16 – 30.09.16</p>

Performance Management	
Date of the next review of the EIA	Immediately following Members decision and through the service transition phase.
How often will the EIA action plan be reviewed?	The EIA will be continuously reviewed through each service transition phase.
Who will carry out this review?	Service Commissioning Officers

Section 1 – Service Details and Summary of EIA Activity - ASPIRE

Title of activity:	Cease Funding Aspire Service
Lead Officer responsible for this EIA:	Peter Fitzpatrick
Telephone:	01325 406129
Service Group:	People
Service or Team:	Learning Disability Provider service
Assistant Director accountable for this EIA	Kevin Kelly
Who else will be involved in carrying out the EIA:	Advice from Mary Hall, Victoria Dixon, Vicki Pattinson, Mark Humble and Lisa Holdsworth.

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	02/02/16	People with learning disability who want to access work or who are currently in work .There are currently 309 people with Learning Disability between the ages of 18 and 65 who receive support from Darlington Borough Council's Adult Social Care Department. There are approximately 200 other adults within the Darlington area who have a learning disability but whom are not currently supported by the department. There are approximately 700 young people under the age of 18 who have been recorded as having a learning disability or learning difficulty. Of that number, approximately 450 of these individuals have a moderate to severe learning disability.
Stage 2: Further Assessment. Target Population likely to be affected identified	02/02/16	People with a learning disability who are in work or want to access work and their immediate family.
Stage 3: Further Assessment. Individuals likely to be affected identified	02/02/16	There are 9 individuals who are currently in work placements or employment and who are accessing support from the Aspire Project. In addition 3 people are supported at the Community Gardens Project in partnership with staff from The Links Day Opportunity. This is a service provided by Darlington Borough Council.
Stage 4: Analysis of Findings	May 2016	A series of engagement and consultation events have been undertaken with the individuals who will be

		<p>impacted by the proposals and with identified key stakeholders. The events have taken place over a period of weeks starting in February 2016 and concluding in May 2016.</p> <p>During the events it was important for Officers to gather as much information as possible to help inform the findings of the Equality Impact Assessment. An analysis of all of the information was completed in May 2016, this concluded on the 23rd May and the following report has been compiled. The report seeks to set out the findings from the impact assessment to help to inform the decision making process.</p>
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>Aspire is an employment service assisting individuals with a learning disability in current employment to retain their jobs, supporting people in placements within Darlington Borough Council. The project also supports an individual in paid work at B & Q and supports a small group of individuals (3), to maintain the Community Garden at Salters Lane North. The number of people affected is small but the impact on some of them is high. The project had an aim of supporting young people with a learning disability who were attending college to find employment and thus avoid using other more formal services which may include a day opportunity. The project itself is focused on supporting individuals to maximise their skills and independence and prepare them for employment.</p> <p>By ceasing the service it would generate a saving of £83,195k. This figure would contribute towards the overall saving that the council needs to make which is £10.2m by 2020. The service is currently within the Adult Social Care Portfolio and will be contributing to savings which need to be achieved within the portfolio.</p>
<p>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.</p>
Whole population
<p>Potentially all residents of Darlington with a Learning Disability of a working age can access the service. However there are currently 309 individuals with a learning disability between the ages of 18 and 65 who are supported by Adult Social Care. There are approximately 200 other adults within Darlington with a learning disability but who are currently not known to Adult Social Care.</p>
Target population
<p>Those individuals who have a learning disability who are in work or a placement currently as well as individuals who may be looking to secure employment or skills that support them to gain employment in the future. Data indicates that there are approximately 700 young people under the age of 18 with a learning disability or learning difficulty. This group of individuals may require support in the future to access employment opportunities.</p>
Individuals
<p>Individuals who are currently in employment or work placements and whom are supported by the Aspire Project.</p>
What data, research and other evidence or information is available which is relevant to the EIA?

In Darlington there are a limited number of individuals with learning disability who are in paid employment. The current number is 9 and there are an additional 3 individuals who are supported to contribute to the Community Garden Project. The number of individuals who have a learning disability and reside in Darlington aged between 18-64 is approximately 500. Of the 500, 309 receive formal support from Adult Social Care. A number of studies have been carried out regarding the importance of supporting Adults and Young People with a Learning Disabilities to access paid employment. Research by Mencap shows that 65% of people with a learning disability want paid work but only 1 in 10 known to social services are currently in paid work and this work is often low paid and part time hours. The study suggests that people with a learning disability should have access to good quality further education and training and they should be properly supported to secure employment and to access the workplace. More employers should recruit people with a learning disability and people should be paid as a minimum in accordance with the national living wage. Research by Foundation for People with learning Disabilities found that although 1 in 10 people in England are self-employed there are very few people with learning disabilities in this figure. They state that people with Learning Disabilities are almost entirely absent from this figure. At the time of the article most areas in the UK had some kind of Supported Employment agency enabling people with a learning disability to achieve sustainable employment. It also references 'Preparing for Adulthood' and the importance of focusing on employment opportunities with young people as they prepare for adult life with the goals of developing higher aspirations, expectations and practical employment skills. An article from the BBC news website dated December 2015 stated that the employment rate for people with a learning disability continues to drop and currently stands at 6% in England. It has dropped from 7.1% in the last 4 years. Research suggests that bespoke tailored support is the answer and that if provided with the correct support, an individual can flourish in the career of their choice. The Minister for Disabled People (Justin Tomlinson) has said it is "unacceptable " that so many people with learning disability continue to be overlooked for work.

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
	P	N	NA	H	M	L	nil	
Age			NA	H	M	L	nil	Age ranges of people who use Aspire between 24 and 64. The service is accessible to any adult aged 18 and over. Therefore the proposal predominantly affects those of 'working age'.
Race	P	N	NA	H	M	L	nil	Those individuals receiving support are predominantly White British; however access to the service is not limited by an individual's ethnicity.
Sex	P	N	NA	H	M	L	nil	The split between male and female individuals accessing the service is almost an equal split. Access to the service is not restricted by whether they are male or female.
Gender Reassignment	P	N	NA	H	M	L	nil	No significant impact
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	Negative and High Impact upon the individuals in terms of not being able to maintain employment. There would be an impact upon their mental health and self esteem. There is likely to be an impact on their income levels which could cause additional stress and anxiety.
Religion or belief	P	N	NA	H	M	L	nil	No significant impact
Sexual Orientation	P	N	NA	H	M	L	nil	No significant impact
Pregnancy or maternity	P	N	NA	H	M	L	nil	No significant impact

Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	All individuals are single; however access to the service is not determined by marital status.
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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.

Mobility Impairment	P	N	NA	H	M	L	nil	None identified
Visual impairment	P	N	NA	H	M	L	nil	None identified
Hearing impairment	P	N	NA	H	M	L	nil	None identified
Learning Disability	P	N	NA	H	M	L	nil	Negative impact, these could be significant for those who may not be able to retain their jobs or placements without the support of Aspire. Others who work within Learning Disability Provider services will have a reduced level of support from the staff teams.
Mental Health	P	N	NA	H	M	L	nil	Loss of job may lead to low self-esteem and could have an impact on mental health and well-being possibly resulting in low mood and depression. The individual would potentially need additional support. A reduced income may also contribute to poor mental health due to associated anxieties and worries about this.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	Four of the individuals currently receiving support are on the autistic spectrum Individuals accessing support from the project have a learning disability which can impact upon their abilities to maintain their independence and well-being without appropriate support.
Multiple Impairments	P	N	NA	H	M	L	nil	All the service users have a learning disability with some more profound than others. 4 have autism and 1 person has Williams syndrome.
Other - Specify	P	N	NA	H	M	L	nil	None identified

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.

Change activities	Potential cumulative impacts
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Changes to the Adult Social Care Charging Policies.

Sensory Impairment Service moving from Vane House.

W 15 & W20 Changes to Concessionary fares and Changes to Blue Badge Parking.

S6 – Reduction to Community Safety

It has been identified that the proposal to cease Aspire would have negative impacts upon those individuals who access the service. For this group of individuals they are other proposals within the current Medium Term Financial Plan that would potentially also have a negative impact upon them and need to be considered within this assessment. Understanding the impact of these proposals will help to inform and identify the cumulative impacts upon individuals which are listed below;

The proposed changes to the charging policies may impact upon this group of individuals or those who may have potentially accessed the service. The changes may see some needing to pay an increased contribution to their support at a time when their income reduced if they are no longer able to continue with their employment depending upon the outcome of their financial assessment.

Proposed changes to the Sensory Impairment Service and Vane House may have a number of impacts upon the individuals identified within this assessment if they were to experience difficulties with mobility and sensory impairments. A change of venue alone could cause anxiety for them and increase their dependency upon others to support them. It could also mean that if they do experience mobility difficulties, relocating the service may have an impact upon their ability to access it particularly if they are reliant upon others and or public transport. If their incomes reduces through not being able to sustain their employment then any increase in costs associated with needing to access support from the sensory impairment service from a different venue, will have a detrimental impact.

These potentially may impact upon the same group of individuals who are currently receiving support from the Aspire Project which without this support would lead to a reduction in income and funding available for use of transport or parking may be limited for them. The loss of the companion passes could impact upon those individuals who require support to increase their skills in respect of independent travel. The cumulative impacts of these proposals could result in social

<p>S10- MARAC & C3- Cease Floating Support for Domestic Violence Victims.</p> <p>S13- Changes to the Social Fund Budget (withdrawal of social fund including crisis and community support).</p> <p>C2- Review of the statutory minimum service costs, Adult Social Care.</p> <p>C4- Cease Key Point of Access C4 & Mc8 Private Sector Housing</p>	<p>isolation, limited access to the community and peer support which in turn would have a negative impact upon self-esteem, mood, mental health and well-being.</p> <p>Those individuals accessing support from Aspire can be vulnerable when accessing their local community, their safety and well-being could be at risk if appropriate measures are not in place to maximise the safety of the community and those who reside within it. This could prevent individuals from accessing their local community, reducing their community engagement opportunities, peer support and social interaction. This in turn could have a significant detrimental impact upon their well-being and independence.</p> <p>Potential impact could be linked to the vulnerability of the individual accessing the Aspire Project; due to their vulnerability they are may be more at risk of experiencing domestic violence. If that were the case, without the appropriate support measures in place, their ability to maintain their own safety could be significantly reduced leading to a detrimental impact upon their physical and mental well-being.</p> <p>This proposed change may also have a negative impact on this group as they may already be in receipt of a limited income which could be further reduced if they were to lose their employment. In times of crisis access to financial support would be extremely limited as they will have experienced changes in their income due to welfare reforms.</p> <p>If the proposed review of the statutory minimum service costs work is to proceed, this could also impact upon these individuals if they are in receipt of support from Adult Social Care. If it resulted in any changes to their support this may have an impact upon their mental health and well-being their ability maintain their independence, reduced access to peer support, social interaction and community inclusion. The loss of employment and the effects of this would only be compounded by the impacts of the other proposed changes.</p> <p>Those accessing support from Aspire or those who may have potentially accessed support from the Project will have needs that can make them more vulnerable and at greater risk of needing support to access housing and</p>
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C9 - Cease funding to Dad Information Post.

W5- Cockerton Library

maintain their accommodation. For those who may require this support, if appropriate measures were not available then there would be a significant risk upon their health and well-being. Reductions in income through not being able to maintain employment could increase the risk of a tenancy not being maintained due to difficulties paying rent and associated housing costs. The proposed removal of the Landlord accreditation scheme and non-statutory inspections may mean that individuals who have increased vulnerabilities such as the individuals who do or may access Aspire could be at risk of poor quality housing and accommodation if they are reliant upon the private sector to meet their needs. Their incomes are likely to be limited and for some they will not be in a position to purchase their own property. However they would require support to raise concerns with their landlord and to ensure the issues were addressed so that it did not have a detrimental impact upon both their physical or mental health.

Without access to employment or when facing changes in their circumstances and support, access to good quality information and advice and or other support services will be vital. Without this the impact upon an individual's health and well-being could be significant and increase their needs later on. Maximising independence is vital but information and advice and preventative services are extremely important in being able to achieve this. If an individual is unable to access the information and advice they need or maintain their independence there will be significant detrimental impacts upon their own mental health and well-being.

As already highlighted if they individuals are unable to maintain their employment there will be an impact upon their health and well-being and they may become more reliant upon formal services. In order to try and access different opportunities and learning to improve employment prospects, individuals can access this currently from their local library. If they live local to the Cockerton area and access to the town centre is difficult this could have a negative impact upon them if this facility is not readily available to them. Access to the town may be more difficult due to a reduced income through not having employment and proposed changes to Blue Badge Parking and Concessionary Fares.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes
People with a learning disability looking for employment or already in employment but who require support will potentially be treated differently from other people. Young people with a learning disability currently at college and who may seek employment in the future could also be treated differently to others.
Will the differential treatment advance equality for people with Protected Characteristics? No
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes
There is already a low number of people with a learning disability in paid jobs in Darlington. It is not significantly lower than national figures but the figure with appropriate support and services in place could be improved. The most up to date information, collated as part of the statutory return for the Adult Social Care Outcome Framework shows that the proportion of adults with a learning disability in paid employment is approximately 5%. Without the support of Aspire this figure could reduce and the likelihood of increasing the numbers of individuals accessing employment is limited.

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
02/02/16	Stakeholders including Darlington Borough Council,	02/02/16	Contacted stakeholders by letter and arranged meetings/ received feedback. The stakeholders are:- Helen Whiting DBC Human Resources

	B & Q, Shaw Trust, Darlington College, Job Centre, Foundation for jobs. Community garden		Department Kimberley Bainbridge Business Support Team Leader Central House Helen Gibson Home manager Holicote (DBC Provider Service) Marie Hincks Day Service Officer, Foundations DBC Day opportunity Andy Gilpin Darlington College Pauline Britton Job Centre Clare Guy Human Resource manager B & Q Owen McAteer Foundation for Jobs Paul Foreman Move More Manager Councillor Knowles Chair Salters Lane North Community Garden Pam King Shaw Trust
01/03/16-24/05/16	As above	01/03/16 24/05/16	Meetings attended and feedback gathered from stakeholders. Helen Whiting DBC Human Resources Department Kimberley Bainbridge Business Support Team Leader Central House Helen Gibson Home manager Holicote (DBC Provider Service) Marie Hincks Day Service Officer, Foundations DBC Provider Day opportunity Andy Gilpin Darlington College Pauline Britton Job Centre Clare Guy Human Resource manager B & Q Owen McAteer Foundation for Jobs Paul Foreman Move More Manager Councillor Knowles Chair Salters Lane North Community Garden Pam King Shaw Trust
04/05/16-11/05/16	Met individuals supported by Aspire and their families	04/05/16 11/05/16	Meetings with individuals and their families/carers to discuss potential impacts of the proposal.
16/05/16-20/05/16	Further discussion with in house placement managers Helen Whiting and Kim Bainbridge	16/05/16 20/05/16	Meeting with HR manager from the Town Hall Meeting with Business Support Team Leader from Central House

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability	20.05.16	<p>As part of the Equality Impact Assessment Process, copies of letters detailing the proposals have been forwarded to those directly impacted and wider stakeholders. Consultation and engagement events have taken place with all individuals and key stakeholders. Although there are a total of 12 people with a learning disability who receive some support from Aspire only 9 would be affected by the proposal. The other 3 will continue to be supported to attend the Community Garden by staff from The Links. One service user no longer receives support from Aspire but is studying Health and Social Care at Darlington College. They previously had a placement in DBC Human Resources Department.</p> <p>The information within this report has been taken from the consultation events and used to inform the analysis and findings of the assessment.</p> <p>There are 9 individuals who are currently in work placements or employment and are accessing support from the Aspire Project. In addition 3 people are supported at the Community Garden Salters Lane North in partnership with the Links In House Provider Day Opportunity.</p>

	<p>Of the 9 individuals currently receiving a service from Aspire there will be an impact on each of them if the support from the project was to cease. For some the impact will be greater than others depending up their current placement and the level of support they require.</p> <p>3 of the individuals are currently employed by Darlington Borough Council, Learning Disability Provider Services within a variety of roles including administrative support and cleaning. For these staff it is envisaged that the remaining staff already employed within the services will be able to offer support to the individuals. Whilst this may not be at the same level as before and staff may not have exactly the same skill set, with appropriate training and a robust handover period, the impacts of the change could be reduced. For those individuals who are working within other roles across Darlington Borough Council, the impact will be greater.</p> <p>There are currently 4 individuals who carry out work related activities within a range of services including extra care facilities, Human Resources, Business Support, Extra Care Accommodation and Sports and Leisure. For these individuals it is envisaged that the impact will be much greater as staff working within these areas currently rely on the support and skills provided by the Aspire Project to ensure the individuals get the best out of their placements in terms of developing their skills and expertise. Without this it would mean that the individuals would not be in receipt of the level of support required to ensure their placement was a successful in terms of building their skills and maximising their independence which would have a significant impact upon their well-being and may increase their dependency upon formal support.</p> <p>The managers of the services, mentioned above have stated that they do not have the resources to continue to support the service users. These placements could be discontinued if alternative support could not be identified. There is some potential for limited support from the staff team at The</p>
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		<p>Links as this service is looking at working with individuals to help increase skills and knowledge and supporting them to access their local community independently. However this would be a reduced service provided by staff with fewer skills than the Aspire Project. There is the potential that a “buddy system” could be set up with other employees from the Links which may help to mitigate the impact of the loss of the Aspire Project.</p> <p>The support carried out at The Community Garden Salters Lane North could continue to be supported by staff from the Links. The impact on the service users should be minimal.</p> <p>The Human Resources manager at B & Q stated that although they have a buddy system in place they did not expect this to replace the support provided by the Aspire Project. The manager felt that the job could not be supported in future without the assistance of the Aspire Project. Again there is some possibility that minimal support could be provided by the Links staff which may reduce some of the impacts but they individuals would not be in receipt of the same level of support as before. The individual who works at B & Q would be in danger of losing his employment as the Aspire Project support has been put in recently to support the individual through a period of changes. The individual finds it very difficult to adapt to changes in his routine. There would be an impact on his future employment prospects and on their self-esteem and well-being.</p> <p>One individual felt that they had learned lots of skills and the Aspire Project had been a great help but they feel able to work on their own. They are aware that they could gain support from the staff team within her current workplace.</p> <p>Another individual said Aspire had “helped my confidence. I can now talk to people with no problem”. They said that “without the support of Aspire I wouldn’t be able to do my job.” They felt that there could be some support from staff within the current work placement but the manager of that service felt</p>
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	<p>this wouldn't be feasible. They also said that "In the beginning I got support to travel to work".</p> <p>Additional feedback received includes the following comments; "I was hoping to get some experience in the Human Resource Department." "My gardening skills have improved a lot since I started at Aspire". "I am a lot more confident travelling to work, more independent. They said "It has been said that he was doing the work of 3 men."</p> <p>One individual and their parent said "Aspire is great it gets them out and motivates them. They know they have somewhere to go and something to do. The parent felt both family members are more confident and have got better at travelling independently. They said the future would be "bleak" without Aspire. "Without Aspire the placements would fall through" In general Aspire is a good service the team work hard and provide a very good service.</p> <p>One individual is thinking of retiring from their job this year. They said "Aspire watch the way I do my job. They show me how to do the bathrooms. They try to make sure I am doing the job alright." The individual said "I know how to do my job" Sometimes I get help from the staff."</p> <p>Another individual said they "liked" the Aspire service. They said they needed support to keep safe in their job. Since Aspire started they said " It had been better for them." They said they had got better with their time keeping." If Aspire aren't there they said "staff within the wider work placement didn't help them." They said they had "developed independent travelling skills."</p> <p>A family carer said "Aspire gives them peace of mind that their family member is "doing something, they are safe and occupied." Their family member "does more around the house and their confidence and skills have improved since Aspire have been involved." Without this they "would stay at home more and play games on the computer. They feel" Aspire has been good."</p>
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		<p>One individual said "It was hard for them to express themselves at work. Aspire have been invaluable and it has increased their confidence." If Aspire hadn't supported them, they would have lost their job." Aspire also supported them through "difficult personal times." The individual finds change difficult and says the proposals are having a huge impact on him. They added "It is worrying that if Aspire is to end and there was a problem at work there is no one there to solve it." The feedback also included the following comments; "The change would have a huge impact on them keeping their job. They added "It will be a shame if something wasn't in place to replace Aspire." They also noted that the individual "Gets some support within their work place in the form of a co-worker/buddy but they expressed concern that "If there was a major incident he would not be confident."</p> <p>In summary the analysis of our findings suggests the following impacts for individuals; Impact on potential loss of employment or loss of placement. In the longer term potential that more support will be needed and increased costs for Adult Social Care as the individual's independence decreases and reliance upon statutory services increases. Additional pressure on families/carers which could possibly lead to family breakdowns. Loss of self-esteem and self-worth, low mood and deteriorating mental health. Loss of independence in terms of accessing the community and employment and the ability to travel without support. Reduction in social interaction, peer support and access to the community. Deterioration in overall health and well-being. Financial impacts of not maintaining employment, reduction in income which may result in additional stress and anxieties, reduced ability to cover daily living costs and partake in activities that are important to the individual. Reduced opportunity to learn new skills, significant impact upon maximising independence.</p>
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Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal will not help to eliminate discrimination, harassment and victimisation.
b) How will the proposal help to advance equality of opportunity?
The proposal will not advance equality of opportunity.
c) How will the proposal help to foster good relations?
It is unlikely that the proposal will help foster good relations.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>3 of the individuals who currently work within Darlington Borough council Provider Services will continue to receive support from the staff teams who work at those services. The support will be at a reduced level but the impact on those 3 people should be minimal. Although the staff are not trained job coaches and do not have the full range of skills and experience in supported employment they will still be able to support the service users effectively. Training and support could be offered to the staff as part of a transition plan which would be implemented prior to the closure of the project.</p> <p>Staff from The Links will be able to support service users who work in the Community Garden on Salters Lane North. It is feasible that the Links team can also offer some support to the service users who are placed in the Human resources Department at the Town Hall and in the Archive section at Central House though this support will be limited.</p> <p>The Human Resources manager at B and Q said they have a “buddy” system in place but this doesn’t give the same level of support that Aspire gives particularly in times of “crisis”. Darlington Borough Council managers in Human Resources and Business Support both stated that their resources are limited and they would not be able to support further placements. An idea of using an apprentice for this task was suggested but the Human Resources Manager felt this would not be feasible due to the grade of the apprentice. Likewise the Scheme Manager at Rosemary Court felt that supporting the individual employed there could not be achieved by the service without the additional support from Aspire.</p> <p>The Job Centre consultant confirmed that they can and will signpost individuals to the Shaw Trust where appropriate but they noted that “That there is not a lot out there for people with disabilities at present.” The Shaw Trust has said that the people with whom Aspire work with currently would not meet the criteria for support from them.</p>



Possible support and alternative options were explored with Darlington College. The College would not be in position to provide support to individuals in work placements on a long term basis. They do have a role in supporting young people to engage in employment as part of the transition planning for when they leave college but that is not sustained over a long period of time and it is time limited.

Possible options for additional support for the individuals were discussed with Foundations For Jobs but as an organisation they are not in a position to replace the support provided by the Aspire Project. Their sole involvement is helping Darlington College source placements for individuals.

Discussions with Darlington Cares concluded that whilst there could be a role for local employers to support individuals to build new skills and have period of work experience, they would not be able to replace the support provided by the Aspire Project.

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:	Peter Fitzpatrick
	Date:	20.5.16
	Job Title:	Team Manager Provider Service
Assistant Director:		
Signed 	Name:	Kevin Kelly
	Date:	26.5.16
	Service:	Adult Social Care

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers’ Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	Will depend upon decision taken by council
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

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

Title of activity:	The withdrawal of funding to provide information and advice to disabled people in relation to a range of care and support issues.
Lead Officer responsible for this EIA:	Mark Humble
Telephone:	X 5857
Service Group:	People
Service or Team:	Development and Commissioning
Assistant Director accountable for this EIA	Hilary Hall
Who else will be involved in carrying out the EIA:	Pippa Jones – Contracts Officer Clare Laybourn – Contracts Officer

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	29/2/16	This does not impact on the whole population
Stage 2: Further Assessment. Target Population likely to be affected identified	29/2/16	Disabled People who live in Darlington and their families and professionals who work with disabled people.
Stage 3: Further Assessment. Individuals likely to be affected identified	29/2/16	Current people who access the service on a regular basis or who have used it recently
Stage 4: Analysis of Findings	31/5/16	The service is used regularly by disabled people. Key impacts include, where will I now get the information, advice and support I need? who will provide this? and will it be appropriate to my needs. E.g. can someone use BSL
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
Darlington Council commission with DAD to provide an information and advice service to disabled people. This is to ensure that disabled people have the information and support to meet their social care needs. The contract says it is to co-ordinate the provision of high quality disability information for disabled people and their carers and associated professionals. The annual cost of this is 10k and the service has been in place in excess of 10 years. DAD maintains that they have at least 70 contacts per week seeking information, advice and support.
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
This does not impact on the whole population
Target population
Disabled People and their carers and supporters and social care professionals
Individuals
Disabled People and their family carers and supporters who live in Darlington who regularly access the service from DAD
What data, research and other evidence or information is available which is relevant to the EIA?
DAD provide a specialist advice and support service to disabled and other people in Darlington. The service is long standing and on average has 70 contacts per week. This includes telephone, email and personal contact. The Care Act poses a duty to the Local Authority to ensure that information about services and support is accessible and available. Many disabled people require specialist information, advice and support and need this presented in ways that they can understand e.g. British Sign Language, audio and braille. The Local Authority has recently developed the Darlington Advice Network through which individuals can obtain on line information. There is now much greater accessible internet information available. With access to the right information disabled people are more able to exercise choice and control in how their needs are met. However there are a number of disabled people who do not access on line information and need face to face support. On 1 October 2010, the Equality Act 2010 was introduced. It imposed a duty on providers of goods, services and facilities to make reasonable adjustments in order to avoid a disabled person being placed at a “substantial disadvantage” compared with non-disabled people when accessing services and facilities. The Equality Act does not prescribe what a reasonable adjustment might be –this is to be determined by the particular circumstances in each case. A key element of the reasonable adjustment duty is to ensure that disabled people have

access to the right information in the right format that supports an informed decision. Without this access people may be unable to make that decision. There is some local and national evidence that indicates by pointing people in the right direction and giving them the information that need they are more likely to want to manage their own social care support, thus reducing the role of paid support.

The 2011 census indicated that:

- **There are 9.4 million disabled people in England, accounting for 18 per cent of the population**
- **45 per cent are males**
- **55 per cent are females**
- **The North East of England has the highest proportion of disabled people, accounting for 22 per cent of the population**

Projecting adult needs and service information (PANSI) predicts that there are 6,500 people with a physical disability living in Darlington today; this does not include people with a learning disability or a mental health problem.

The redevelopment of the Councils Customer Contact Centre supports face to face access to information and advice.

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	Likely to be more older people affected by disability
Race	P	N	NA	H	M	L	nil	No evidence of a direct Impact
Sex	P	N	NA	H	M	L	nil	No evidence of a direct Impact
Gender Reassignment	P	N	NA	H	M	L	nil	No evidence of a direct Impact
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	See below
Religion or belief	P	N	NA	H	M	L	nil	No evidence of a direct Impact
Sexual Orientation	P	N	NA	H	M	L	nil	No evidence of a direct Impact
Pregnancy or maternity	P	N	NA	H	M	L	nil	No evidence of a direct Impact
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	No evidence of a direct Impact

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.

<p>Mobility Impairment</p>	<p>P</p>	<p>N</p>	<p>NA</p>	<p>H</p>	<p>M</p>	<p>L</p>	<p>nil</p>	<p>People don’t know where to get specialist Information and advice The information and advice people receive isn’t independent The information and advice received isn’t from people with lived experience Any support needs to be accessible to individual needs</p>
<p>Visual impairment</p>	<p>P</p>	<p>N</p>	<p>NA</p>	<p>H</p>	<p>M</p>	<p>L</p>	<p>nil</p>	<p>People don’t know where to get specialist Information and advice The information and advice people receive isn’t independent The information and advice people receive isn’t from people with lived experience People need information and advice in an accessible format</p>
<p>Hearing impairment</p>	<p>P</p>	<p>N</p>	<p>NA</p>	<p>H</p>	<p>M</p>	<p>L</p>	<p>nil</p>	<p>People don’t know where to get specialist Information and advice The information and advice people receive isn’t independent The information and advice people receive isn’t from people with lived experience People need information and advice in an accessible format People need someone who can communicate</p>
<p>Learning Disability</p>	<p>P</p>	<p>N</p>	<p>NA</p>	<p>H</p>	<p>M</p>	<p>L</p>	<p>nil</p>	<p>People don’t know where to get specialist Information and advice The information and advice people receive may not be perceived as independent The information and advice people receive isn’t from people with lived experience People need information and</p>

								<p>advice in an accessible format People need someone who can communicate with them</p>
Mental Health	P	N	NA	H	M	L	nil	<p>People don't know where to get specialist Information and advice The information and advice people receive isn't viewed as independent The information and advice people receive is not from people with lived experience People need information and advice in an accessible format People need someone who can communicate with them</p>
Long Term Limiting Illness	P	N	NA	H	M	L	nil	<p>People don't know where to get specialist Information and advice The information and advice people receive isn't independent The information and advice people receive isn't from people with lived experience Information and advice needs to be accessible to an individual's needs.</p>
Multiple Impairments	P	N	NA	H	M	L	nil	<p>People don't know where to get specialist Information and advice The information and advice people receive isn't independent The information and advice people receive isn't from people with lived experience Information and advice needs to be accessible to an individual's needs</p>
Other - Carers	P	N	NA	H	M	L	nil	<p>Carers don't know where to get to specialist Information and advice Without access to the right information about the support available carers are unable to cope Impacts on carers physical and mental health</p>

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.

Change activities	Potential cumulative impacts
<p>Withdrawal of Companion Bus Travel</p>	<p>Some disabled people need support to get to appointments for medical, housing and financial reasons. Without this support it's hard for some people to participate, People maintain they can't afford to pay for someone's travel costs. Impacts could be missed appointments, mis-communication and not clear about what is needed to do next. People will be confused, anxious and may miss important information.</p> <p>Not attending appointments might impact on an individual's general and mental health.</p> <p>Without support individuals opportunities to participate in social activities will be limited.</p> <p>Without support to shop healthy, might impact on diet and health</p>
<p>Reduction in Housing related support</p>	<p>A number of people may not meet the threshold for social care support, however it is the fact that this support that is in place ensures that people do not do so. Without the support people may then require alternative social care support. Will result in increasing dependence.</p>
<p>Blue Badge</p>	<p>A number of disabled people are reliant on the ability to park with no charge. This will impact on income and ability to pay for any support or disability related expenditure.</p>
<p>Charging for social care services for Carers</p>	<p>Carers may not access the support they need, may result in an increase in paid support costs e.g. increase in respite or necessity for individuals to be supported away from the family home. May result in needs not being met, deterioration in physical and mental health.</p>
<p>Changes to other organisations affected by loss of strategic grants</p>	<p>Will result in fewer opportunities for disabled people to access information and advice. Lack of choice and control over how an individual's needs are met.</p>

<p>Cease funding to Aspire</p>	<p>Fewer disabled people will be supported into paid work, increased reliance on paid support.</p>
<p>Arts on prescription</p>	<p>Reduced opportunity for social interaction, increasing social isolation and impact on carers ability to continue to support.</p>
<p>Mobile Library / Cockerton library</p>	<p>Will result in fewer opportunities for disabled people to access information.</p>
<p>Cut funding to GADD</p>	<p>HIV/AIDS as a lifelong condition can disable people. They also need access to information and advice in relation to the disabling impact of the condition.</p>
<p>Vane House - relocation of service</p>	<p>This is not a service closure but a re-location and is subject to a separate consultation process which is ongoing. It is appreciated that this impacts on those with a visual impairment that use that facility and communication on alternative locations will continue with service users.</p>

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.

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

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

<p>Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes</p>
<p>Disabled People. The current service is specifically designed to ensure relevant and accessible information is available for and to disabled people and their supporters. This includes ensuring information is available in a range of formats and the specialist knowledge required re disability equality and access is available.</p>
<p>Will the differential treatment advance equality for people with Protected Characteristics? Yes/No</p>
<p>No</p>
<p>Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No</p>
<p>Disabled people will not have access to information, advice and support in Darlington that is provided by an organisation that is seen as independent and delivered by people with lived experience.</p>

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
01/04/16	DAD		DAD organised a meeting with local Disabled People to seek the impacts on the proposals– yet to feedback
01/04/16	DAD		Developed a questionnaire – agreed with DAD, they agreed to distribute and pull together information.
01/04/16	DAD		DAD held a meeting to elicit impacts – to be shared 9 th May 2016
11/04/16	DAD		Questionnaire distributed
24/04/16	DAD	09/05/16	Meeting with DAD re Feedback on meeting and Questionnaire. Limited Feedback – 70 questionnaires distributed and 4 replies.
31/6/16	DAD		More general response overall received to whole MTFP programme of work

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	09/05/16	No direct impact identified
Disability	09/05/16	<p>Where will I get the specialist information in need?</p> <p>Information needs to be available in a range of formats including face to face, not everyone uses a computer or has internet access.</p> <p>Information needs to be in one place</p> <p>Complex Information needs to be simplified</p> <p>Who will ensure the right information and advice is available?</p> <p>Where do I get help?</p>
Mobility Impairment	09/05/16	<p>I don't know where to get specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>Accessible to my needs</p>
Visual impairment	09/05/16	<p>I don't know where to get t specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>I need information and advice in an accessible format</p>
Hearing impairment	09/05/16	<p>I don't know where to get specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>I need information and advice in an accessible format</p>

		I need someone who can communicate with me
Learning Disability	09/05/16	<p>I don't know where to get specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>I need information and advice in an accessible format</p> <p>I need someone who can communicate with me</p> <p>I know where to go now I might get confused in the future</p> <p>I don't cope with change well</p>
Mental Health	09/05/16	<p>I don't know where to get specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>I need information and advice in an accessible format</p> <p>I need someone who can communicate with me</p>
Long Term Limiting Illness	09/05/16	<p>I don't know where to get t specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>I need information and advice in an accessible format</p> <p>I need someone who can communicate with me</p>
Multiple Impairments	09/05/16	<p>I don't know where to get specialist Information and advice</p> <p>The information and advice I receive isn't independent</p> <p>The information and advice I receive isn't from people with lived experience</p> <p>I need information and advice in an accessible format</p> <p>I need someone who can communicate with me</p>
Other - Carers	09/05/16	Where will I get the information and advice I need to continue caring?

Race		No direct impact identified
Sex		No direct impact identified
Gender Reassignment		No direct impact identified
Religion or belief		No direct impact identified
Sexual Orientation		No direct impact identified
Pregnancy or maternity		No direct impact identified
Marriage / Civil Partnership		No direct impact identified

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal is unlikely to help disabled people and they maintain that they value the support, information and advice they receive from people who have lived experience. Good practice suggests that this type of service is best delivered through a user led organisation. Unless the alternatives to accessing information, advice and support are not in place then there is a possibility disabled people will be disadvantaged as they don't have access to the information, advice and support they need to make decisions about their lives.
b) How will the proposal help to advance equality of opportunity?
It is unlikely that the proposal will advance equality of opportunity. Ideally disabled people should receive the advice, support and information they need from mainstream sources, however unless mainstream services are able to support a wide range of information and access needs then this proposal will not advance equality of opportunity.
c) How will the proposal help to foster good relations?
The initial proposal is unlikely to foster good relations unless a viable alternative is in place through which disabled people can get the advice, information and support they need to play an active part of their community as participating citizens.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>Ensure that the Councils information, advice and support offer is clear to disabled people</p> <p>Ensure that disabled people are clear about where they can get the information, advice and support they need</p> <p>Develop expertise within the Council with its own staff in relation to disability and impairment.</p> <p>Co-produce the website content with disabled people</p> <p>Co- produce what information and support disabled people want, with disabled people</p> <p>Ensure that the Local Authority meets the obligations set out in the required Accessible Information Standard.by 31st July 2016</p>

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:	Mark Humble
	Date:	31/05/16
	Job Title:	Development and Commissioning Manager
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10/6/16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?

Negative impact identified – recommend continuing with the activity:
--

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?	Potential Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
<p>Disabled People don't know where to get specialist Information and advice, want to know it is independent and to know it is provided by people with 'lived' experience</p>	<p>Communications could publish information in local media including its own website and publications setting out where and how people can now access information. Social Care can offer information and advice as part of its core offer.</p>	<p>Communications</p>	<p>30/9/16</p>
	<p>Access to information is far better now than when the service was initially commissioned, via the internet, social media and the Darlington Advice Network (DAN). Adult social care will be looking to consolidate its first point of contact and develop its ability to deliver high quality information and advice. Work will also be taking place via the Better Care Fund to look at signposting to</p>	<p>AD Adult Social Care</p>	<p>30/9/16</p>

	<p>support/advice and work is to take place regarding the development of a community asset register to build on support available to people within communities.</p> <p>The Local Authority can ensure that its staff within the customer contact centre have access to a wide range of information and respond to individual requests. . This would include website links to information organisations which are user led.</p>	<p>Contact Centre Manager / Peoples Information Service /</p>	<p>30/9/16</p>
<p>People need information and advice in an accessible format and need someone who can communicate with them</p>	<p>The new accessible standards regulations require the Local Authority to ensure that information and advice is available in a range of formats and individuals have access to appropriate communication methods</p>	<p>Assistant Director Social Care Operations</p>	<p>30/9/16</p>
<p>Any building base needs to be accessible to my needs</p>	<p>Both the Customer Contact Centre and Central House are fully accessible.</p>	<p>Contact Centre Manager</p>	<p>30/9/16</p>

Performance Management

Date of the next review of the EIA	As below
How often will the EIA action plan be reviewed?	The impacts will be reviewed as part of the implementation stage.
Who will carry out this review?	Service Commissioning Officers

Section 1 – Service Details and Summary of EIA Activity – OLDER PERSONS DEAF GROUP

Title of activity:	Withdrawal of room hire funding for Older Persons Deaf Group
Lead Officer responsible for this EIA:	Sarah Parker
Telephone:	01325 406211
Service Group:	Adults
Service or Team:	Hearing Impairment Service Group
Assistant Director accountable for this EIA	Kevin Kelly
Who else will be involved in carrying out the EIA:	Sarah Parker, Kal Guram, David Hugill, Laurina Scott

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	23/12/2015	Any person with a hearing impairment over the age of 55 both current attendees of the group and any future attendees. The current number of attendees varies from between 2-5 men and 8-17 women attending at any one time.
Stage 2: Further Assessment. Target Population likely to be affected identified	23/12/2015	Current attendees, those who have previously attended, any new attendees.
Stage 3: Further Assessment. Individuals likely to be affected identified	March 2016	Hearing Impairment support officer to discuss potential impact of adult social care withdrawing funding of room hire.
Stage 4: Analysis of Findings	May 2016	The Deaf Older Persons Group is a self-managing group which was set up by a group of individuals who have a hearing impairment. The group meet on a Monday (excluding Bank Holidays) from 12-3pm. Discussions commenced in December 2015 regarding potential withdrawal of funding for room hire. This was precipitated by changes to the booking process for room hire with Healthwatch at Church Row. It was questionable at that point whether the group would be able to continue to use the room facility at Church Row, therefore at that time other options were explored. Other community facilities which would have

		<p>removed the cost of room hire were considered including: meetings within the library or an extra care facility. However these were not considered suitable due to the travel involved or the lack of private space and tea/coffee facilities.</p> <p>Further discussion with the group attendees were held, the information obtained is contained within this impact assessment.</p>
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)	
<p>The Older Person’s Deaf Group is a social group and has been operating for more than 8 years, on a weekly basis and is currently attended by, on average 15 people on a Monday afternoon. This group was established and is run by deaf people with its own committee and members. Darlington Borough has historically paid for the room hire costs at the Evolution Building on Church Row, Darlington.</p> <p>The room hire has been £7.00/hour for 3 hours each session therefore an annual cost of approximately £1000 which has been covered by Adult Social Care. Withdrawal of the funding on an individual basis, equates to an additional £1.40 per person per week based on an average attendance of 15 people.</p> <p>This cost has been proposed as a saving as part of the medium term financial plan and will contribute to the overall saving the council needs to achieve.</p>	
Who will be affected by the activity?	
<p>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.</p>	
Whole population	
<p>Potentially all residents of Darlington who are deaf or have a hearing impairment, over the age of 55. There are currently 400 people who are registered as deaf or hearing impaired within Darlington and 4 people registered with dual sensory loss.</p>	
Target population	
<p>There are currently approximately 15 people who attend the group on a regular basis</p>	
Individuals	
<p>People who are deaf or have a hearing impairment who currently attend the Older Person’s Deaf Group</p>	
What data, research and other evidence or information is available which is relevant to the EIA?	
<p>Barriers to communication caused by hearing loss can have far reaching consequences leading to social isolation and exclusion. Research shows that people with hearing loss are likely to withdraw from social activity involving large groups of people and when they do take part, communication difficulties can result in feelings of loneliness. (RNID, Hidden Crisis, 2009)</p> <p>Hearing loss can mean a decrease in intimate talk and joking with family (Brooks et al, 2001). Research indicates that hearing loss can distance couples as a unit from wider social networks and that partners of people with hearing loss feel frustration and loneliness. They report missing out on social activities and companionship (RNID, In It Together, 2010)</p>	

A higher prevalence of depression, anxiety and stress has been found in people with hearing loss. One recent study conducted in Japan shows that older people with hearing loss are 2.45 times more likely to develop depression than those without hearing loss (Saito et al, 2010)

Reference

Hearing Matters: Taking Action on Hearing loss in the 21st Century

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
	P	N	N/A	H	M	L	nil	
Age	P	N	N/A	H	M	L	nil	As this is a specific group for people aged 55 and over, any impacts would be significant on this group.
Race	P	N	N/A	H	M	L	nil	There is no specific impact relating to race
Sex	P	N	N/A	H	M	L	Nil	Although not restricted to women, the group is predominantly attended by females, therefore the proposed changes might have a negative impact on women
Gender Reassignment	P	N	N/A	H	M	L	nil	. N/A
Disability (summary of detail on next page)	P	N	N/A	H	M	L	nil	There may be a negative impact for those people with additional disabilities such as a physical disability or visual impairment
Religion or belief	P	N	NA	H	M	L	nil	There is no specific impact relating to religion
Sexual Orientation	P	N	NA	H	M	L	nil	There is no specific impact relating to sexual orientation
Pregnancy or maternity	P	N	NA	H	M	L	nil	There is no specific impact relating to pregnancy or maternity
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	There is no specific impact relating to marriage or Civil Partnership

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.

Mobility Impairment	P	N	NA	H	M	L	nil	Negative Impact – those people with mobility impairment may feel that an additional cost to attend the social group may not be affordable. This could lead to reduced contact and communication with others, may increase social isolation and may have a negative impact on wellbeing.
Visual impairment	P	N	NA	H	M	L	nil	Negative impact – those people with a dual sensory loss may feel that having to contribute an additional cost to the social group may not be affordable. This could lead to increased social isolation through lack of contact and communication with peers and other people who experience similar issues and difficulties.
Hearing impairment	P	N	NA	H	M	L	nil	Negative Impact – those people who have a hearing impairment may feel they are unable to afford the increase in cost to attend the group. This could have a negative impact due to social isolation and lack of contact and support from other people who also have hearing loss. This may have a negative impact on wellbeing, leading to increased risk of depression and anxiety.
Learning Disability	P	N	NA	H	M	L	nil	There are no specific impacts identified
Mental Health	P	N	NA	H	M	L	nil	Negative impact – if any attendees also have needs associated with mental health may feel they are unable to afford the additional cost and may experience social isolation

								as a result of not attending the group which may have a further negative impact on wellbeing resulting in depression or increased anxiety.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	There are no specific impacts identified
Multiple Impairments	P	N	NA	H	M	L	nil	There are no specific impacts identified
Other - Specify	P	N	NA	H	M	L	nil	None identified

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.

Change activities	Potential cumulative impacts
<p>Changes to Adult Social Care Charging Policies.</p> <p>Sensory Impairment Service moving from Vane House.</p> <p>W15 and W20 – Changes to Concessionary fares and Changes to Blue Badge parking</p>	<p>The proposed changes to the ASC charging policy may have an impact on the people who access the over 55 Deaf Social Group if they have additional eligible social care needs. For those people who do, either currently or in the future the additional cost to cover room hire coupled with the proposed changes to the charging policy may have a cumulative impact.</p> <p>There may be a cumulative impact on those people who may experience dual sensory loss and currently attend or may benefit from attending Visual Rehabilitation in the future. The proposed change in location may mean that they are less likely to access either service, due to the apparent physical or psychological barriers from having to learn a new route to a different setting. This may lead then to not access one or both of the services, which may have a negative impact on independence and or wellbeing.</p> <p>This proposed change may have a negative impact upon those people who attend the over 55 Deaf Group, for those people who who currently have access to concessionary fares or blue badge parking. If either of these is withdrawn the additional cost of the room hire contribution may mean they feel unable to afford to attend the deaf group resulting in reduced opportunity for communication and increased social isolation.</p>

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
No protected characteristic group will be treated differently as a result of this proposal. The EIA has demonstrated that there is a disproportionate usage of the service by females, the Group is for individuals aged 55 and over. The group are a self-managing group and they have already taken steps to make alternative arrangements for room hire. The group initially expressed some concerns about the proposed removal of funding but have now made arrangements to cover the cost of room hire using their existing subscription.
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
No, there is no differential treatment; however, there are potential associated negative impacts for individuals with sensory impairment and those who identified themselves with multiple impairments.
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
The associated impact may increase disadvantage for those individuals with sensory impairments and multiple impairment, particularly those who may face barriers in relation to accessing their local community and peer support.

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
23/12/15	Deaf Group Members	Group meeting	David Hugill – Community Support Worker for Deaf Blind People met with individuals to advise of changes to the arrangements for room hire following the closure of Evolution.
23/12/15	Hazel Thompson	discussion	David Hugill – discussion with CAB regarding costs for room hire. Confirmed that these could remain at £7 per hour.
4/1/2016	David Hugill	discussion	Discussion with David Hugill regarding different/alternative venues for the group including use of the library and extra care setting with no cost attached.
4/1/16	Deaf Group Meeting	Group Meeting	Discussion between David Hugill and Group Members to confirm that funding has been agreed until end of March 2016 but that it may stop – opportunity for discussion regarding impact of funding changes.

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		<p>The engagement with group members has been undertaken on an informal basis and have been facilitated by David Hugill who is a Deaf Community Support Worker employed by the Council. As the group is self-managing, with it's own committee, the proposed changes are in relation to the withdrawal of funding for the room hire only. If an alternative venue could be identified or the group could be supported to source funding from elsewhere the impact would be minimal.</p> <p>Historically the group have paid a subscription on a weekly basis to cover the cost of refreshments and any expenses the group may incur. The amount paid by each individual member has exceeded the amount spent on activities, which has lead to an accumulation of funds within their group bank account.</p> <p>This accumulation of money has meant that the group have been able to continue funding the existing venue. This arrangement commenced from 1/4/16.</p> <p>The group were made aware of the proposed change and had time to prepare for it. The group initially expressed some concerns about the proposed removal of funding but having discussed this together they have accepted the proposal and are willing and able to cover the cost of the room hire from their existing subscription.</p>

		<p>No member of the group has stopped attending due to this change.</p> <p>In summary the analysis of findings suggests minimal impact on people who attend the group.</p>
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?

The proposal does not help to eliminate discrimination.

b) How will the proposal help to advance equality of opportunity?

The proposal does not advance equality of opportunity.

c) How will the proposal help to foster good relations?

The proposal does not foster or harm relations.



During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

No specific suggestions were made by the group on how to avoid or mitigate any negative impacts. However they were supported by David to explore alternative options including a change of venue that would not incur a cost to the group. These included use of library facilities or use of an Extra care Facility, such as Rosemary Court.

The group felt that the library would not offer the opportunity for tea/coffee making facilities therefore did not want to further explore this option. They also discounted Rosemary Court as an alternative venue due to its location, preferring to remain within the vicinity of the town centre so as to maintain ease of accessibility by public transport.

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:	Sarah Parker
	Date:	26/5/16
	Job Title:	Operations Manager
Assistant Director:		
Signed 	Name:	Kevin Kelly
	Date:	27.5.16
	Service:	Adult Social Care

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?

b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

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

Title of activity:	Decision not to continue to commission a support service to people living within the boundaries of Darlington Borough Council who are living with HIV/AIDS	
Lead Officer responsible for this EIA:	Mark Humble	
Telephone:	5857	
Service Group:	Services for People	
Service or Team:	Development and Commissioning	
Assistant Director accountable for this EIA	Hilary Hall	
Who else will be involved in carrying out the EIA:	Clare Laybourn – Contracts Officer Pippa Jones – Contracts Officer	
<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	29/2/16	Will not impact on whole population
Stage 2: Further Assessment. Target Population likely to be affected identified	29/2/16	Target population is a small group of people who will be and have been diagnosed with HIV/AIDS
Stage 3: Further Assessment. Individuals likely to be affected identified	29/2/16	A small group of people who will be and have diagnosed with HIV/AIDS
Stage 4: Analysis of Findings	30/4/16	Cost is approx. 9k per annum. The Local Authority has funded this in excess of 10 years. GADD are well established locally and impact regionally as well as nationally, The service the Local Authority commission is specifically in relation to newly diagnosed (approx. 5 a year) people, however the resource is used to support the wider work of the organisation and in terms, of the added value that this brings to local people from the Lesbian, Gay, Bisexual, Transgender, Questioning community is considerable. The impact assessment indicated the value of having specialist information, advice and support service locally and the value of peer support.
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

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

The Council commission Gay Advice Darlington and Durham (GADD) to provide counselling and support to local people who have been diagnosed with HIV/AIDS and their families, friends and carers. Numbers are small, however the impacts are high. The peer support on offer through GADD addresses some of the issues that are still pertinent in relation to the stigma attached to a diagnosis. The current cost is approx. 9k per annum and the Local Authority has funded this in excess of ten years. Durham Council withdrew its funding for GADD last year, however replaced the service with an alternate one based around a specialist social worker and a non-specialist provider. The funding that the Local Authority provides supports the wider work of GADD as added value. As part of this assessment three other local authorities were approached directly in relation to some partnership working, however those councils already felt they had adequate arrangements in place

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

This activity will not impact on the whole population.

Target population

People living within the boundaries of Darlington who are living with HIV/AIDS and their families, friends and carers.

Individuals

Individuals who have been diagnosed with HIV/AIDS in Darlington and their families, friends and carers

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

In Darlington the prevalence of HIV is relatively low, however there is public health evidence that cases in the north east are on the increase. Prevalence in Darlington is 09.00 per 1000. There are approximately 53 people with HIV known to GADD and approximately 4/5 new referrals each year. The current local system has HIV testing undertaken at the Genito-Urinary Medicine (GUM) clinic and those who need additional support are signposted to GADD. There are no other non-statutory services in the local area that are able to offer support to people from Darlington who have a diagnosis. There is the option of having some counselling through the NHS, however there is some evidence that people prefer support from those with lived experience. Durham recently withdrew their funding to the service and has provision within their social work team to support people with HIV/Aids. This is closed to residents of Durham, Durham also commission's an organisation, DISC to support the LGBTQ community in Durham, however this is not a user led service.

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
	P	N	NA	H	M	L	nil	
Age			NA	H	M	L	nil	The majority of people diagnosed with HIV are under the age of 25. The impact on this group would be negative as they would have no counselling support available other than through clinical routes. Many of the affected individuals find it difficult to talk to clinicians and prefer to talk to people who understand the issues of stigma and practicalities from an experiential point of view.
Race	P	N	NA	H	M	L	nil	No significant impact locally However nationally HIV impacts on people from different ethnic groups. For example Black African men and women living in the UK are disproportionately affected by HIV/AIDS. Black African people make up 1.8% of the UK population but 29% of all people living with HIV/AIDS in the UK.
Sex	P	N	NA	H	M	L	nil	The majority of people diagnosed with HIV are male. Generally men are less willing to discuss issues around health with clinicians than women and therefore less likely to ask for help from other sources.
Gender Reassignment	P	N	NA	H	M	L	nil	There is a potential risk to the future of GADD if the service does not continue; The organisation is the only one locally or in the North East that supports people with this protected characteristic. GADD are seeking alternate funding.
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	See next page

Religion or belief	P	N	NA	H	M	L	nil	No significant impact identified, however there may be some people from some cultures impacted in which homosexual relationships are seen as a negative thing.
Sexual Orientation	P	N	NA	H	M	L	nil	The two groups most affected remain gay and bisexual men and black African heterosexuals – over 70% of people diagnosed with HIV in 2014 were among these two groups
Pregnancy or maternity	P	N	NA	H	M	L	nil	No direct impacts identified
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	No direct impacts identified

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.

Mobility Impairment	P	N	NA	H	M	L	nil	With no local support available people may be unable to access support out of area. No one who responded to the survey identified their mobility as an issue,
Visual impairment	P	N	NA	H	M	L	nil	With no local support available people may be unable to access support out of area
Hearing impairment	P	N	NA	H	M	L	nil	An individual identified a hearing impairment however did not identify what the impacts would be
Learning Disability	P	N	NA	H	M	L	nil	This is an underrepresented group even with access to support, without local access people may not receive the support they may need.
Mental Health	P	N	NA	H	M	L	nil	A diagnosis of HIV/AIDS can impact on an individual’s mental health, without support this could deteriorate into a mental health problem requiring support
Long Term Limiting Illness	P	N	NA	H	M	L	nil	The impacts of HIV/AIDs are both physical and mental. Access to information and advice from people with lived experience can be crucial in supporting people over decades.
Multiple Impairments	P	N	NA	H	M	L	nil	HIV/Aids can and does impact on anyone including those with existing impairments and having AIDS/Hiv. Access to information and advice from people with lived experience can prove invaluable
Other - Specify	P	N	NA	H	M	L	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.

Change activities

There are a number of other proposals that will impact on the organisation including increased charges for waste removal and discretionary rate relief but the impact of these is not due to take place for at least twelve months,

Potential cumulative impacts

GADD currently use the funding to provide the specified support in relation to the contract, however its delivery, through volunteers ensures that the wider activity and support provided by GADD is sustained. Without this funding there is a risk that GADD would be unable to continue as an organisation. The Impact assessment has identified some clear impacts for people locally if GADD were not available as a local support. There are no similar services or support locally that can be easily accessed by the citizens of Darlington. This is the only direct funding by the Council that goes directly to an organisation that supports people from the Lesbian, Bisexual, Gay, Transgender and Questioning community.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
Yes, although a generic service the current commissioned service is used predominantly by men and their partners/family supporters. The majority of these men are under the age of 25.
Will the differential treatment advance equality for people with Protected Characteristics? No
There is still a real stigma associated with HIV/Aids. Many people are still not confident in sharing their status with family friends and statutory services. People value receiving support from people who have lived experience. Without this service locally there will be no similar support. A number of people do not disclose their status to other than those close to them; the current service offers peer support and the opportunity to share concerns, worries and fears.
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
Yes, gay men under the age of 25. There will be reduced support through a traumatic diagnosis and life changing impact. The current funding to GADD also contributes to the running of the wider service locally, without this commission it is possible that GADD would not continue. If this were to be the case, this would also impact on a wider group of lesbian and gay men and transgender people who receive support through the organisation.

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.

Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
29/02/16	GADD	29/02/16	Meeting with organisation and individuals who use the service. Due to nature of confidentiality GADD Agreed to seek some user views.
29/02/16	Darlington Borough Council	07/03/16	Officer Assessment with commissioners of service
1/3/16	GADD/wider community	21/04/16	Survey Monkey co produced with GADD. GADD agree to share on their Facebook page and encourage completion. GADD advised that this method would be the best approach rather than a public meeting. Approx. 30 people responded to the survey.

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	Analysis of data, discussion with provider, discussion with people accessing the service. The majority of people using the service are under the age of 25	<p>Without the support available impacts include:</p> <ul style="list-style-type: none"> • A possible increase in suicide • A possible increase in self-harm • Increased anxiety and worry regarding possible changes • Loss of complex relationships / time it takes to build new ones • Impact on general well being • A possible increase in the death rate attributed to HIV • Increased social isolation • Deteriorating mental health • Increased hospital admission linked to mental health • Increased hospital admission linked to deteriorating physical health • A lack of information/support locally • A loss of control over life • Job loss, without the support with employers
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		<p>With no local support available some people may struggle to access support.</p> <p>The number of People with HIV/AIDS may increase without a local organisation that advises and supports people to stay safe</p>

Multiple Impairments		.
Other - Specify		
Race		
Sex	<p>Analysis of data, discussion with provider, discussion with people accessing the service. The majority of people using the service are male</p>	<p>Without the support available impacts include:</p> <ul style="list-style-type: none"> • A possible increase in suicide • A possible increase in self- harm • Increased anxiety and worry regarding possible changes • Loss of complex relationships / time it takes to build new ones • Impact on general well being • A possible increase in the death rate attributed to HIV • Increased social isolation • Deteriorating mental health • Increased hospital admission linked to mental health • Increased hospital admission linked to deteriorating physical health • A lack of information/support locally • A loss of control over life • Job loss, without the support with employers
Gender Reassignment	<p>Analysis of data, discussion with provider, discussion with people accessing the service</p>	<p>Without the support available impacts include:</p> <ul style="list-style-type: none"> • A possible increase in suicide • A possible increase in self- harm • Increased anxiety and worry regarding possible changes • Loss of complex relationships / time it takes to build new ones • Impact on general well being • A possible increase in the death rate attributed to HIV • Increased social isolation • Deteriorating mental health • Increased hospital admission linked to mental health • Increased hospital admission linked to deteriorating physical health • A lack of information/support locally

		<ul style="list-style-type: none"> • A loss of control over life • Job loss, without the support with employers
Religion or belief	N/A	
Sexual Orientation		<p>Without the support available impacts include:</p> <ul style="list-style-type: none"> • A possible increase in suicide • A possible increase in self- harm • Increased anxiety and worry regarding possible changes • Loss of complex relationships / time it takes to build new ones • Impact on general well being • A possible increase in the death rate attributed to HIV • Increased social isolation • Deteriorating mental health • Increased hospital admission linked to mental health • Increased hospital admission linked to deteriorating physical health • A lack of information/support locally • A loss of control over life • Job loss, without the support with employers
Pregnancy or maternity	N/A	
Marriage / Civil Partnership	N/A	

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
It is unlikely that it will and it is more likely that without a campaigning organisation like GADD supporting people locally there may well be an increase in discrimination, harassment and victimisation. GADD has provided direct support to individuals and contributed to the wider agenda ensuring that people from the LGBT community are represented across Darlington.
b) How will the proposal help to advance equality of opportunity?
The proposal will not actively contribute to promoting equality of opportunity. Ideally the support people receive would be part of mainstream services and support, however given the stigma associated with AIDS/HIV at this time people value peer support. People with a diagnosis of HIV/AIDS will not get the support they need locally and the stigma of AIDS/HIV will continue as it won't be addressed.
c) How will the proposal help to foster good relations?
The proposal will not actively foster good relations.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>Through the consultative phase a mitigation was identified that the support could be provided through statutory agencies, however there is no current expertise within the Local Authority and this would have to be recruited, with a likely cost. Feedback from experts by experience suggests that people do not feel comfortable or confident in receiving support from statutory agencies. There is still a real stigma in relation to a diagnosis of HIV and those diagnosed are not confident in organisations ability to maintain confidentiality. The CCG through the GUM service offers testing and treatment, however currently signposts support to GADD. There is a potential that the CCG could commission the GUM to undertake this work, however there would be a cost and reluctance from some people to seek support from a statutory agency.</p> <p>More than 30 people responded to an online questionnaire asking to identify potential impacts. These included:</p> <ul style="list-style-type: none">• Worry and anxiety for carers and friends about the lack of support available• Emotional impact of having a diagnosis and loving someone who has a diagnosis and what that might mean• The wider community will have less access to information about HIV/Aids• Reduced access to good information, advice and support• Increase in numbers of people with HIV locally, having a local frontline service reduces numbers by increasing local knowledge• There would be no one to talk to about how I feel

- **Increase in numbers of people being bullied**
- **No safe place available where I can go when it's too much**

In relation to the added value that the existence of GADD brings these impacts were identified.

- **Nowhere to get good information and advice about what it means to be Lesbian, Gay, bisexual, Transgender or questioning.**
- **No one with the knowledge to support though transition**
- **The availability of ready support results in a reduction in personal self-harm**
- **Lack of confidence in who I am**
- **Reduction in support for me to live my life.**

GADD were advised about County Durham Community Foundation funding that is available for one year to fund NHS Improvements. This was a short term funding opportunity to support GADD post September 2016.

A number of Local Authorities in the immediate area were approached seeking their agreement to contribute to GADD and support access for their local citizens, however they declined, maintaining that they have arrangements in place.

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:	Mark Humble
	Date:	10/5/16
	Job Title:	Development & Commissioning Manager
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10/6/16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
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b) Negative impact identified – recommend continuing with the activity

	to support the VSC and DBC will continue to identify and support GADD to apply for all other opportunities to secure external funding streams		
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Performance Management	
Date of the next review of the EIA	As below
How often will the EIA action plan be reviewed?	The impacts will be reviewed as part of the implementation stage.
Who will carry out this review?	Service Commissioning Officers

Section 1 – Service Details and Summary of EIA Activity - HEALTHWATCH

Title of activity:	The Healthwatch service is currently funded to the value of £132,000 per annum. It is proposed to allow the contract to run to its planned end date (31/3/17) at its current value and then to retender the contract within the more limited financial envelope of £63,000.
Lead Officer responsible for this EIA:	Helen Watson/Nicola Childs
Telephone:	01325 405868
Service Group:	People
Service or Team:	Development & Commissioning
Assistant Director accountable for this EIA	Hilary Hall
Who else will be involved in carrying out the EIA:	

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified		Healthwatch’s principle objective is to ensure local health services are meeting the needs of the local population. Therefore it is a proposal which could affect the whole population.
Stage 2: Further Assessment. Target Population likely to be affected identified		The proposal will affect current users of health services and commissioned services.
Stage 3: Further Assessment. Individuals likely to be affected identified		Healthwatch undertakes specific targeting work to members of the population who are considered ‘hard to reach’ e.g. young people, BME communities .
Stage 4: Analysis of Findings		Page 11
Stage 5: Sign-Off		Page 20
Stage 6: Reporting and Action Planning		Page 21

Section 2 – The Activity and Supporting Information

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

The local authority receives funds to establish a local Healthwatch service for signposting and consumer voice as set out in Health and Social Care Act 2012 and also in the Local Government and Public Involvement in Health Act 2007 that preceded it.

Healthwatch has to be an independent social enterprise as set out in the Act so this could not be provided in house.

The statutory requirements which Healthwatch is required to provide are:

- Promoting and supporting involvement of local people in commissioning, provision and scrutiny of local care services
- Enabling local people to monitor local care services
- Obtaining views of local people
- Making reports and recommendations about how local care services could or ought to be improved. These should be directed to commissioners and providers
- Providing advice and information
- Formulating views on the standard of provision and whether and how the local care services could and ought to be improved; and sharing these views with Healthwatch England
- Making recommendations to Healthwatch England to advise the Care Quality Commission to conduct special reviews or investigations
- Proving Healthwatch England with the intelligence and insight to enable it to perform effectively

Local Healthwatch must operate effectively and provide value for money. Healthwatch also has to provide an annual report which has to be sent to NHS England, Healthwatch England and the CCG.

A snapshot of the work undertaken by Healthwatch in the last 12 months includes: Dementia Strategy Group – spoke with service users, carers and staff who are involved with dementia services about the local service and pathway. Findings were fed into the local strategy.

Mental Health Network – Directly fed into and now monitors the work of the local ‘no health without mental health’ action plan and the Crisis Concordant. Had also established a working group to look at access to the crisis service

Breast Cancer Clinic – Concerns raised from the public over the swift relocation of the breast cancer clinic from Darlington to Bishop Auckland without any prior notice to patients. Views from the members of the public were collated, Healthwatch also accompanied Darlington CCG and Health Scrutiny to view the service at Bishop Auckland. Healthwatch worked with residents, the Darlington and Teesdale Breast Cancer Support Group, local MP, Health overview and Scrutiny Committee, Darlington CCG and the CDDFT team . The information was fed back to the Trust and Healthwatch pushed for further consultation and were delighted when the recommendations put forward by CDDFT were to return the Breast Cancer clinic to Darlington.

Work with hard to reach groups through the recruitment and management of Volunteer BME Health Connectors, that identify with and represent undersupported and isolated residents. Healthwatch have opened up new communication channels with local people that previously had no voice due to cultural restrictions and/or language barriers.

Volunteers connect people to services and support they need. This innovative support of ethnic communities exemplifies Healthwatch’s commitment to providing the solution to improving involvement in the shaping and delivery of these services.

<p>Interfaith event for children & young people aged 11-25.</p> <p>Healthwatch access points – access points to enable people to find out about health and social care choices and signpost to NHS Complaints Advocacy.</p> <p>Working Population – targeting working people to ask how/whether they can access health and social care services. Also using this opportunity to provide them with information and signposting so that they can address any health concerns</p> <p>It is proposed to allow the contract to run to its planned end date (31/3/17) at its current value and then to retender the contract within the more limited financial envelope.</p> <p>The work to retender the service within a reduced financial envelope will be undertaken as part of the commissioning cycle. Impacts raised through this EIA will be taken into consideration as will the impacts raised by both Healthwatch and other stakeholders. All avenues to increase the funding envelope for this service will be explored to mitigate the impact as far as is practically possible.</p>
<p>Who will be affected by the activity?</p> <p>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.</p>
<p>Whole population</p>
<p>Healthwatch’s principle objective is to ensure local health services are meeting the needs of the local population. Therefore it is a proposal which could affect the whole population.</p>
<p>Target population</p>
<p>The proposal will affect current users of health services and commissioned services.</p>
<p>Individuals</p>
<p>Healthwatch undertakes specific targeting work to members of the population who are considered ‘hard to reach’ e.g. young people, BME Communities</p>
<p>What data, research and other evidence or information is available which is relevant to the EIA?</p>
<p>Evidence of work undertaken by Healthwatch</p> <p>Research into their work through newsletters</p> <p>Letters and reports submitted to Darlington Borough Council in response to the proposed budget cuts</p> <p>Looking at best practice as implemented by other local authorities across the UK</p>

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
Age		N			M			The impact is higher for younger people as Healthwatch have particular projects aimed at gathering the views of younger people – ‘Youthwatch Darlington’
Race		N		H				The impact will be higher for BME groups who have traditionally not had their voices heard - volunteer Health Connectors identify with and represent under supported and isolated residents in particular where there is a cultural restriction or language barrier
Sex			NA				nil	
Gender Reassignment		N				L		There is limited data relating to the views of individuals who have been through gender reassignment
Disability (summary of detail on next page)		N			M			The organisation provides ‘network’ secretarial support to clients with mental and learning impairments. There are alternative mechanisms within the remit of service commissioning which would still enable the views of people with disabilities to be heard.
Religion or belief		N		H				BME Communities – Health Connectors
Sexual Orientation		N				L		
Pregnancy or maternity			NA				nil	
Marriage/ Civil Partnership			NA				nil	

Section 3: Officer Assessment - continued

Mobility Impairment		N				L		
Visual impairment		N			M			
Hearing impairment		N				L		
Learning Disability		N			M			Learning Impairment Network
Mental Health		N		H				Mental Health Network
Long Term Limiting Illness		N			M			Long Term Conditions Collaborative
Multiple Impairments		N			M			
Other - Specify			NA				nil	

Cumulative Impacts	
Change activities	Potential cumulative impacts
<p>Cease funding to Gay Advice Darlington and for the DAD Information Post (09)</p>	<p>Further reduction in the availability of advice through:</p> <p>Gay Advice Darlington provide confidential support & advice, training on LGBT issues covering a wide range of subjects and run groups for men, women, youths and trans. With the loss of this service, there would be a reduction in the opportunity to obtain the views from this client group</p> <p>DAD Information post – data demonstrates that this post deals with over 70 enquiries a week and signpost clients with disabilities to various services. Without this service, there will be a further reduction in the number of drop in services which people can attend for advice and assistance</p>
<p>Children Centres, early help and specialist family support (HU1)</p>	<p>The proposal is to reduce the number of Children’s Centres and Early help points. This will reduce the availability of advice and signposting for families and children. The closure of a number of Children’s Centres will reduce the public resource building which Healthwatch can access to promote their services. Increase the demand on Healthwatch for information and signposting</p>
<p>Reduction in obesity funding (SO9)</p>	<p>This proposal includes the closure of the Health Hub located in the Dolphin Centre. As well as encouraging individuals to partake in sporting activities, the Healthy Hub also acts as a referral agency if they identify that the individual could have a health need which requires</p>

Cumulative Impacts	
	medical intervention. The closure of this resource will reduce the number of early advice, signposting services. Increase the demand on Healthwatch for information and signposting services.

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.

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	No
If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.	
<p>It has been determined that, at this time, consultation with the public is not required. The information provided by Healthwatch has enabled us to determine the level of any impacts on the protected characteristics. These are detailed in Section 6. If this proposal is agreed and the budget is reduced, then in accordance with the commissioning cycle, if it is determined that a further EIA needs to be conducted prior to tendering the service, this will be undertaken at the relevant time.</p>	

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No			
No			
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No			
No. Due to the proposed reduction in the financial envelope, the reduction in the service to be provided will affect all members of the public in the same way.			
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No			
No, as above			
Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
Dec 15	Healthwatch	Dec 15	Meeting between Murray Rose and Healthwatch to discuss forthcoming budget cuts
7/3/16	Healthwatch	7/3/16	Discussion with Healthwatch as to the implications relating to the budget reduction.

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	Information provided by Healthwatch	<p>‘Youthwatch Darlington’ targets under represented groups of the younger population of Darlington who are usually hard to engage with. The proposal will reduce the opportunity to obtain the voice of the young population on health, social care and wellbeing related topics.</p> <p>Healthwatch targets the working population who are usually hard to engage with due to work patterns. This will reduce the opportunity to obtain the voice of our working population on health, social care and wellbeing related topics.</p> <p>Healthwatch support and facilitate existing groups for Darlington’s older residents including Darlington Aging Well Network,. Through their co-ordination and support events are well attended.</p>
Disability		
Mobility Impairment	Information provided by Healthwatch	Healthwatch offer Drop In sessions in various accessible locations across the Borough to encourage and enable clients from all areas of the town to express their views on the health, social care and wellbeing services which are available.
Visual impairment	Information provided by Healthwatch	Healthwatch offer Drop In sessions in various accessible locations across the Borough to encourage and enable clients from all areas of the town to express their views on the health, social care and wellbeing services which are available.
Hearing impairment	Information provided by Healthwatch	Healthwatch offer Drop In sessions in various accessible locations across the Borough to encourage and enable clients from all areas of the town to express their views on the health, social care and wellbeing services which are available.
Learning Disability	Information provided by Healthwatch	Healthwatch offer Drop In sessions in various accessible locations across the Borough to encourage and enable clients from all areas of the town to express their views on the health, social care and wellbeing services which are available. Also facilitate the Learning

		Impairment Network
Mental Health	Information provided by Healthwatch	Has picked up a work stream to directly improve the Crisis Service and improve access to mental health services for people with a mental health impairment. This area has been an issue for vulnerable people for a long period of time and it is an essential piece of work. Also facilitate the Mental Health Network
Long Term Limiting Illness	Information provided by Healthwatch	Healthwatch work closely with the Long Term Health Conditions Collaborative to engage with people who have various LTCH's and to assist with setting up of focus groups to help improve services
Multiple Impairments	Information provided by Healthwatch	Healthwatch work closely with the Long Term Health Conditions Collaborative to engage with people who have various LTCH's and to assist with setting up of focus groups to help improve services
Other - Specify		Access points in outlying villages to reach communities on the outskirts of the town and enable them to access information and signpost to health, social care and wellbeing related topics
Race	Information provided by Healthwatch	Volunteer Healthwatch Connectors identify and work with under supported and isolated residents – this is particularly where there are cultural restrictions and/or language barriers.
Sex		None identified
Gender Reassignment	Information provided by Healthwatch	Various access points across the town enables residents to give their views on health, social care and wellbeing services in a discreet way. A reduction in the ability to do this would reduce the ability to collect feedback from clients who fall within this protected characteristic
Religion or belief	Information provided by Healthwatch	Volunteer Healthwatch Connectors identify and work with under supported and isolated residents – this is particularly where there are cultural restrictions and/or language barriers.
Sexual Orientation	Information provided by Healthwatch	Various access points across the town enables residents to give their views on health, social care and wellbeing services in a discreet way. A reduction in the ability to do this would reduce the ability to collect feedback from clients who fall within this protected characteristic
Pregnancy or		Various access points through children's

maternity		centres and support groups across the town enables residents to give their views on health, social care and wellbeing services. A reduction in the ability to do this would reduce the ability to collect feedback from clients who fall within this protected characteristic
Marriage / Civil Partnership		Various access points across the town enables residents to give their views on health, social care and wellbeing services. A reduction in the ability to do this would reduce the ability to collect feedback from clients who fall within this protected characteristic

Examples of how Healthwatch have supported clients from groups with protected characteristic

Age

Young people

“In the last 3 months Healthwatch have been busy chatting to young people about their health and social care services and promoting our new Youthwatch forum. Youthwatch is a new project aimed at young people aged 11-25. We are running focus groups in November to give young people an opportunity to have a voice, discuss health and wellbeing issues, find out what’s going on in their area and to contribute to improving services for the future”. (Healthwatch November 2015 Newsletter)

“Our Youthwatch stand has been to Queen Elizabeth College, Darlington College, The Zone (Dolphin Centre), Learning & Skills Centres, St Johns Ambulance, The Boys Brigade and many other young people’s events. We have gathered over 200 comments”. (Healthwatch November 2015 Newsletter)

Children and Young People Mental Health Transformation Plan

Darlington Borough Council and NHS Darlington Clinical Commissioning Group (DCCG) have asked Healthwatch Darlington to help gather feedback from Children and Young People, Parents and Carers to give them the opportunity to contribute to the development of the future mental health provision for children and young people in Darlington. Healthwatch were tasked with gathering 100 comments which resulted in a much higher number of 300 comments being gathered from young people, stakeholders, parents and carers.

The Transformation Plan provides a framework to improve the emotional wellbeing and mental health of all children and young people across Darlington and to make it easier to access help and support when needed and to improve these services for children and young people. DBC & NHS Darlington Clinical Commissioning Group - *Children & Young People's Mental Health and Wellbeing Transformation Plan 2015-2020*.

Older residents

Alongside HW County Durham, spoke to 105 people either user, carer, or staff member who are directly involved with dementia services about the pathway locally.

Identified where the gaps were and a full report was published which then fed directly into the local strategy. Sit on 'communities' subgroup to see what is available at grass roots level locally – Ensures the public voice is heard at strategic level by those who plan, design and commission services. HWD influence the group by representing the patient voice. We have been actively involved in the decision making and collation of patient stories. The strategy is due to be refreshed and HWD will be again influencing by helping to collect data from patients about current services and pathways. Quote from Sue (daughter of carer we spoke to), 'I do appreciate all your help for us all, it seems for the first time in years someone is making mum feel as though she has some support.'

Race

“One of our BME Health Connectors from the Bangladeshi community was approached by a Bengali lady. The family was struggling to provide informal carer support for their mother, her health had deteriorated and she was found eating plasticine; the mother had Dementia. As a result of this intervention the family was signposted to the Alzheimer’s Society. In collaboration with Alzheimer’s, a joint visit was arranged and consequently a full Occupational Therapist assessment of the family’s needs was arranged. This resulted in the installation of equipment to improve the quality of the family’s life and a referral to Adult Services for additional support to maintain her independence, to be funded by Direct Payments. An appointment was arranged with the GP and the mother was also treated for a urine infection. The daughter is now the recognised Carer and has also received support with an offer of a respite break. Mother received preventative health care from her GP and is healthier, happier, and in her own home” (Healthwatch March 2016 Newsletter)

“We have recruited and developed a ‘Health Connector’ role to extend the reach of the team to diverse communities; including the Bengali, African, West Indian, Chinese, Roma Gypsy, Jewish and Buddhist communities. Outcomes from their signposting has included the provision of equipment and support to carers of residents with Dementia, a package of support to a Young Carer to allow him to continue in education, and the sharing of experiences of health service provision in the town that has been provided to commissioners. The team followed up a request from a GP and connected a patient to health services with Polish speaking practitioners”. (Healthwatch August 2015 Newsletter)

“Another Health Connector connected Healthwatch Darlington to a high profile Roma Gypsy community leader in the town who expressed concern that diabetes is inherent in his community; we discussed the potential of on-site screening to improve the engagement of the community in health services. Healthwatch Darlington contacted Diabetes UK to discuss how to improve health and wellbeing support and information services for Roma Gypsies in town and the local Specialist Health Visitor for this site to discuss screening. We provided the Roma Gypsy community leader with information on the NHS/ CCG Diabetes Engagement Event and ensured that Diabetes UK can support the Roma Gypsy community with information to explore Lifestyle causes for Type 2 Diabetes. There is a Tool to evaluate risk –6 Q’s lifestyle, weight, blood pressure, BMI, diet – moderate to high findings which can be identified through a blood test. The community agreed to encourage individuals to contact the Health Visitor, who will also raise awareness during home visits to the site”.

Mental health

Directly fed into, and now monitors, the work of the local No Health without Mental Health (now set up as a sub-group to monitor progress) action plan, the crisis concordat. – Ensures the public voice is heard as strategic level by those who commission services. Crisis Summit Meetings x3 – A further offshoot of the MH Network – lots of grumblings in the general network about crisis services so HWD set up Crisis Summits to enable the organisations to speak directly to very senior members of the crisis team and establish improved working relationships – as a result of this the crisis team visited the service providers directly and increased the possibility for signposting out of the acute services – local lead people from provider organisations are now offered a direct line telephone number to the manager and senior practitioner on team to call in real time if a situation arises.

Disability, Sexual Orientation and Gender reassignment

Healthwatch Access Points - Healthwatch Darlington provides a single point of contact to help people find information about health and social care choices and signpost to NHS Complaints Advocacy. These access points are held in different areas around Darlington for the public to drop in and ask advice, learn about new services and to tell us their views on the services they currently use. Areas

Healthwatch have attended are:

- Crown Street Library
- Cockerton Library
- JJ's Café
- Mount Pleasant Children's Centre (Parents Group)
- Dodmire Children's Centre (Polish Group)
- Skerne Park Children's Centre
- Maidendale Community Centre
- The Salvation Army
- T@TAB Coffee Morning, Corporation Rd Community Centre
- St Matthew & Luke's Coffee Morning, Brinkburn Rd
- The Healthy Hub (Dolphin Centre)
- Eastbourne Leisure Complex
- St Mary's Community Centre (Food Bank)
- Kings Centre
- St Andrews Church (Food Bank)
- The Conservatory Café (Grange Rd Baptist Church)
- The Collaboration space, Darlington Borough Council
- EE
- Examples of Conversations:
 - A lady asked if HWD had any information about where to go for help towards transport costs to Newcastle Hospital. Her 10 month old daughter has small tumours on her hands and has to attend monthly appointments. She also has two other children to take with her and was finding it costly. HWD advised her to book a ten minute free consultation at the Citizen Advice Bureau with an advisor, to discuss the matter further and see if she is entitled to any help.
 - At the T@Tab coffee morning (Corporation Rd Community Centre) a gentleman explained his wife has recently had heart surgery to insert two heart stents. He and his wife felt they had not received enough information about the recovery process. His wife's next consultant's appointment was not for another 10

weeks. They felt this was such a long time to wait and wondered if this was normal procedure. He explained his wife had an appointment to see her GP the following week. Healthwatch advised him to bring this matter up with her doctor at their next appointment and discuss the procedure. In the meantime HWD gave them a leaflet from The British Heart Foundation for information about heart surgery recovery process.

- A lady was upset about the ring back service (triage) at a local surgery. The lady's daughter had rung the surgery one morning to try and get an appointment. The daughter explained that her son (13 years) had a really sore throat and wanted an appointment to see their GP. The receptionist explained that there were no appointments left and the GP would ring her back. Although the daughter was very anxious and explained her son was very poorly, and was worried, the GP advised her to give him paracetamol, without seeing him. The next morning they took him to hospital where he had lanced cysts from his tonsils. The lady explained that her daughter has been offered the ring back service a couple of times, instead of being given an appointment. She feels that it's a worry as she has two younger children and wants to see the doctor if they are poorly. HWD advised her daughter to make contact with the Practice Manager to discuss this matter further. Healthwatch informed her that, if she was not happy with the outcome she should contact Healthwatch for further assistance.
- A gentleman explained he had a number of illnesses, including blood pressure and diabetes. He explained he doesn't really know much about these and doesn't ask his doctor for any information around the illnesses. He explained he just takes the tablets given of his GP. HWD gave him some information regarding living with long term illnesses, leaflets on diabetes and suggested he take a visit to The Healthy Hub, who could advise more on health issues, healthy eating and health plans.
- A couple filled in one of our comment cards about their GP surgery and mentioned it was always a lengthy time they had to wait for an appointment. They were not concerned about seeing their own doctor as long as they did not have to wait too long HWD notified the couple of the weekend surgery at Denmark Street Annex. They had no idea of the service and HWD offered them a leaflet about it. They said they would benefit greatly from the service as they also have teenage children and do not like to take them out of school.

Stakeholder

Darlington Clinical Commissioning Group

“We are surprised and disappointed in the planned and marked reduction in the Healthwatch

Darlington (HWD) funding arrangements from 2017/18. We and other organisations very much value the work of HWD, particularly with specific seldom heard groups in our population such as children and young people and BME communities. Such funding pressures on HWD alongside other funding impacts on the VCS give major cause for concern in the context of achieving the ambitions of the 2020 Vision, Better Care Fund and indeed the Healthy New Towns initiatives.

We are keen therefore to explore the potential for a more strategic approach to developing and sustaining the VCS and review how we collectively channel our resources with others to commission these important supporting services. Indeed we acknowledge your support for this approach and are pleased with our early discussions on this subject”

“Commitment to work collaboratively with the Council to strategically consider how we mitigate the impact of planned changes to ensure the most advantageous health and wellbeing outcomes for local people”

Healthwatch’s response to proposed budget cuts

Implication of Potential Budget Cuts

10% Budget Cut

- **Reduced Access Points within the community resulting in less information and signposting for residents.**
- **Fewer engagement events, especially for children and young people, due to reduced staff capacity for weekend and evening work.**
- **Reduction in marketing, due to advertising costs and printed material.**
- **Arranging and hosting sub groups of facilitated networks would be limited.**
- **Regional and national meetings reduced, leading to lack of cross boundary working**

20% Budget Cut

- **As above**
- **Access Points and attendance at Community Events would cease.**
- **Sub groups of facilitated Networks would no longer be feasible.**
- **Information and Signposting in the community would drastically reduce as a result of above and would be limited to telephone and online.**
- **Large public engagement events would cease.**
- **Enter and View visits would be limited.**
- **Marketing, especially hard copy material, would cease.**
- **1 Full time staff member would need to be reduced to part time.**
- **1 Part Time staff will be made redundant.**
- **3 offices will be reduced to 2.**
- **Attendance at meetings would be reduced due to capacity and lead to less strategic influencing.**

30% Budget Cut

- **As above**
- **All staff will reduce to part time and a reduction in the team from 6 to 4.**

(Currently 3 x full time and 3 x part time)

- **Information and Signposting would be reduced to online and part time telephone.**
- **Support for BME Health Connectors would cease.**
- **Working Population and Children and Young People engagement reduced to a minimum.**
- **General public engagement would be reduced to online, via email and social media.**
- **No hard copy newsletters, only e-bulletin, thus disadvantaging those with limited or no access to IT**
- **Minimal Network Facilitation.**
- **Minimal Strategic Meeting attendance, leading to little or no influencing.**

- Minimal Enter and View, including training in this important work, for volunteers.
- Minimal volunteer management and development.
- 1 office.

40% Budget Cut

- As above.
- No office and landline.
- Staff reduced to 2 part time members of staff who would be mobile in the community.
- Minimal presence in the community.
- Minimal Enter and View capacity – reliance on volunteers, with no up to date training.
- Very little marketing capacity.
- Very little engagement capacity – would have to piggy back community events.
- Would have to rely on extra, outside funding but would not have capacity to bid for such funding, nor to deliver services effectively.

As a result of the above, the following aspects would apply to varying degrees, dependent on the extent of the potential budget cuts:

- Fewer engagements per month, resulting in less reach into seldom-heard communities,
- Reduced number of Enter & View visits, because of reduced staff resource to recruit, train and manage Enter & View volunteers
- Reduced staff capacity would mean delays in responses and increased emphasis on signposting, rather than actively supporting vulnerable people in engaging services, with a risk of a disproportionate impact on vulnerable people
- As a result of reduced staff resource, HWD reduced reach would have disproportionate impact on harder-to-reach local residents as their engagement is more resource-intensive
- Scaled-back strategic meeting attendance would result in less influencing and greatly reduced patient and carer voice within the heart of decision making.
- Reduced capacity to provide added value to consultations through targeted reach into key communities, including people in protected characteristic groups
- Unlikely to recruit and support further cohorts of volunteers, due to staff capacity, so would miss the target for young people being 30% of volunteers, and their voice would remain less well heard
- Without the planned staff resource, we would not have capacity for development and marketing, which would mean we could not capitalise on a key income generation activity
- Without the planned staff resource, we would not have capacity for development and marketing of our research and analysis beyond the core offer, which would mean research and analysis generate little income
- Without the planned staff resource, we would not have capacity for extending beyond our core offer, so will not have the resource to develop a bespoke engagement service, so would not generate potential income in the future
- We would not have the staff resource to deliver non-core activities such as public engagement training, so would not gain income from this potential income proposal

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal will not help eliminate discrimination, harassment or victimisation
b) How will the proposal help to advance equality of opportunity?
The proposal will not help to advance equality of opportunity
c) How will the proposal help to foster good relations?
The proposal will not help to foster good relations

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<p>This proposal is to reduce funding for a Healthwatch service from the 1st April 2017.</p> <p>Healthwatch have concluded, as demonstrated above, that any reduction in the current financial envelope when the service is retendered would have a varying level of impact depending on the level of cut. The current budget proposal is to reduce the funding by over 50%.</p> <p>In a commissioning cycle the Local Authority would complete an options appraisal before a service was tendered and this will be the same for this contract. Due to the reduced financial envelope for this service, the service specification will be reviewed and refocused on the statutory responsibility required from a Healthwatch service.</p> <p>Healthwatch advise that they have received various amounts of funding from the CCG, NECS and Primary healthcare Darlington for engagement activities. Therefore it would be a priority to meet with these partner agencies to determine if any collaboration on this contract is possible to ensure the optimum use of resources available.</p> <p>There is also an option to explore regional/sub regional commissioning which will be looked into at the earliest opportunity.</p>

Section 7 - Sign-off when assessment is completed

Officer Completing the Form:		
Signed	Name:	<i>Helen Watson Newes</i>
	Date:	9 th June 2016
	Job Title:	Contract & Review Officer
Assistant Director:		
Signed	Name:	Hilary Hall
	Date:	10.6.16
	Service:	Commissioning

Section 8 – Reporting of Findings and Recommendations to Decision Makers

What does the review of the information show?
Negative impact identified – recommend continuing with the activity

Section 9 – Action Plan and Performance Management

What is the negative impact?	Actions required to reduce/eliminate the negative impact (if applicable)	Who will lead on action	Target completion date
Reduction in contract to provide statutory duties only	<ul style="list-style-type: none"> • Explore collaboration with other strategic partners to maximise financial envelope • Explore regional contractual agreements • Complete options appraisal for tender exercise and commence specification work to prioritise work moving forward 	Service commissioner	End July 2016

Performance Management	
Date of the next review of the EIA	The EIA will be continuously reviewed through each service transition phase.
How often will the EIA action plan be reviewed?	Immediately following Members decision and through the service transition phase.
Who will carry out this review?	Service Commissioning Officers

Section 1 – Service Details and Summary of EIA Activity - AOP

Title of activity:	Arts on Prescription
Lead Officer responsible for this EIA:	Rachel Osbaldeston, Public Health Portfolio Lead
Telephone:	01325 406203
Service Group:	People
Service or Team:	Public Health
Assistant Director accountable for this EIA	Ken Ross, Public Health Principle
Who else will be involved in carrying out the EIA:	

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	March 2016	Whole population of Darlington, 105,600 (ONS, 2011 census) Adults living within or registered with a GP within Darlington
Stage 2: Further Assessment. Target Population likely to be affected identified	March 2016	Individuals with or at risk of low mood and low level mental health concerns.
Stage 3: Further Assessment. Individuals likely to be affected identified	March 2016	Referral criteria for the service includes individuals with or at risk of low mood and low level mental health concerns. 119 individuals have accessed the service between April 2014 – end March 2016 Of these 34 were male and 85 female. The age range of participants was 17 - 65 years old with 8 under 16 years attending a family course.
Stage 4: Analysis of Findings	May 2016	Negative Impact on those individuals with the protected characteristics of sex and disability. Within disability this specifically relates to mental health and long term limiting illness.
Stage 5: Sign-Off	9th May 2016	Public Health Senior Management Team
Stage 6: Reporting and Action Planning	June 2016	Final EIA will be considered as part of the decision making by Cabinet and Council.

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>Removal of the Arts on Prescription (AOP) service at the Bridge Visual Arts Centre. The service will provide both short-term and medium-term access to the arts.</p> <p>Short-term access will be through the delivery of 8-10 weeks attendance at a weekly arts session at the hub base or engagement in an 8-10 week outreach course within a local community. This service should be free at the point of delivery unless the outreach is provided, for example, in a workplace setting or private enterprise, where the organisation may be charged to cover costs of provision. This service should ensure a ‘roundness’ of services, covering diverse art forms and the provider is expected to work with other providers to deliver this. The provider must be flexible to meet the demands of the service users.</p> <p>Medium-term access will be based on membership of the programme and a membership fee will apply. This should be in the region of £3.00 - £5.00 per session and based on affordability. The membership fee should be subject to annual review in partnership with the Authority and informed by member/user feedback.</p>
Who will be affected by the activity?
<p>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.</p>
Whole population
<p>Whole population of Darlington, 105,600 (ONS, 2011 census) Adults living within or registered with a GP within Darlington</p>
Target population
<p>Individuals with or at risk of low mood and low level mental health concerns</p>
Individuals
<p>Referral criteria for the service includes individuals with or at risk of low mood and low level mental health concerns.</p> <p>119 individuals have accessed the service between April 2014 – end March 2016</p> <p>Of these 34 were male and 85 female.</p> <p>The age range of participants was 17 - 65 years old with 8 under 16 year olds accessing a family course.</p>
What data, research and other evidence or information is available which is relevant to the EIA?

“No Health Without Mental Health” (HM Government, 2011) is the government’s strategy for mental health and wellbeing in England. Key objectives of the strategy include “more people will have good mental health”, “people with mental health problems will recover” and “fewer people will experience stigma and discrimination”. Mindfulness based stress reduction is evidenced to contribute across these objectives.

NICE clinical guideline 90

Depression: the treatment and management of depression in adults (partial update of NICE clinical guideline 23) recommends mindfulness based cognitive therapy to for relapse prevention however there is no specific NICE guidance for mindfulness based stress reduction with the exception of the above exclusion (clinical guideline 159)

Quarterly reports are provided by the provider to the public health contract manager. This includes equality and diversity data on all participants, number of participants and service evaluation information.

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	
Race	P	N	NA	H	M	L	nil	
Sex	P	N	NA	H	M	L	nil	119 individuals have accessed the service between April 2014 – end march 2016 Of these 34 were male and 85 female.
Gender Reassignment	P	N	NA	H	M	L	nil	
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	All participants accessing the AOP service are considered to be experiencing or at high risk of low mood and low level mental health concerns.
Religion or belief	P	N	NA	H	M	L	nil	
Sexual Orientation	P	N	NA	H	M	L	nil	
Pregnancy or maternity	P	N	NA	H	M	L	nil	
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	

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.

Mobility Impairment	P	N	NA	H	M	L	nil	
Visual impairment	P	N	NA	H	M	L	nil	
Hearing impairment	P	N	NA	H	M	L	nil	
Learning Disability	P	N	NA	H	M	L	nil	
Mental Health	P	N	NA	H	M	L	nil	All participants accessing the AOP service are considered to be experiencing or at high risk of low mood and low level mental health concerns.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	Some participants are at risk of poor mental health due to a long term limiting illness.
Multiple Impairments	P	N	NA	H	M	L	nil	
Other - Specify	P	N	NA	H	M	L	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.

Change activities	Potential cumulative impacts
Reduction of Public Mental Health:	May simultaneously reduce the amount of alternative support available to those at high risk or experiencing negative mental health.

Mindfulness Based Stress Reduction (S5ii)	
Cease vulnerable Adults Floating Support (05) DISC	May simultaneously affect the same group of individuals - those at high risk or experiencing negative mental health.
Reductions from obesity (Healthy Darlington) (S9)	May simultaneously reduce the amount of alternative support available to those at high risk or experiencing negative mental health.
Homelessness Services (First Stop) (S2)	May simultaneously affect the same group of individuals - those at high risk or experiencing negative mental health.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
If yes, please state which groups and how Yes Sex – women Disability – mental health & long term limiting illness
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
If yes, please state which groups and how No
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
If yes, please state which groups and how n/a

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
05/02/16	Whole population	05/02/16	Information posted on DBC website, with comments invited and public meetings held in March 2016.
03/03/16	Cumulative Impact	07/03/16	Meeting with MH to consider cumulative impacts to this proposal.
29/04/16	Referring organisations	29/04/16	Letter to all referring organisations requesting positive/negative impact to the proposals. Responses to be analysed at the end of the consultation period.
29/04/16	AOP clients, carers and staff	29/04/16	Letters sent requesting positive/negative impact to the proposals.
29/04/16	AOP clients, carers and staff	06/05/16	Focus groups held (25+ individuals)

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability	Darlington Clinical Commissioning Group 22 April 2016	Negative impact identified as a loss of support for people living with mental health issues. Concerns expressed around the associated outcome of positive mental health including, improved physical health, increased life expectancy and employment rates and reduced risk-taking behaviours such as smoking and drug and alcohol misuse.
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health	6.05.16 Focus Group with AOP clients May 2016 Consultation Impact Forms May 2016 DBC	<p>Negative impacts identified included:</p> <ul style="list-style-type: none"> • Increased isolation for clients. Many clients only access this group and both clients and referrers expressed a lack of alternative options should this service no longer be available • A reduction in confidence and self-esteem for clients • The loss of friendship groups and support • A loss of a sense of purpose and reason to self-motivate for clients • The loss of a support within recovery for clients • The loss of a means of integration with society and way of feeling part of a community <p>Negative impact as not enough support currently and further reductions will reduce support further and increase poor mental</p>

	Website feedback	<p>health in individuals in the town.</p> <p>Negative impact identified:</p> <ul style="list-style-type: none"> • Reduction in mental health resilience • Increased isolation • Increased need for prescribed medication • Reduced support in recovery • Decreased community integration
Long Term Limiting Illness	6.05.16 Focus Group with AOP clients	<p>Negative impacts identified included:</p> <ul style="list-style-type: none"> • Increased isolation for clients. Many clients only access this group and both clients and referrers expressed a lack of alternative options should this service no longer be available • The loss of friendship groups and support • The loss of a support within recovery for clients • The loss of a means of integration with society and way of feeling part of a community
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
n/a
b) How will the proposal help to advance equality of opportunity?
n/a
c) How will the proposal help to foster good relations?
n/a

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
<ul style="list-style-type: none">• Suggestions around the possibility of continuing the service in an alternative cheaper venue. A central accessible space.

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:	Rachel Osbaldeston
	Date:	09.05.16
	Job Title:	Public Health Portfolio Lead
Assistant Director:		
Signed 	Name:	Miriam Davidson
	Date:	09.05.16
	Service:	Director of Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	October 2016
How often will the EIA action plan be reviewed?	12 months or when required
Who will carry out this review?	TBC

Section 1 – Service Details and Summary of EIA Activity – LIVING MINDFULLY

Title of activity:	Living Mindfully
Lead Officer responsible for this EIA:	Rachel Osbaldeston, Public Health Portfolio Lead
Telephone:	01325 406203
Service Group:	People
Service or Team:	Public Health
Assistant Director accountable for this EIA	Ken Ross, Public Health Principle
Who else will be involved in carrying out the EIA:	

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	March 2016	Whole population of Darlington, 105,600 (ONS, 2011 census) Adults living within or registered with a GP within Darlington
Stage 2: Further Assessment. Target Population likely to be affected identified	March 2016	Individuals out of work/at risk of losing work Public sector workforce
Stage 3: Further Assessment. Individuals likely to be affected identified	March 2016	Referral criteria for the service includes individuals with or at risk of low mood and low level mental health concerns. 125 individuals have accessed the service between April 2013 – December 2015. Of these 36 were male and 89 Female. The age range of participants was 25 - 63 years old.
Stage 4: Analysis of Findings	May 2016	Negative impact on those individuals with the protected characteristics of sex and disability. Within disability this specifically relates to mental health and long term limiting illness.
Stage 5: Sign-Off	9 th May 2016	Public Health Senior Management Team
Stage 6: Reporting and Action Planning	June 2016	Final EIA will be considered as part of the decision making by Cabinet and Council.

Section 2 – The Activity and Supporting Information

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

The Mindfulness Based Stress Reduction (MBSR) programme is designed to help support participants to learn new ways of handling difficult physical sensations, feelings and moods. Mindfulness is a way of learning to relate directly to whatever is happening in your life, a way of taking charge of your life, a way of doing for yourself what no-one else can do for you, consciously working with your own stress, pain, illness, and the challenges and demands of everyday life.

Each course consists of 5 weekly classes of up to 15 people working together in a group.

Each course includes:

- Guided instruction in mindfulness meditation practices
- Gentle stretching and walking
- Group dialogue and discussions aimed at enhancing awareness in everyday life
- Individually tailored instruction
- Daily home assignments
- Four home practice CDs and a home practice manual

Referrals can be made by a health or social care professionals. Self-referrals are not permitted due to the level of vulnerability that the individual may have which is outside the scope of this service to support. Any individuals enquiring directly to the provider should be signposted to their GP. As such referral arrangements will make clear that the maintenance of clinical responsibility for the individual is retained by the referral agent (who must be a health or social care professional) for the duration of the course.

6 courses are carried out within each financial year period.

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

Whole population of Darlington, 105,600 (ONS, 2011 census) Adults living within or registered with a GP within Darlington

Target population

Individuals out of work/at risk of losing work
Public Sector workforce

Individuals
<p>Individuals with or at risk of low mood and low level mental health concerns 125 individuals have accessed the service between April 2013 – December 2015. Of these 36 were male and 89 Female. The age range of participants was 25 - 63 years old.</p>
<p>What data, research and other evidence or information is available which is relevant to the EIA?</p> <p>“No Health Without Mental Health” (HM Government, 2011) is the government’s strategy for mental health and wellbeing in England. Key objectives of the strategy include “more people will have good mental health”, “people with mental health problems will recover” and “fewer people will experience stigma and discrimination”. Mindfulness Based Stress Reduction is evidenced to contribute across these objectives.</p> <p>The work undertaken by Jon-Kabat-Zinn and colleagues using Mindfulness-Based Stress Reduction (MBSR) for out-patients in a hospital setting in Massachusetts, USA, for over 20 years, has been widely researched. In 1999 there were “10 peer-reviewed research papers published in the medical literature reporting on aspects of MBSR and its clinical outcomes, showing consistent, reliable and replicable demonstrations of major and clinically relevant reductions in medical and psychological symptoms across a wide range of medical diagnoses over the eight weeks of the MBSR intervention, and maintenance of these changes for up to four years of follow up” (Kabat-Zinn, 1999).</p> <p>NICE clinical guideline 90 Depression: the treatment and management of depression in adults (partial update of NICE clinical guideline 23) recommends mindfulness based cognitive therapy to for relapse prevention, however, there is no specific NICE guidance for Mindfulness Based Stress Reduction with the exception of the above exclusion (clinical guideline 159)</p> <p>Quarterly reports are provided by the provider Living Mindfully to the public health contract manager. This includes equality and diversity data on all participants, number of participants and service evaluation information.</p>

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	
Race	P	N	NA	H	M	L	nil	
Sex	P	N	NA	H	M	L	nil	The service to date has been accessed by 71% female and 29% male participants. Therefore the loss of this service will have a greater impact on women than men.
Gender Reassignment	P	N	NA	H	M	L	nil	
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	All participants on the MBSR courses have experienced or are at high risk of experiencing negative mental health. The most common problem is anxiety at 56%, followed by depression at 54% and workplace stress at 30%.
Religion or belief	P	N	NA	H	M	L	nil	
Sexual Orientation	P	N	NA	H	M	L	nil	
Pregnancy or maternity	P	N	NA	H	M	L	nil	
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	

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.

Mobility Impairment	P	N	NA	H	M	L	nil	
Visual impairment	P	N	NA	H	M	L	nil	
Hearing impairment	P	N	NA	H	M	L	nil	
Learning Disability	P	N	NA	H	M	L	nil	
Mental Health	P	N	NA	H	M	L	nil	This activity is targeted at individuals at risk of poor mental health. All participants on the MBSR courses have experienced or are at high risk of experiencing negative mental health. The most common problem is anxiety at 56%, followed by depression at 54% and workplace stress at 30%.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	Individuals accessing this service may be at risk of negative mental health due to long term limiting illness
Multiple Impairments	P	N	NA	H	M	L	nil	
Other - Specify	P	N	NA	H	M	L	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.

Change activities	Potential cumulative impacts
Reduction of Public Mental Health: Arts on Prescription (S5i)	May simultaneously reduce the amount of alternative support available to those at high risk or experiencing negative mental health.
Cease vulnerable Adults Floating	May simultaneously affect the same group of

Support (05) DISC	individuals - those at high risk or experiencing negative mental health.
Reductions from obesity (Healthy Darlington) (S9)	May simultaneously reduce the amount of alternative support available to those at high risk or experiencing negative mental health.
Homelessness Services (First Stop) (S2)	May simultaneously affect the same group of individuals - those at high risk or experiencing negative mental health.

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.

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

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

<p>Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No</p>
<p>If yes, please state which groups and how Yes Sex - The service to date has been accessed by 71% female and 29% male participants. Therefore the loss of this service will have a greater impact on women than men. Disability - All participants on the mindfulness based stress reduction courses have experienced or are at high risk of experiencing negative mental health. The most common problem is anxiety at 56%, followed by depression at 54% and workplace stress at 30%.</p>
<p>Will the differential treatment advance equality for people with Protected Characteristics? Yes/No</p>
<p>If yes, please state which groups and how No</p>
<p>Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No</p>
<p>If yes, please state which groups and how n/a</p>

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
05/02/16	Whole population	05/02/16	Information posted on DBC website, with comments invited and public meetings held in March 2016.
03/03/16	Cumulative Impact	07/03/16	Meeting with MH to consider cumulative impacts to this proposal.
29/04/16	Letter sent to all referring organisations	29/04/16	Letter to all referring organisations requesting positive/negative impact to the proposals. Responses to be analysed at the end of the consultation period.
29/04/16	Letter sent to provider	29/04/16	Letter to provider requesting positive/negative impact to the proposals including feedback from service participants. Responses to be analysed at the end of the consultation period.

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability	Darlington Clinical Commissioning Group 22 April 2016	Negative impact identified as a loss of support for people living with mental health issues. Concerns expressed around the associated outcome of positive mental health including, improved physical health, increased life expectancy and employment rates and reduced risk-taking behaviours such as smoking and drug and alcohol misuse.
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health	End of quarter reports provided by provider over 2015/16 Consultation Impact Forms May 2016	Negative impacts have been identified- a reduction in coping mechanisms for poor mental health e.g. relaxation techniques, breathing exercises. This could have implications for other mental health services if individuals become more unwell. Negative impact as not enough support currently and further reductions will reduce support further and increase poor mental health in individuals in the town.
Long Term Limiting Illness	End of quarter reports provided by provider over 2015/16	Individuals with long term conditions that have a negative impact on their mental health access the service including chronic pain, Multiple Sclerosis and chronic fatigue.
Multiple Impairments		
Other - Specify		
Race		
Sex	End of quarter reports provided by provider over 2015/16	The service to date has been accessed by 71% female and 29% male participants. Therefore the loss of this service will have a greater impact on women than men.

Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
n/a
b) How will the proposal help to advance equality of opportunity?
No
c) How will the proposal help to foster good relations?
n/a

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
No

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:	Rachel Osbaldeston
	Date:	09.05.16
	Job Title:	Public Health Portfolio Lead
Assistant Director:		
Signed 	Name:	Miriam Davidson
	Date:	09.05.16
	Service:	Director of Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	October 2016
How often will the EIA action plan be reviewed?	12 months or when required
Who will carry out this review?	TBC

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

Title of activity:	Sanctuary Target Hardening Scheme for Victims of Domestic Abuse
Lead Officer responsible for this EIA:	Miriam Davidson
Telephone:	(01325)406203
Service Group:	People
Service or Team:	Community Safety
Assistant Director accountable for this EIA	Miriam Davidson
Who else will be involved in carrying out the EIA:	Judith Morton Abbie Metcalfe Mary Hall

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	8th March 2016	Victims of domestic abuse.
Stage 2: Further Assessment. Target Population likely to be affected identified	8th March 2016	Victims identified police and support agencies. To date have always been female victims but potentially could be used for male victims
Stage 3: Further Assessment. Individuals likely to be affected identified	8th March 2016	Given the nature of this service victims cannot be identified in advance but are identified at the point of need.
Stage 4: Analysis of Findings	May 2016	
Stage 5: Sign-Off	9th May 2016	Public Health Senior Management Team
Stage 6: Reporting and Action Planning	June 2016	Final EIA will be considered as part of the decision making by Cabinet and Council.

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>The Sanctuary Target Hardening Scheme aims to enable victims of domestic abuse (where safe and appropriate) to stay in their own home through increasing home security. Many victims do not want to flee their homes or the area where they live as their support networks are there and their children are settled and in schools. The scheme aims to improve security by replacing locks, installing window locks and alarms and putting in measures to reduce the risk of fires. This service is not restricted to those in rented or local authority housing. This service can also be accessed if the victim owns their own home.</p> <p>The victims are usually identified by the domestic abuse support service. An assessment is then carried out by the Police Crime Prevention Officer and the required work is carried out by the Council depot.</p>
<p>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.</p>
<p>Whole population</p>
<p>Whole population of Darlington, 105,600 (ONS, 2011 census) has the potential to be affected.</p> <p>Domestic violence takes many forms, physical, psychological, economic, sexual and emotional and can often be a combination of several of these. Anyone can experience domestic violence. Domestic violence occurs across all groups in society, regardless of age, gender, race, religion, sexuality, etc.</p>
<p>Target population</p>
<p>Victims of domestic abuse, however, the majority of victims are women and children.</p>
<p>Individuals</p>
<p>On average there have been approximately 100 women and their families assisted by this service each year. Figures for this year are lower as victims are being referred to the Safer Homes Scheme for smaller items of equipment such as door chains etc. Safer Homes is designed to improve the well-being of vulnerable people and offers increased protection from fire and crime.</p> <p>The service provides additional security for victims of domestic abuse and also prevents disruption to lifestyle for victims and their families in terms of access to services/work/school etc. This is important in ensuring a stable lifestyle for victims and children.</p> <p>Information taken from 61 Clients:</p> <p>AGE Range: - 18 to 61 Disabilities: - Yes = 2, 1 x Physical and 1 x Mental health. Not Disclosed = 6 None = 53 Ethnicity: - White British = 59 White Other Polish = 1 Bangladeshi = 1 Religion: - Not Disclosed 55, C of E = 1 Muslim = 1 Catholic = 1 Christian = 3</p>

**Sexuality: - Heterosexual = 59 Undisclosed = 2
Number of Children involved:- 171**

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

Home Office Domestic Abuse Guidance 2013.

Monthly reports are provided by the depot regarding the numbers of properties that are being secured under the scheme. This relates to properties not individuals.

Feedback from existing victims stated that although the measures did make them feel safer there were still concerns about safety and this will need to be considered in the future development of services.

In 2012/13 approximately 100 women were assisted by the scheme. As well as the target hardening provided through the scheme, the Police will also fit alarms/Cameras etc. in high risk cases.

In financial year 2015/16, 63 properties had improvements made to security e.g. locks, lights, etc. A full review is being conducted on the Scheme particularly to assess alternative proposals.

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	<p>There will be an impact on children and young people whose families are affected by domestic abuse. It might mean a change in school, if no longer able to stay in their own homes. If families are not safe in their own home without the additional security there is a risk on repeat occurrences of domestic abuse.</p> <p>There may be lack of resources to secure a property which may have an impact on being able to remain in their property, having an implication on jobs, school and other support services.</p>
Race	P	N	NA	H	M	L	nil	<p>Domestic abuse can occur because of race and there is potentially an unmet need due to low reporting of incidents due to cultural issues. There will be a negative impact if those who have experienced race related domestic abuse are unable to remain in their own home safely.</p>
Sex	P	N	NA	H	M	L	nil	<p>Current data and evidence highlights women as those who experience domestic abuse and the reduction of this service puts women experiencing domestic abuse at greater risk.</p> <p>There is new evidence which recognises that men can experience domestic abuse from their female partners and in male gay relationships; there would also be risk to them if the service did not exist.</p> <p>This could mean a repeat of</p>

								domestic abuse experiences, repeat disruption to families or individuals if have to move out of their homes, community, schools, etc.
Gender Reassignment	P	N	NA	H	M	L	nil	
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	Women with a physical disability are more vulnerable of experiencing domestic abuse and the removal of the extra security will put them at greater risk. Domestic abuse can lead to individual experiencing mental health issues and this could extend to children, family members. If homes are unable to be secured and the family have to move this would only exacerbate any existing or underlying mental health conditions.
Religion or belief	P	N	NA	H	M	L	nil	Domestic abuse can occur because of differing options in religion or cultural beliefs and there is potentially an unmet need due to low reporting of incidents due to cultural issues. There will be a negative impact if those who have experienced race related domestic abuse are unable to remain in their own home stately.
Sexual Orientation	P	N	NA	H	M	L	nil	
Pregnancy or maternity	P	N	NA	H	M	L	nil	There is evidence which suggests that when females are pregnant, this often acts catalyst to increased or the occurrences of domestic abuse. If the scheme is removed the risk for pregnant ladies will be increased and there will be a negative impact.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	

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.

Mobility Impairment	P	N	NA	H	M	L	nil	Those with mobility impairments living in accessible houses would be difficult to relocate to a similar property, if it was unable to be made secure, due to the reduction of the scheme.
Visual impairment	P	N	NA	H	M	L	nil	Those with visual impairments living in accessible houses would be difficult to relocate to a similar property, if it was unable to be made secure, due to the reduction of the scheme.
Hearing impairment	P	N	NA	H	M	L	nil	Those with hearing impairments living in accessible houses would be difficult to relocate to a similar property, if it was unable to be made secure, due to the reduction of the scheme.
Learning Disability	P	N	NA	H	M	L	nil	
Mental Health	P	N	NA	H	M	L	nil	Properties that are unable to be secured or families having to move as a result of reporting domestic abuse would have a negative impact on the family and increase the risk of experiencing or exacerbating mental health conditions. The family could include, parents, children and young people and extended families.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	
Multiple Impairments	P	N	NA	H	M	L	nil	Those with multiple impairments living in accessible houses would be difficult to relocate to a similar property, if it was unable to be made secure, due to the reduction of the scheme
Other - Specify	P	N	NA	H	M	L	nil	None

Cumulative Impacts	
<p>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.</p>	
Change activities	Potential cumulative impacts
Reduction in the Supporting people contracts with Harbour, DISC, First Stop, 700 club	May simultaneously reduce the amount of alternative support available to individuals in financial hardship/requiring support to remain safe and secure in their own homes or relocate to an alternative home.
Reduction to the Social Fund	May simultaneously reduce the amount of alternative support available to individuals in financial hardship/requiring support to remain safe and secure in their own homes or relocate to an alternative home, especially crisis support.
Reduction in crisis support to provide advice and support at Children's Centres	May simultaneously reduce access to support available to individuals in financial hardship/requiring support to remain safe and secure in their own homes or relocate to an alternative home.
Reduction in CAB funding	May simultaneously reduce the amount of alternative support available to individuals in financial hardship/requiring support to remain safe and secure in their own homes or relocate to an alternative home.
Pressure on refuge	May mean families are unable to stay in their own home and relocate to the refuge to feel safe and secure.
Potential shift of demand on Police/Fire Service/Health	There will potentially be an increase on support being sought from Sectors as the support from the third sector decreases rapidly.

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.

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

Section 5 – Involvement and Engagement Planning

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes
Age, sex and disability
Will the differential treatment advance equality for people with Protected Characteristics?
No
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics?
No

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
05/02/16	Whole population	05/02/16	Information posted on DBC website, with comments invited and public meetings held in March 2016.
21/03/16	DASAN	29/4/16	Letter sent to DASAN requesting that it be shared with other agencies.
21/03/16		29/4/16	Meeting with MH to consider cumulative impacts to this proposal.
21/03/16	Letter sent to all referring organisations		Letter to all referring organisations requesting positive/negative impact to the proposals. Responses to be analysed at the end of the consultation period.

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	<p>April 2016 - Feedback received from Social Fund EIA</p> <p>May 2016 - Feedback from referrers</p> <p>April 2016 – Feedback from DBC website</p>	<p>There is likely to be an impact on children who have reported as living in households applying to the Social Fund, this may be due to domestic abuse.</p> <p>There is likely to be a negative impact on children and young people in respect of schooling, disruption to family life and impact on emotional health and wellbeing. The health and wellbeing of children, young people and families is likely to be at risk of significant harm, if the scheme does not exist.</p> <p>There will be a negative impact with the withdrawal of floating support from DISC, who provide housing and tenancy support to vulnerable adults who may have experienced domestic abuse.</p>
Disability		There were no anticipated impacts upon disability as a protected characteristic group.
Mobility Impairment		There were no anticipated impacts upon mobility impairment as a protected characteristic group.
Visual impairment		There were no anticipated impacts upon visual impairment as a protected characteristic group.
Hearing impairment		There were no anticipated impacts upon hearing impairment as a protected characteristic group.
Learning Disability		There were no anticipated impacts upon learning disability as a protected characteristic group.
Mental Health	May 2016 – Feedback from referrers	Negative impact as not enough support currently for people experiencing mental health and further reductions will reduce support further and increase poor mental health in individuals in the town and make them more vulnerable to domestic abuse.
Long Term Limiting Illness		There were no anticipated impacts upon long term limiting illness as a protected characteristic group.
Multiple Impairments		There were no anticipated impacts upon multiple impairments as a protected

		characteristic group.
Other - Specify		
Race		There were no anticipated impacts upon race as a protected characteristic group.
Sex	Feedback received from Social Fund EIA	There may be particular risk to women fleeing from domestic abuse and their children who have relied on the social fund to relocate or sanctuary to secure their property, with both being removed the risk is high and the impact is negative.
Gender Reassignment		There were no anticipated impacts upon gender reassignment as a protected characteristic group.
Religion or belief		There were no anticipated impacts upon religion or belief as a protected characteristic group.
Sexual Orientation		There were no anticipated impacts upon sexual orientation as a protected characteristic group.
Pregnancy or maternity	Feedback received from Social Fund EIA	There may be an impact on pregnant women who are unable to access support (crisis support) to flee from domestic abuse or secure their homes via sanctuary support.
Marriage / Civil Partnership		There were no anticipated impacts upon marriage/civil partnership as a protected characteristic group.

Section 6: Engagement Findings – Continued

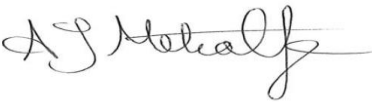

Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal may increase harassment and victimisation of those experiencing domestic abuse.
b) How will the proposal help to advance equality of opportunity?
N/A
c) How will the proposal help to foster good relations?
N/A

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
There are a number of mitigations of the impact of this proposal on service users. For Council tenants, the current service will continue to be provided, with funding coming from the Housing Revenue Account (HRA). For private renters and owner occupiers, Harbour Support Services, who currently refer service users and undertake assessments for Sanctuary, have tentatively agreed to continue to run the service using their own handyman, using £8,000 of funding they were awarded by DCLG for target hardening that is currently held by the Council. It is estimated this would allow the scheme to continue for private residents for almost another year. Finally, County Durham and Darlington Fire and Rescue have tentatively agreed to accept future Sanctuary referrals to their Safer Homes scheme, which also aims to protect peoples' homes from intruders (and fire), albeit with a lower range of services and equipment.

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:	Abbie Metcalfe
	Date:	9 th May 2016
	Job Title:	Business Officer Public Health
Assistant Director:		
Signed 	Name:	Miriam Davidson
	Date:	9 th May 2016
	Service:	Director of Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	October 2016
How often will the EIA action plan be reviewed?	12months or when required
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity – HEALTHY HUB

Title of activity:	Cease provision of direct intervention and prevention programmes for adults or children in Darlington. This includes decommissioning :- <ul style="list-style-type: none"> Healthy Darlington Hub, based in the Dolphin Centre and wider community.
Lead Officer responsible for this EIA:	Ken Ross
Telephone:	01325 406200
Service Group:	People
Service or Team:	Public Health
Assistant Director accountable for this EIA	Miriam Davidson
Who else will be involved in carrying out the EIA:	Leisure team

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	8th March 2016	This change will have a potential effect on the whole population as anyone in Darlington can access the services provided.
Stage 2: Further Assessment. Target Population likely to be affected identified	8th March 2016	Due to the specification, aims and targets of the service specific Target populations will be affected. These include women and girls, those with physical and learning disabilities, older people, those with mental illness, those from BMI communities including Gypsy Roma Travellers.
Stage 3: Further Assessment. Individuals likely to be affected identified	April 2016	Individuals, e.g. existing and previous service users, specifically those identified as having protected characteristics.
Stage 4: Analysis of Findings	April 2016	
Stage 5: Sign-Off	9th May 2016	Public Health Senior Management Team
Stage 6: Reporting and Action Planning	June 2016	Final EIA will be considered as part of the decision making by Cabinet and Council.

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>Cease provision of direct intervention and prevention programmes for adults or children in Darlington. This includes decommissioning :-</p> <ul style="list-style-type: none"> • Healthy Darlington Hub, based in the Dolphin Centre and wider community.
<p>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.</p>
Whole population
<p>The whole population may be affected by these changes as this service is available to the whole population. This is an open access service and accepts referrals from professionals who provide universal services e.g. GPs and other NHS professionals. There is no eligibility criteria</p>
Target population
<p>With the health conditions and existing health inequalities in Darlington, this service has targeted specific populations including those with protected characteristics. This change will specifically affect children and young people, women and girls, those with physical and learning disabilities, older people, those with mental illness, those from BMI communities.</p>
Individuals
<u>Information from Emma</u>
What data, research and other evidence or information is available which is relevant to the EIA?
<p>Darlington Health Profile Darlington Single Needs Assessment Public Health Outcomes Framework for Darlington Children and Young Peoples Benchmarking Tool NICE Guidance – Obesity/childhood Obesity/ health Inequalities Healthy Darlington Performance/usage information</p>

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
	P	N	NA	H	M	L	nil	
Age			NA	H	M	L	nil	<p>34% of children in Year 6 in Darlington are overweight and obese.</p> <p>65% of adults are overweight and obese, older people (.65 years) have greater cumulative impact of the effects of obesity from a range of preventable disease which can contribute to reduced mobility and independence.</p> <p>This proposal removes access to a proactive, evidence based frontline intervention for those people who are overweight or obese.</p>
Race	P	N	NA	H	M	L	nil	<p>There are significant health inequalities related to obesity in BMI populations with greater prevalence of obesity and obesity related diseases such as diabetes, found in specific BMI populations. These individuals may also be less likely, or able, to seek, and/or receive, appropriate treatment and support</p>
Sex	P	N	NA	H	M	L	nil	<p>Participation in physical activity is lower in women and girls. Obesity prevalence in women is higher in female population with subsequent effects on health outcomes in terms of disease and disability in the future.</p>
Gender Reassignment	P	N	NA	H	M	L	nil	<p>No specific impact has been identified</p>
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	<p>Participation in physical activity is lower in individuals with disabilities. There are inequalities in access to information, advice and interventions to improve health that are tailored to the needs</p>

								and requirements of people with physical, learning or sensory disability. Evidence suggest that the prevalence of obesity in this group is higher in this population with subsequent inequalities in the prevalence of preventable diseases such as diabetes and heart disease associated with obesity.
Religion or belief	P	N	NA	H	M	L	nil	No specific impact has been identified
Sexual Orientation	P	N	NA	H	M	L	nil	No specific impact has been identified
Pregnancy or maternity	P	N	NA	H	M	L	nil	The prevalence of obesity in pregnant women is greater than in the general population. This can lead to inequalities in the development of disease such as maternal diabetes with effects for the health and wellbeing of the mother and unborn child. There are also a greater risk of ongoing effects on the mothers health including a higher likelihood of enduring obesity with higher prevalence of diabetes and impacts on future fertility. Children born to obese mothers are more likely to be obese throughout their lives.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	No specific impacts have been identified.

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.

Mobility Impairment	P	<u>N</u>	NA	H	<u>M</u>	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group.
Visual impairment	P	<u>N</u>	NA	H	<u>M</u>	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group.
Hearing impairment	P	<u>N</u>	NA	H	<u>M</u>	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group.
Learning Disability	P	<u>N</u>	NA	<u>H</u>	M	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group. There are already significant inequalities in the impact of obesity on the health outcomes for this group. These individuals may also be less likely, or able, to seek, and/or receive, appropriate treatment and support
Mental Health	P	<u>N</u>	NA	<u>H</u>	M	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group. There are already significant inequalities in the impact of obesity on the health outcomes for this group. These individuals may also be less likely, or able, to seek,

								and/or receive, appropriate treatment and support
Long Term Limiting Illness	P	<u>N</u>	NA	<u>H</u>	M	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group. There are already significant inequalities in the impact of obesity on the health outcomes for this group.
Multiple Impairments	P	<u>N</u>	NA	H	M	L	nil	This proposal will result in reduced access to information, advice and support around tackling obesity that is tailored to the specific and complex needs of this group. There are already significant inequalities in the impact of obesity on the health outcomes for this group.
Other - Specify	P	N	NA	H	M	L	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.

Change activities

Potential cumulative impacts

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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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes
This proposal is likely to result in differential treatment for those in specific groups with protected characteristics. Evidence shows that there is a differential distribution of health inequalities between groups, with those groups with protected characteristics being most vulnerable. The service specifically targeted specific groups with protected characteristics and service data shows uptake within these groups including young women, older people, people with physical and learning disabilities and those with long term mental or physical health conditions.
Will the differential treatment advance equality for people with Protected Characteristics? No
If yes, please state which groups and how
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes
If yes, please state which groups and how This proposal likely to increase disadvantage to people with Protected Characteristics through reducing access to information, advice and support regarding health related behaviours which will improve their health and reduce their likelihood of suffering harm due to poor lifestyle choices such as smoking, diet and exercise. They will also miss opportunities for onward referral to health professionals for assessment, diagnosis and treatment for a range of acute and chronic illnesses.

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.

Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
29 th April 2016	Professionals who refer to the service	6 th May	Letter and survey to professionals who refer to the service
29 th April	Existing Users	6 th May	Face to face questionnaire undertaken by staff directly with service users
29 th May	Existing users and previous user	6 th May	Questionnaire sent to list of previous or current users to be completed on-line
29 th May	Existing users and carers	6 th may	On line questionnaire

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	May 2016	Negative- those who identified themselves as older valued the input from this service in providing a tailored approach to improving their health which they feel is not provided elsewhere. They feel that it provides them with confidence to take control of their own health or other conditions that they may have.
Disability	May 2016	Negative – those who identified themselves as having a disability described how this service enables them to achieve goals and outcomes that contribute to improving their physical and mental wellbeing. A significant proportion of those accessing the service identifies themselves as having a disability.
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability	May 2016	Negative – a high proportion identify themselves as having a learning disability. They report that the support provided by this service enables them to improve their health and wellbeing, such as losing weight and improving their social interactions. Many reported positive outcomes across a range of goals.
Mental Health	May 2016	Negative- a high ratio of those who access the service identifies themselves with problems with their Mental Health
Long Term Limiting Illness	May 2016	Negative Impacts on those with chronic conditions including osteoarthritis, diabetes and coronary heart disease
Multiple Impairments	May 2016	Negative Impacts on those with multiple impairments who report that they rely on the support of the service to manage and improve their complex conditions. Stops them going to the doctor or other health professionals
Other - Specify		

Race		
Sex		
Gender Reassignment	No specific impact identified	
Religion or belief	No specific impact identified	
Sexual Orientation	No specific impact identified	
Pregnancy or maternity	May 2016	Negative - New mothers identified that they valued the service and the support it provided them particularly after their child was born to 'return to normality' including losing weight and improving their physical activity and staying a non smoker.
Marriage / Civil Partnership	No specific impact identified	

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?

The proposal will not help to eliminate discrimination, harassment and victimisation

b) How will the proposal help to advance equality of opportunity?

The proposal will not help to advance equality of opportunity

c) How will the proposal help to foster good relations?



The proposal will not help to foster good relations

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

Some individuals felt that this service should be provided by the NHS through local GP surgeries or local hospital.

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:	Ken Ross
	Date:	09.05.16
	Job Title:	Public Health Principal
Assistant Director:		
Signed 	Name:	Miriam Davidson
	Date:	09.05.16
	Service:	Director of Public Health

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity – FINANCIAL INCLUSION

Title of activity:	Removal of funding for information and advice services related to financial inclusion.
Lead Officer responsible for this EIA:	Natasha Telfer
Telephone:	01325 406083
Service Group:	Housing and Building Services
Service or Team:	Engagement Team
Assistant Director accountable for this EIA	Pauline Mitchell
Who else will be involved in carrying out the EIA:	Mary Hall

<p>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</p>		
Stage	Date	Summary of position
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	24/3/16	Whole borough potentially – 107,000 residents
Stage 2: Further Assessment. Target Population likely to be affected identified		Users of information and advice services funded by the Council – including generalist advice provided by CAB at their main offices, the Contact Centre and Help Hubs, users of advice provided at Children’s Centres by MAC and CAB, and individuals using Age UK’s information and advice service.
Stage 3: Further Assessment. Individuals likely to be affected identified		No specific individuals identified
Stage 4: Analysis of Findings		
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>To remove funding for all Council-supported information and advice services aimed at improving financial inclusion, specifically those information and advice services provided by Darlington Citizen’s Advice Bureau (CAB), the Mobile Advice Cooperative (MAC) and Age UK Darlington.</p> <p>The activity included is:</p> <ol style="list-style-type: none"> 1. CAB’s generalist advice service provided at their premises in Bennett House (strategic grant of £50,000 per annum); 2. Generalist information and advice provided at children’s centres by MAC and CAB (£21,600 MAC and £8,055 CAB per annum); 3. CAB generalist advice provided at Help Hubs (£14,000 per annum); 4. CAB generalist information and advice service provided at the DBC contact centre (£27,686.90 per annum); 5. AGE UK generalist information and advice service provided at their premises in Beaumont Street (strategic grant of £18,966 per annum). <p>Total potential saving to DBC: £140,307.90 per annum.</p> <p>Overall savings however are likely to be lower as the services outlined above maximised the income of Darlington residents in 2015/16 by £5,850,110.49. Applying a multiplier of 1.7 to this figure, as research by the New Economics Foundation has estimated, calculates the total economic benefit to Darlington of this work as £9,945,187.83 annually, some of which, it can be assumed, would be returned to the Council via charges for services, Council Tax and/or Business Rates and rent. Overall, this works out as a £70.88 return to the borough per £1 spent on financial inclusion by the authority.</p>
Who will be affected by the activity?
Whole population
The whole population of the borough – over 107,000 residents – could potentially be affected by the removal of funding to these services.
Target population
Low-income residents under-claiming benefits, suffering from fuel poverty, in debt and/or requiring support with budgeting.
Individuals
<p>Users of financial inclusion activities funded by the Council – specifically information and advice provided by:</p> <ol style="list-style-type: none"> 1. CAB at their main offices, the Contact Centre and Help Hubs (6,700 unique clients) 2. MAC service at children’s centres (239 individuals (projected to end of year)) 3. Age UK’s information and advice service (436 face-to-face clients in 2015/16) <p>GRAND TOTAL FOR 2015/16: 7,375 individuals (= approximately 7% of borough residents)</p>
What data, research and other evidence or information is available which is relevant to the EIA?

**Annual statistics provided by delivery organisations on performance.
Notes of meetings between the Council's Senior Engagement Officer and service providers.**

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 Characteristic	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
Age	P	N	NA	H	M	L	nil	<p>People are most likely to seek advice from organisations they feel will understand their issues.</p> <p>Older people are less likely to visit High Street advice services but will access advice at doctor's surgeries for example.</p> <p>Loss of specialist advice provision for older people could result in links not being made to other specialist sources of funding and opportunities, particularly around housing, employment and adult social care, retirement issues and care funding. This could increase demand on the Social Fund. Client specific risks may not be identified.</p> <p>Some older people find it difficult to access website advice.</p> <p>Older home owners over pension age are least likely to be claiming their full benefit entitlement. This is estimated at £8m in Darlington. It is known that those who claim the extra money tend to buy things that help them to retain their independence. There is a high positive impact for this group. Welfare reforms may result in an increased demand for advice from under 35's</p> <p>Working age people are among the most indebted and working age benefits are known to be under claimed. Positive impact for this</p>

								<p>group if benefit uptake is maximised. Advice given at appropriate venues and at times suitable for older people would help to ensure maximum uptake.</p> <p>67% of clients for Age UK's information and advice service were aged over 64 years old.</p>
Race	P	N	NA	H	M	L	nil	<p>Some racial groups may be unable to maximise benefit take up if information on how to do so is not accessible. Plain English can make information more accessible for people who don't have English as a first language.</p> <p>BME groups tend to be lower income and are more likely to live in deprived wards and are more likely to be under claiming benefit entitlement, due to concerns over stigma and lack of access. Advice given at appropriate venues and in a way that encourages access from men and women from different communities would help to ensure maximum uptake.</p> <p>MAC alone helped 51 Polish nationals, 16 Asians and 1 African with information and advice around money issues over the last year—equating to almost 28.5% of their client group.</p>
Sex	P	N	NA	H	M	L	nil	<p>Females, many of whom may be also be single parents, are among a group most likely to be indebted so are most likely to benefit from increased levels of financial inclusion.</p> <p>Jobs paying below living wage most likely to be done by women.</p> <p>Women more likely to be part time and on a low income as a result</p>
Gender Reassignment	P	N	NA	H	M	L	nil	<p>There is no anticipated impact upon gender reassignment as a protected characteristic group with regard to the removal of funding for information and advice services.</p>

Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	<p>Individuals with a disability or long-term health condition often have higher costs of living - related to their condition - than those without.</p> <p>Due to the support needs associated with disabilities, individuals are more likely to be impacted by other public service cuts and welfare reform has and continues to affect disabled people disproportionately – the combination of these may lead to an increase in demand for information and advice services from people with disabilities due to reductions in income and alternative support.</p> <p>81% of clients for Age UK’s information and advice service have a disability or illness and just under 45% of CAB’s client group identified themselves as having a disability or long-term health condition.</p>
Religion or belief	P	N	NA	H	M	L	nil	<p>There is no anticipated impact upon religion or belief as a protected characteristic group with regard to the removal of funding for information and advice services.</p>
Sexual Orientation	P	N	NA	H	M	L	nil	<p>There is no anticipated impact upon sexual orientation as a protected characteristic group with regard to the removal of funding for information and advice services.</p>
Pregnancy or maternity	P	N	NA	H	M	L	nil	<p>Pregnancy and new babies are expensive and, hence, can often put significant strain on low-income households’ finances.</p> <p>New welfare reform measures relating to child tax credits (CTC) are likely to have a disproportionate negative effect on pregnant households and those with a new baby born after April 1 because the family element and CTC for any third children will no longer be paid.</p>

Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	There is no anticipated impact upon marriage / civil partnership as a protected characteristic group with regard to the removal of funding for information and advice services.
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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.

Mobility Impairment	P	N	NA	H	M	L	nil	There is no anticipated impact upon mobility impairment as a protected characteristic group with regard to the removal of financial inclusion services. More than 19% of CAB clients who reported having a disability or long-term health problem identified themselves as having a non-sensory physical impairment.
Visual impairment	P	N	NA	H	M	L	nil	There is no anticipated impact upon visual impairment as a protected characteristic group with regard to the removal of financial inclusion services.
Hearing impairment	P	N	NA	H	M	L	nil	There is no anticipated impact upon hearing impairment as a protected characteristic group with regard to the removal of financial inclusion services.
Learning Disability	P	N	NA	H	M	L	nil	There is no anticipated impact upon learning disability as a protected characteristic group with regard to the removal of financial inclusion services.
Mental Health	P	N	NA	H	M	L	nil	Individuals with a mental health issues are five times more likely to be in crisis debt than those without. 34% of CAB clients who reported having a disability or long-term health problem identified themselves as having a mental health problem.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	There is no anticipated impact upon long-term limiting illness as a protected characteristic group with regard to the removal of financial inclusion services. 27% of CAB clients who

								reported having a disability or long-term health problem identified themselves as having a long-term health condition.
Multiple Impairments	P	N	NA	H	M	L	nil	There is no anticipated impact upon multiple impairments as a protected characteristic group with regard to the removal of financial inclusion services.
Other - Specify	P	N	NA	H	M	L	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.

Change activities

Potential cumulative impacts

Social Fund Removal

There were 46 successful referrals from financial inclusion organisations to the Social Fund in the last 6 months, suggesting a significant crossover between client groups for these services already and demand will likely increase for information and advice as a result of this service ceasing.

Moreover, removal of financial support for individuals facing hardship is likely to severely limit the effectiveness of information and advice in some cases.

Strategic Grants Cuts

May simultaneously reduce the amount of alternative support available to individuals in financial hardship / requiring information and advice or specialist support.

Welfare Reforms

Cuts to working-age benefits, by their very nature, will reduce income on households with the lowest resources and is likely to increase demand for information and advice services to provide budgeting support/income maximisation etc. as provided currently by, in particular, CAB and MAC.

The wider economic climate including the continuing slow wage growth and higher cost of living, such as food and housing, are also likely to increase demand for support with finances as in-work poverty continues to grow.

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.

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	No
If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.	
No further impacts are likely to be identified, but implementation will be monitored.	

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
If yes, please state which groups and how -
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
If yes, please state which groups and how -
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
If yes, please state which groups and how -

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.

Involvement and Engagement Plan**Which organisations, groups and individuals do you need to involve or engage and how?**

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		

Pregnancy or maternity		
Marriage / Civil Partnership		

Section 6: Engagement Findings – Continued

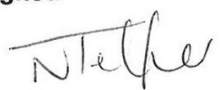

Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
b) How will the proposal help to advance equality of opportunity?
c) How will the proposal help to foster good relations?

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

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:	NATASHA TELFER
	Date:	22/4/16
	Job Title:	POLICY OFFICER
Assistant Director:		
Signed 	Name:	PAULINE MITCHELL
	Date:	25-4-16
	Service:	NEIGHBOURHOODS & RESOURCES

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers’ Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity – SOCIAL FUND

Title of activity:	Removal of funding for both elements of the Darlington Borough Council Social Fund, including Community Care and Crisis Support grants.
Lead Officer responsible for this EIA:	Natasha Telfer
Telephone:	01325 406083
Service Group:	Housing and Building Services
Service or Team:	Engagement Team
Assistant Director accountable for this EIA	Pauline Mitchell
Who else will be involved in carrying out the EIA:	Mary Hall

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	24/3/16	The whole population of the borough – over 107,000 residents – who could find themselves in financial hardship/crisis in the future could potentially stand to be affected by the removal of the Social Fund
Stage 2: Further Assessment. Target Population likely to be affected identified		Community Care – homeless people, ex-offenders, domestic abuse victims, people with disabilities leaving hospital, care leavers Crisis Support – people on low incomes, individuals with mental health issues, ex-offenders
Stage 3: Further Assessment. Individuals likely to be affected identified		No specific individuals identified
Stage 4: Analysis of Findings		
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
Removal of funding for both elements of the Council’s Social fund – both Community Care and Crisis Support grants.
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
The whole population of the borough – over 107,000 residents – who could find themselves in financial hardship/crisis in the future could potentially stand to be affected by the removal of the Social Fund
Target population
Community Care – homeless people, ex-offenders, domestic abuse victims, people with disabilities leaving hospital, care leavers Crisis Support – people on low incomes, individuals with mental health issues, ex-offenders
Individuals
Community Care grants – there were 304 Community Care awards made from April 2015 – Feb 2016. Using projections from an in-depth analysis of Social Fund grants for 6months, we can calculate that the households affected will have also included approximately 35 partners and 143 dependent children. The overall number of individuals likely affected therefore stands at 482.
Crisis Support grants – there were 957 Crisis Support grants made from April 2015 to February 2016. Using the same calculations as above we can approximate that, in addition to the 957 main applicants, there were 131 partners and 569 children comprising the affected households. This gives an overall total of those helped by Crisis Support payments as 1657.
What data, research and other evidence or information is available which is relevant to the EIA?
In-depth analysis of Social Fund grants from July 2015 – January 2016. DBC.

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	<p>There would likely be a negative impact on young people from removal of the Social Fund as they have less alternative support available to them, are disproportionately affected by welfare reform and are also more likely to be sanctioned.</p> <p>There were a total of 395 children reported as living in households applying to the Social Fund over 6 months, which means that, on average, more than one out of every two grants went towards supporting a child. Removal of the Social Fund would therefore be likely to negatively impact on children.</p>
Race	P	N	NA	H	M	L	nil	<p>There is no anticipated impact upon race as a protected characteristic group with regard to the removal of the Social Fund.</p>
Sex	P	N	NA	H	M	L	nil	<p>There may be particular risks to women, in particular, fleeing from domestic abuse and their children if they cannot access support to move and re-locate to new accommodation.</p> <p>Young single males are the most common demographic using the Social Fund, for both types of grants, and therefore removal of the fund would be likely to hit this group adversely, particularly as there is limited support from elsewhere for young men and what there is is facing pressures from public service cuts elsewhere.</p>
Gender	P	N	NA	H	M	L	nil	<p>There is no anticipated impact</p>

Reassignment								upon gender reassignment as a protected characteristic group with regard to the removal of the Social Fund.
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	<p>Individuals with mental health issues, learning disabilities, long-term health conditions and physical disabilities are likely be disproportionately affected by the removal of both Crisis Support and Community Care grants.</p> <p>Due to the support needs associated with disabilities, individuals are more likely to be impacted by other public service cuts. Government welfare reform has and continues to affect disabled people disproportionately – the combination of these may lead to an increase in demand for Social Fund from people with disabilities due to reductions in income and support.</p>
Religion or belief	P	N	NA	H	M	L	nil	There may be limited impact on Muslims who are not permitted to enter into credit agreements and may not be able to access white goods for example through the Credit Union or Council's Furnished Tenancy scheme.
Sexual Orientation	P	N	NA	H	M	L	nil	There is no anticipated impact upon gender reassignment as a protected characteristic group with regard to the removal of the Social Fund.
Pregnancy or maternity	P	N	NA	H	M	L	nil	There will be a negative impact on pregnant couples, and new and young parents from closure of the Social Fund, particularly the Crisis Support element as a number of applicants reported the additional costs associated with pregnancy and a new baby as the cause of their hardship.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	There is no anticipated impact upon marriage / civil partnership as a protected characteristic group with regard to the removal of the Social Fund.

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.

Mobility Impairment	P	N	NA	H	M	L	nil	Individuals suffering from a physical disability have higher costs of living - related to their condition - than those without. Over 18% of grantees over a 6 month period reported having a physical disability, which included mobility impairments.
Visual impairment	P	N	NA	H	M	L	nil	There is no anticipated impact upon visual impairment as a protected characteristic group with regard to the removal of the Social Fund.
Hearing impairment	P	N	NA	H	M	L	nil	There is no anticipated impact upon hearing impairment as a protected characteristic group with regard to the removal of the Social Fund.
Learning Disability	P	N	NA	H	M	L	nil	Individuals suffering from a learning disability have higher costs of living - related to their condition - than those without.
Mental Health	P	N	NA	H	M	L	nil	Individuals with a mental health issues are five times more likely to be in crisis debt than those without. Over a third (38.53%) of social fund recipients over a 6 month period reported having a mental health issue.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	Individuals suffering from a long-term health condition have higher costs of living - related to their condition - than those without. Over 18% of grantees over a 6 month period reported having a physical disability, which included long term limiting illnesses.
Multiple Impairments	P	N	NA	H	M	L	nil	Individuals suffering from a physical disability, long-term

								health condition or learning disability have higher costs of living - related to their condition - than those without. Individuals with a mental health issues are five times more likely to be in crisis debt than those without. Having multiple impairments therefore means that individuals are even more likely to face financial hardship and, therefore, be in need of support. Over 6.5% of Social Fund grants over a 6 month period went to households reporting multiple impairments.
Other - Specify	P	N	NA	H	M	L	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.

Change activities	Potential cumulative impacts
Cuts to strategic grants	May simultaneously reduce the amount of alternative support available to individuals in financial hardship / requiring support to move into safe, permanent accommodation or remain in the community.
Cuts to financial inclusion activities	May simultaneously reduce the amount of alternative support available to individuals in financial hardship / requiring support to move into safe, permanent accommodation or remain in the community.
Changes to ASC charging policies	May reduce the disposable income of ASC service users, many of whom have higher costs of living than average and are less able to supplement their income by working etc.
Government welfare reforms	Disproportionately affecting younger people, families and disabled people – three groups which make up a significant proportion of Social Fund grantees.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? No
The activity in question is the removal of a service open to all residents of Darlington, regardless of whether they have a protected characteristic, therefore it will not treat any groups differently as it is being universally withdrawn. Certain groups however are more likely to be adversely affected by this activity, than those without protected characteristics as they make up a higher proportion of service users for the Social Fund than they comprise the Darlington population in general. So, for example, young people (including children) and people with disabilities (particularly mental health problems) are likely to be disproportionately affected by the removal of Social Fund as, relative to their demographic size, they make up a significantly large proportion of Social Fund users.
Will the differential treatment advance equality for people with Protected Characteristics? N/A
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? N/A

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
22/3/16	Clients of referral organisations	22/3/16 13/4/16	Questionnaire sent to referral agencies (17 in total) to complete with referred clients. Response has not been high but it is not felt that further new impacts would be likely to be identified from further engagement activity.
22/3/16	Social Fund grantees	02/03/16 13/4/16	Questionnaire given to all social fund recipients during this period to complete. Response has not been high but it is not felt that further new impacts would be likely to be identified from further engagement activity.
05/02/16	Whole population	05/02/16	Information posted on Darlington budget microsite and comments invited
22/4/2016	Letter sent out to all referring organisations	March 2016	Letter to all referring organisations requesting responses to the proposal and setting out mechanisms for doing so . Responses to be analysed in due course at end of consultation period

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	13/4/16 Questionnaire to Social Fund users	Majority of respondents aged under 45 (81% compared to an average for Darlington of 51.7%) The 37 respondents reported having 41 children between them suggesting young people would be disproportionately and negatively affected by the removal of this service.
Disability	13/4/16 Questionnaire to Social Fund users	21.6% of respondents reported having a disability or long-term health problem compared to an average for the Darlington population of 19.6%, suggesting only a marginal additional impact on this group/
Mobility Impairment	13/4/16 Questionnaire to Social Fund users	5.4% of respondents reported having a mobility impairment.
Visual impairment	13/4/16 Questionnaire to Social Fund users	There were no anticipated impacts upon visual impairment as a protected characteristic group reported by respondents with regard to the removal of the Social Fund.
Hearing impairment	13/4/16 Questionnaire to Social Fund users	There were no anticipated impacts upon hearing impairment as a protected characteristic group reported by respondents with regard to the removal of the Social Fund.
Learning Disability	13/4/16 Questionnaire to Social Fund users	8.1% of respondents reported having a learning disability, compared to 0.55% of residents overall, indicating a disproportionate impact on this group from removal of the Social Fund.
Mental Health	13/4/16 Questionnaire to Social Fund users	18.9% of respondents reported having a mental health issue and this was the most common disability or health problem reported. Mental health problem prevalence amongst borough residents in general is 0.96%, indicating that individuals with this protected characteristic are much more likely to be adversely impacted by removal of the Social Fund than those without.
Long Term Limiting Illness	13/4/16 Questionnaire to Social Fund users	8.1% of respondents reported having long term limiting illness, including diabetes, asthma, sciatica and epilepsy.
Multiple		8.1% of respondents reported having multiple

Impairments	13/4/16 Questionnaire to Social Fund users	impairments.
Other - Specify		
Race	13/4/16 Questionnaire to Social Fund users	There were no anticipated impacts upon race as a protected characteristic group reported by respondents with regard to the removal of the Social Fund.
Sex	13/4/16 Questionnaire to Social Fund users	73% of respondents were male.
Gender Reassignment	13/4/16 Questionnaire to Social Fund users	There were no anticipated impacts upon gender reassignment as a protected characteristic group reported by respondents with regard to the removal of the Social Fund.
Religion or belief	13/4/16 Questionnaire to Social Fund users	There were no anticipated impacts upon religion or belief as a protected characteristic group reported by respondents with regard to the removal of the Social Fund.
Sexual Orientation	13/4/16 Questionnaire to Social Fund users	10.8% of respondents reported being either bisexual or homosexual. General estimates for the population as a whole vary between 1.5-6.5% suggesting that bisexual or gay residents would be more likely to be impacted by removal of the service than those without this protected characteristic.
Pregnancy or maternity	13/4/16 Questionnaire to Social Fund users	2.7% of respondents reported being pregnant.
Marriage / Civil Partnership	13/4/16 Questionnaire to Social Fund users	There were no anticipated impacts upon marriage or civil partnership as a protected characteristic group reported by respondents with regard to the removal of the Social Fund.

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The removal of the Social Fund will not help to eliminate discrimination, harassment and victimisation and, in fact, by increasing stigma around households that currently use the Social Fund but may not be able to in future – and may therefore be forced to go without awarded items – it may increase incidences of these.
b) How will the proposal help to advance equality of opportunity?
The proposal is more likely to reduce equality of opportunity than improve it, by taking away a source of support to households in poor financial circumstances that aims to reduce the gap between the most and least prosperous in the borough.
c) How will the proposal help to foster good relations?
The proposal is unlikely to help foster good relations and may actually have an adverse effect by increasing acquisitive crime and substance misuse. The removal of the Community Cares grant could also affect whether victims of domestic abuse are able to sustain a new, safe tenancy in the future away from their abusers.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
Family Help suggested the possibility of encouraging their service users to save a little each week so they are able to purchase the smaller items offered through Community Cares grants themselves, e.g. cutlery, plates, utensils, pillows etc. They also suggested greater use of second hand goods to reduce expenditure on both goods and delivery costs.

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:	NATASHA TELFER
	Date:	22/4/16
	Job Title:	POLICY OFFICER
Assistant Director:		
Signed 	Name:	PAULINE MITCHELL
	Date:	25-4-16
	Service:	NEIGHBOURHOODS & RESOURCES

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity

Title of activity:	Proposed removal of Strategic Grant funding for Darlington Association on Disability (DAD)
Lead Officer responsible for this EIA:	Mary Hall Senior Engagement Officer
Telephone:	01325 406053
Service Group:	Neighbourhood and Resources
Service or Team:	Engagement
Assistant Director accountable for this EIA	Pauline Mitchell
Who else will be involved in carrying out the EIA:	Service User Focus Group Laura Wilkinson – Engagement Assistant

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	March 2016	As anyone could develop a disability at some point during their lives the whole of Darlington could potentially be affected by removal of this funding - approximately 107,000 residents.
Stage 2: Further Assessment. Target Population likely to be affected identified		DAD works with individuals with disabilities, which is a specific protected characteristic group, and carers. Approximately 50 disabled people and carers were actively involved in activities and events funded by Strategic Grant in the past year.
Stage 3: Further Assessment. Individuals likely to be affected identified		No specific individuals identified.
Stage 4: Analysis of Findings		
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
To remove Strategic Grant funding of £10,000 to DAD for it to deliver against agreed outcomes and outputs aimed at improving the participation of disabled people and carers in discussions about Council services and encouraging co-production.
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
As anyone could develop a disability at some point during their lives the whole of Darlington could potentially be affected by removal of this funding - approximately 107,000 residents.
Target population
DAD works with individuals with disabilities, which is a specific protected characteristic group, and carers. Approximately 50 disabled people and carers were actively involved in activities and events funded by Strategic Grant in the past year. DAD staff may also be affected through potential redundancies.
Individuals
No specific individuals identified.
What data, research and other evidence or information is available which is relevant to the EIA?
Performance reports provided by DAD showing their performance against set outcomes.

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
	P	N	NA	H	M	L	nil	
Age			NA	H	M	L	nil	There is no specific breakdown of DAD clients' ages, however older people are more likely to have certain disabilities - including mobility issues, dementia and long-term health problems - and therefore it can be assumed that removal of this funding will disproportionately impact on older residents.
Race	P	N	NA	H	M	L	nil	There is no anticipated impact upon race as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Sex	P	N	NA	H	M	L	nil	There is no anticipated impact upon sex as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Gender Reassignment	P	N	NA	H	M	L	nil	There is no anticipated impact upon gender reassignment as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	DAD's client group is disabled residents and their carers, meaning that disabled people are certain to be disproportionately affected by the removal of this funding. Many disabilities can have the effect of making it harder for an individual to actively participate in discussions around the services they receive, for example: <ol style="list-style-type: none"> 1. A learning disability may make it harder for an individual to understand issues, 2. A hearing impairment may

								<p>affect an individual's ability to communicate their views</p> <p>3. Generally, a disability may mean an individual's lacks the required confidence to make their voice heard without specialist support.</p> <p>With removal of this funding disabled residents in the future may be less likely to have information (particularly in an accessible format) about the issues that affect them, be aware of how to influence change or decisions, or have the appropriate support without DAD facilitating, encouraging and supporting them to participate.</p>
Religion or belief	P	N	NA	H	M	L	nil	There is no anticipated impact upon religion or belief as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Sexual Orientation	P	N	NA	H	M	L	nil	There is no anticipated impact upon sexual orientation as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Pregnancy or maternity	P	N	NA	H	M	L	nil	There is no anticipated impact upon pregnancy or maternity as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	There is no anticipated impact upon pregnancy or maternity as a protected characteristic group with regard to the removal of Strategic Grant to DAD.

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.

Mobility Impairment	P	N	NA	H	M	L	nil	DAD has consulted significantly with the Council over the past year on a number of issues specific to residents with mobility issues, including transport decisions, accessibility. Were this expertise and advocacy not to continue in future on similar issues, although the Council will continue to have a legal obligation to consider protected characteristics when taking decisions, there is a possibility that individuals with mobility issues would be negatively affected by decisions being taken without the same level of external challenge and knowledge.
Visual impairment	P	N	NA	H	M	L	nil	DAD has a significant amount of knowledge and expertise about issues affecting residents with visual impairments. If removal of funding were to lead to DAD no longer providing expertise to the Council and advocacy on these issues for residents, although the Council will continue to have a legal obligation to consider protected characteristics when taking decisions, there is a possibility that individuals with visual impairments would be negatively affected by decisions being taken without this external challenge and knowledge.
Hearing impairment	P	N	NA	H	M	L	nil	There is no anticipated impact upon hearing impairment as a protected characteristic group with regard to the removal of Strategic Grant to DAD.
Learning	P	N	NA	H	M	L	nil	DAD has a significant amount of

Disability								<p>knowledge and expertise about issues affecting residents with learning disabilities. If removal of funding were to lead to DAD no longer providing expertise to the Council and advocacy on these issues for residents, although the Council will continue to have a legal obligation to consider protected characteristics when taking decisions, there is a possibility that individuals with learning disabilities would be negatively affected by decisions being taken without this external challenge and knowledge.</p>
Mental Health	P	N	NA	H	M	L	nil	<p>There is no anticipated impact upon mental health as a protected characteristic group with regard to the removal of Strategic Grant to DAD.</p>
Long Term Limiting Illness	P	N	NA	H	M	L	nil	<p>DAD has a significant amount of knowledge and expertise about issues affecting residents with long term limiting illnesses. If removal of funding were to lead to DAD no longer providing expertise to the Council and advocacy on these issues for residents, although the Council will continue to have a legal obligation to consider protected characteristics when taking decisions, there is a possibility that individuals with long term limiting illnesses would be negatively affected by decisions being taken without this external challenge and knowledge.</p>
Multiple Impairments	P	N	NA	H	M	L	nil	<p>DAD has a significant amount of knowledge and expertise about issues affecting residents with multiple impairments. If removal of funding were to lead to DAD no longer providing expertise to the Council and advocacy on these issues for residents, although the Council will continue to have a legal obligation to consider protected characteristics when taking</p>

								decisions, there is a possibility that individuals with multiple impairments would be negatively affected by decisions being taken without this external challenge and knowledge.
Other - Specify	P	N	NA	H	M	L	nil	

Cumulative Impacts	
<p>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.</p>	
Change activities	Potential cumulative impacts
Proposed cut to Healthwatch budget from 2017	The Healthwatch remit is similar to the service provided by DAD and funded from Strategic Grant in the sense it aims to improve the participation of residents in Darlington suffering from health-related issues in discussions about services. Cuts to the Healthwatch budget will therefore be likely to further negatively impact on residents with disabilities and their ability to contribute to decision-making.
Removal of funding for Shopmobility	Whilst not directly funded, some of the capacity given to DAD for this post and the information post within the MTFP has been used to underpin Shopmobility service. Due in part to this proposed cut Shopmobility will no longer be provided by DAD and the impacts of this will be included within other MTFP proposals.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
If yes, please state which groups and how
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
If yes, please state which groups and how
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
If yes, please state which groups and how

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.

Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

Section 6: Engagement Findings – Continued


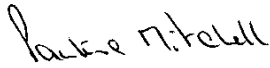
Drawing on the engagement findings and your understanding of the effects of the activity, indicate how it will contribute, if at all, to the three strands of the Public Sector Equality Duty.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
b) How will the proposal help to advance equality of opportunity?
c) How will the proposal help to foster good relations?

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

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:	Mary Hall
	Date:	22/4/2016
	Job Title:	Senior Engagement Officer
Assistant Director:		
Signed 	Name:	Pauline Mitchell
	Date:	22/4/16
	Service:	Assistant Director - Housing & Building Services

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity – FIRST STOP

Title of activity:	Proposed removal of Strategic Grant for First Stop
Lead Officer responsible for this EIA:	Mary Hall Senior Engagement Officer
Telephone:	01325 406053
Service Group:	Neighbourhood and Resources
Service or Team:	Engagement
Assistant Director accountable for this EIA	Pauline Mitchell
Who else will be involved in carrying out the EIA:	Service User Focus Group

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	March 2016	Potential for the whole of the Borough to be affected. First Stop works with arrange protected characteristics which will be affected. They provide support and advice which can be accessed by anyone.
Stage 2: Further Assessment. Target Population likely to be affected identified		
Stage 3: Further Assessment. Individuals likely to be affected identified		
Stage 4: Analysis of Findings		
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)
<p>The aim of this EIA is to assess the impact (if any) the removal of Strategic Grant will have on the charities that are currently in receipt of this award.</p> <p>Strategic Grant supports the VCS organisations deliver against agreed outcomes and outputs. These are set out below for information. Whilst these are service wide the grants to individual organisations mean that there is a targeting of support to particular protected characteristic groups within this and added work will be required for these.</p> <p>Outcomes</p> <ul style="list-style-type: none"> • Preventing homelessness- households able to remain in their own homes as a result of First Stop service support: target- 79 per year • Preventing or relieving homelessness with positive action – households assisted to move to alternative accommodation: target – 74 <p>Output</p> <ul style="list-style-type: none"> • Provide performance information in the same format as 2013/14
Who will be affected by the activity?
<p>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.</p>
Whole population
<p>Potential to impact on the whole of the Borough through the loss of advice and support</p>
Target population
Individuals
<p>-Individuals will be impacted through the loss of advice services -Could impact on staffing levels and the quantity of services provided.</p>
What data, research and other evidence or information is available which is relevant to the EIA?
<p>Annual reporting to identify number of service users and outcomes and outputs from services as set out by their Strategic Grant offer agreement.</p> <p>Over the last 12 months First Stop have enabled 476 people to remain in their own homes with the majority of these cases being through resolving benefit problems. They have also helped 72 households move into alternative accommodation to prevent or relieve homelessness.</p> <p>964 people have accessed their services over the last 12 months on 5752 occasions. The majority of people were between the ages of 25-35 and 61% were male. 183 of the total who accessed First Stop were identified as currently being medicated for Mental Health Issues and of those willing to admit they have an addiction, 211 were using drugs, 138- Alcohol and 69 admitted to having an addiction to both.</p> <p>A further 113 people accessed a range of other support services including the Single</p>

Homeless Offender Project which aims to reduce re-offending. The project has worked with over 40 individuals, giving them intense support to allow them to move forward with their lives. Other projects have included pre-employment service, attending job clubs, support with CV writing, work experience and activities and training. For the younger clientele a homeless Youth Prevention Worker has been giving 1-1 support running along the school and college project. 38 people have accessed this service in the last 12 months.

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	
Race	P	N	NA	H	M	L	nil	
Sex	P	N	NA	H	M	L	nil	61% of those who accessed the service were male. 39% were female. Both genders will be impacted upon by lack of advice and support which could lead to homelessness which also impacts on health and well-being
Gender Reassignment	P	N	NA	H	M	L	nil	
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	Of the 964 people who accessed First Stop in the last 12 months 458 identified they had a disability: Learning Disability- 62 Mental Health183 Physical - 144 Addiction- 69 Many of these clients have complex needs and the ability to accommodate them is significantly more difficult as there is a need for ramps and other equipment to make the accommodation suitable. There are other routes to obtain advice including within the LA but there are a number of clients who prefer to use a VCS organisation.
Religion or belief	P	N	NA	H	M	L	nil	
Sexual Orientation	P	N	NA	H	M	L	nil	
Pregnancy or maternity	P	N	NA	H	M	L	nil	Over the last 12 months- 9 people accessed First Stop in need of pregnancy/maternity related support. The risk here is that they would not access help elsewhere either in the sector or in the public sector and this could lead to issues in health for both mother

								and child. This is of particular impact where the mother has addiction problems that may affect the unborn child or put children at risk.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	N/A

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.

Mobility Impairment	P	N	NA	H	M	L	nil	964 people accessed First Stop services last year and 144 of those identified they had a physical disability. Most of these clients will need accessible accommodation and whilst this information is available through Housing options they may prefer to use existing provider. If they fail to access available sources of advice they could be at risk of health deteriorating.
Visual impairment	P	N	NA	H	M	L	nil	
Hearing impairment	P	N	NA	H	M	L	nil	
Learning Disability	P	N	NA	H	M	L	nil	62 people accessed first Stop in the last 12 months have identified as having a learning disability. Often these clients have particular housing needs and are vulnerable to bullying and hate crime. Also the group do not like changing support routes and as such they may find it harder to access advice. This will need monitoring.
Mental Health	P	N	NA	H	M	L	nil	Over the last 12 months 183 of those who have accessed First Stop's services have identified as having a Mental Health Problem. A further 69 identified as having a disability through addiction to either alcohol, drugs or both. 183 were medicated for Mental Health Issues but there were approximately 80+ who were either non medicated or non-

								compliant with meds. Of those who were prepared to admit they had an addiction- 211 were Drugs, 183- alcohol and 69 were addicted to both.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	
Multiple Impairments	P	N	NA	H	M	L	nil	
Other - Specify	P	N	NA	H	M	L	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.

Change activities	Potential cumulative impacts
Changes to Social Fund and Financial inclusion	The Social fund/Financial Advice services provides support for people in crisis and helps maximise income. It also provides furniture for ensuring individuals are able to be in appropriate accommodation. This is especially important for those clients who have mental health issues or who been in prison or hospital, many of whom are complex clients.
Supported Housing Contract reductions	Many of these same clients would be affected by the loss of support in relation to their housing needs and day to day management of tenancies
DAD/GAD	Both of these proposals may impact on some of First Stop Clients and reduce the opportunity still further of getting advice and support relating to housing.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
If yes, please state which groups and how Understand the findings of the Organisational Impact report and also link to the findings from engagement work undertaken by supporting people. No other specific engagement is required
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
If yes, please state which groups and how
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
If yes, please state which groups and how

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.

Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?

--

b) How will the proposal help to advance equality of opportunity?

--

c) How will the proposal help to foster good relations?

--

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

--

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:	Mary Hall
	Date:	22/04/2016
	Job Title:	SENIOR ENGAGEMENT OFFICER
Assistant Director:		
Signed	Name:	PAULINE MITCHELL
	Date:	22-4-16
	Service:	NEIGHBOURHOOD & RESOURCES

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers’ Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
There will be a negative impact of this proposal on a number of protected characteristic groups but particularly those with Mental Health issues, disability and in particular learning disability. Advice to be contracted out for financial advice/crisis support is likely to impact positively on this client group but will need monitoring.

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity - GROUNDWORK

Title of activity:	Proposed removal of strategic Grant for Groundwork North East from 30th September 2016
Lead Officer responsible for this EIA:	Mary Hall Senior Engagement Officer
Telephone:	01325 406053
Service Group:	Neighbourhood and Resources
Service or Team:	Engagement
Assistant Director accountable for this EIA	Pauline Mitchell
Who else will be involved in carrying out the EIA:	Service user Focus Group

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified	March 2016	Groundwork North East work Borough wide but not with any specific groups of protected characteristics. They work with a range of communities, individuals and organisations.
Stage 2: Further Assessment. Target Population likely to be affected identified		
Stage 3: Further Assessment. Individuals likely to be affected identified		
Stage 4: Analysis of Findings		
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

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

The aim of this EIA is to assess the impact (if any) the removal of Strategic Grant will have on the charities that are currently in receipt of this award.

Strategic Grant supports the VCS organisations deliver against agreed outcomes and outputs. These are set out below for information. Whilst these are service wide the grants to individual organisations mean that there is a targeting of support to particular protected characteristic groups within this and added work will be required for these.

Outcomes

Evidence of activity that will support delivery of stronger communities defined as:

- People take personal responsibility
- People live in communities with strong social capital where people look out for each other
- Communities come together and take ownership and responsibility for their neighbourhoods.

Output required

- Support to community groups to take more responsibility for public space and reducing demand on services. (This includes bringing together volunteers such as street champions and friends groups.)
- Increasing the number of volunteers participating in activities that improve localities
- Support communities of all ages and backgrounds to have a voice to get involved to improve their local community

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

Borough wide- roughly 107,000 people live in Darlington and all could access the service.

Target population

Under privileges communities. Groundwork is more likely to cover a geographical area rather than be aimed at service users with a specific protected characteristic.

Individuals

- No specific individuals identified as service users
- Could impact on staffing level/ quantity of services provided.

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

Between 1st April 2015 and 31st March 2016, Groundwork North East has worked with 10 groups and 109 volunteers in Darlington. They work with a range of communities but do not work with a particular group of protected characteristics.

Groundwork North East has been involved with a number of projects over the last 12 months through either physical volunteering or leading activities such as walking.

Projects include:

Dodmire allotment association- supported with funding

Bellburn Allotment association - supported with funding

Friends of the Denes

Friends of Beechwood

Friends of Geneva woods

Lascelles Partnership

Friends of North Park

Friends of South Park

Friends of West Park

Middleton St George PC

Friends of Northlodge Park

High Gro Darlo - allotment programme

Dogs Trust

Tees Valley Wildlife Trust

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 Characteristic	Potential Impact Positive/Negative/ Not Applicable			Potential level of impact				Summary of Impact
	P	N	NA	H	M	L	nil	
Age			NA	H	M	L	nil	<p>Through the play project Groundwork have engaged with children and young people through a series of projects: Firthmoor primary School-youth programme Red Hall Community association- 5-12 Firthmoor-Community Association – 5-12 Central Partnership Darlington Association on Disability Cockerton & Branksome partnership – 5-12 Darlington for culture</p> <p>Groundwork also engaged with older people at Maidendale Nursing Home and Rosemary Nursing home.</p>
Race	P	N	NA	H	M	L	nil	
Sex	P	N	NA	H	M	L	nil	
Gender Reassignment	P	N	NA	H	M	L	nil	
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	
Religion or belief	P	N	NA	H	M	L	nil	
Sexual Orientation	P	N	NA	H	M	L	nil	
Pregnancy or maternity	P	N	NA	H	M	L	nil	Groundwork ran a post natal exercise class for mums- Fit mamas delivery

Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	
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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.

Mobility Impairment	P	N	NA	H	M	L	nil	
Visual impairment	P	N	NA	H	M	L	nil	
Hearing impairment	P	N	NA	H	M	L	nil	
Learning Disability	P	N	NA	H	M	L	nil	
Mental Health	P	N	NA	H	M	L	nil	Over the last 12 months Groundwork have worked with 2 mental Health focus groups: Community Intervention Team at West Park Hospital- Garden and Horticultural therapy Clients from Victoria House, hospital for men-gardening and horticultural therapy on allotments.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	
Multiple Impairments	P	N	NA	H	M	L	nil	
Other - Specify	P	N	NA	H	M	L	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.

Change activities	Potential cumulative impacts
Cuts to street Scene and countryside.	Environment will deteriorate? Less support for people wanting to undertake these activities.

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.

Is engagement with affected people with Protected Characteristics required, now or during the further development of the activity?	Yes / No
If YES, proceed to the next section. If NO, briefly summarise below the reasons why you have reached this conclusion.	
Little to no specific impacts on individuals with protected characteristics. So therefore no further engagement activities required.	

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

<p>Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No</p>
<p>If yes, please state which groups and how</p>
<p>Will the differential treatment advance equality for people with Protected Characteristics? Yes/No</p>
<p>If yes, please state which groups and how</p> <p>N/A</p>
<p>Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No</p>
<p>If yes, please state which groups and how</p> <p>N/A</p>

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.

Involvement and Engagement Plan

Which organisations, groups and individuals do you need to involve or engage and how?

Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
	Groundwork North East		Name.name@groundwork.org.uk (Lisa Locke is our main contact but is currently on maternity leave)

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age		
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		
Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?

--

b) How will the proposal help to advance equality of opportunity?

--

c) How will the proposal help to foster good relations?

--

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.

--

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:	Mary Hall
	Date:	22/04/2016
	Job Title:	SENIOR ENGAGEMENT OFFICER
Assistant Director:		
Signed	Name:	PAULINE MITCHELL
	Date:	22-4-16
	Service:	NEIGHBOURHOOD & RESOURCES

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	

Section 1 – Service Details and Summary of EIA Activity - ALLOTMENT

Title of activity:	To increase charges for the Allotment Service to cover operating costs, making the service break even.
Lead Officer responsible for this EIA:	Patricia Baston
Telephone:	01325 406106
Service Group:	Neighbourhood Services & Resources
Service or Team:	Community Services – Allotment Service
Assistant Director accountable for this EIA	Ian Thompson
Who else will be involved in carrying out the EIA:	Charleen Dods

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
Stage 1: Initial Officer Assessment. Whole Population likely to be affected identified		The Allotment service provides 241 plots over 11 Council managed sites, which are currently rented by 211 plot holders. There are currently 268 people on the waiting list for an allotment.
Stage 2: Further Assessment. Target Population likely to be affected identified		Older people and those with a disability who are plot holders.
Stage 3: Further Assessment. Individuals likely to be affected identified		No work has been carried out with individuals.
Stage 4: Analysis of Findings		
Stage 5: Sign-Off		
Stage 6: Reporting and Action Planning		

Section 2 – The Activity and Supporting Information

Details of the activity (including the main purpose and aims)																									
<p>Currently there are 18 Council owned sites of which 11 are DBC managed and 7 self-managed. On the Council managed sites there are 241 plots, of which on 88 plots the tenants pay full price and on 153 plots the tenants pay concession rate, which is half price. 15/16 prices are £54 for full plot and £27 for concession. The proposal in this year's MTFP for 16/17 is to raise the charge for a full price plot to £80. Thereafter the proposal for allotments will be: in 17/18 to remove the concession altogether so all tenants pay the full price and over the following three years, further raise the charges by £40 in 17/18 to £120, £25 in 18/19 to £145 and finally by another £25 in 19/20 taking the charge for an allotment plot to £170.</p>																									
<p>The 11 DBC managed sites are:</p> <table border="0"> <tr> <td>Arnold Road</td> <td>51 plots</td> </tr> <tr> <td>Brankin Road Horse Site</td> <td>10 plots</td> </tr> <tr> <td>Dury Street</td> <td>6 plots</td> </tr> <tr> <td>Field Street</td> <td>37 plots</td> </tr> <tr> <td>Honeypot Lane</td> <td>12 plots</td> </tr> <tr> <td>Lascelles</td> <td>35 plots</td> </tr> <tr> <td>Park Lane</td> <td>6 plots</td> </tr> <tr> <td>Parkside</td> <td>2 plots</td> </tr> <tr> <td>Salters Lane North</td> <td>55 plots</td> </tr> <tr> <td>Salters Lane South</td> <td>19 plots</td> </tr> <tr> <td>Springwell Terrace</td> <td>8 plots</td> </tr> <tr> <td>Total</td> <td>241 plots</td> </tr> </table>		Arnold Road	51 plots	Brankin Road Horse Site	10 plots	Dury Street	6 plots	Field Street	37 plots	Honeypot Lane	12 plots	Lascelles	35 plots	Park Lane	6 plots	Parkside	2 plots	Salters Lane North	55 plots	Salters Lane South	19 plots	Springwell Terrace	8 plots	Total	241 plots
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Total	241 plots																								
<p>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.</p>																									
<p>Whole population</p>																									
<p>Whole population of Darlington: 105,600 (2011 Census) There could be potential impacts on the wider community if the allotment sites fell into disrepair due to individuals being unable to afford the rent.</p>																									
<p>Target population</p>																									
<p>Allotment plot holders; the cost would increase for all service users. A number of plot holders fall within specific protected characteristic groups:</p> <ul style="list-style-type: none"> • Age • Disability <p>Generally allotment plot holders tend to be older residents therefore there would be a particular impact on them. There would also be an impact on plot holders with disability impairments.</p>																									
<p>Individuals</p>																									

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

- **Allotment plot holders statistics**
- **Disability data for the Borough**
- **Ward data**
- **IMD Stats on Deprivation 2015**

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
	P	N	NA	H	M	L	nil	
Age	P	N	NA	H	M	L	nil	<p>In the Allotments service, it is generally older residents who rent plots. There are currently 94 individuals aged '65 and over' and 41 individuals 'aged 55-64', out of a current total of 211 plot holders. There would therefore be an increased impact on this particular group compared to other protected characteristic groups. Older people may be less able or less willing to pay the increases in rent charges that are proposed. The loss of their allotment could impact on older people's health and wellbeing, which could contribute to a loss of independence, increased loneliness and isolation. One plot holder at Arnold Road has dementia. Darlington has a recorded prevalence for dementia of 0.96% compared to the national average of 0.74%.</p>
Race	P	N	NA	H	M	L	nil	<p>The proposed changes would affect all residents. There would be limited if any additional impact on people with this protected characteristic. However, the opportunity to have an allotment may help people from other nationalities to integrate within their community. At least two allotment sites currently have plot holders from other nationalities (Polish and Nepalese). Should they be unable to meet the rent increase then they could lose this</p>

								opportunity to mix within their local community.
Sex	P	N	NA	H	M	L	nil	There are currently predominantly more male plot holders than female (167 male, 44 female) indicating that men will be affected to a greater extent than women. However the proposed changes would affect all plot holders.
Gender Reassignment	P	N	NA	H	M	L	nil	We are not aware of any identifiable impact on this protected characteristic.
Disability (summary of detail on next page)	P	N	NA	H	M	L	nil	There are a number of individuals that would potentially be affected by this proposal, which are detailed in Section 3.
Religion or belief	P	N	NA	H	M	L	nil	We are not aware of any identifiable impact on this protected characteristic.
Sexual Orientation	P	N	NA	H	M	L	nil	We are not aware of any identifiable impact on this protected characteristic.
Pregnancy or maternity	P	N	NA	H	M	L	nil	We are not aware of any identifiable impact on this protected characteristic.
Marriage/ Civil Partnership	P	N	NA	H	M	L	nil	We are not aware of any identifiable impact on this protected characteristic.

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.

Mobility Impairment	P	N	NA	H	M	L	nil	<p>There are a number of plot holders with a disability (i.e. artificial legs; knee problems so gardens sitting down, mobility problems and uses mobility scooter), some of whom receive Disability Living Allowance. Should they be less able to pay the increases in rent charges the loss of their allotment could contribute to a loss of independence, increased loneliness and isolation.</p>
Visual impairment	P	N	NA	H	M	L	nil	<p>One plot holder is partially blind and receives Disability Living Allowance and Working Tax Credit. Should they be less able to pay the increases in rent charges, this could contribute to a loss of independence, increased loneliness and isolation.</p>
Hearing impairment	P	N	NA	H	M	L	nil	<p>It is not known how many tenants have a hearing impairment, however as there are currently 94 plot holders aged '65 and over', there may be individuals amongst this group for whom this applies. The loss of an allotment for a plot holder of any age with a hearing impairment, should they be less able to pay the proposed increases in rent, could contribute to a loss of independence, increased loneliness and isolation.</p>
Learning Disability	P	N	NA	H	M	L	nil	<p>One plot holder attends with a carer. The loss of a safe, familiar place and routine for those with a learning disability and their carers, if they are prevented from continuing with</p>

								their allotment due to the increase in rent charges, could potentially lead to increased risk of isolation and associated mental health implications.
Mental Health	P	N	NA	H	M	L	nil	Should any tenants with mental health issues be less able to pay the increase in rent charges, the loss of their allotment could impact on their health and wellbeing, contributing to increased loneliness and isolation. Darlington has a 1.00% recorded prevalence of mental health diagnosis compared to the national average of 0.88%.
Long Term Limiting Illness	P	N	NA	H	M	L	nil	It is not known how many tenants have a long term limiting illness, although two tenants have had strokes, and as there are currently 94 plot holders aged '65 and over', there may be other individuals amongst this group for whom this applies. The loss of their allotment, should they be less able to pay the increases in rent, could contribute to a loss of independence, increased loneliness and isolation. 19.63% of Darlington residents have a long term health problem or disability which limits their day to day activities. The national average is 17.9% (2011 Census).
Multiple Impairments	P	N	NA	H	M	L	nil	Depending on the individual's own circumstances, impacts may include increased isolation or loneliness if they are unable to continue with their allotment due to the increases in rent.
Other - Specify	P	N	NA	H	M	L	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.	
Change activities	Potential cumulative impacts
	There are a number of other proposals within the Medium Term Financial Plan proposals that will impact on older people and people with disabilities.

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.

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

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

Has the assessment shown that the activity will treat any groups of people with Protected Characteristics differently from other people? Yes/No
If yes, please state which groups and how
Will the differential treatment advance equality for people with Protected Characteristics? Yes/No
If yes, please state which groups and how
Will the differential treatment cause or increase disadvantage for people with Protected Characteristics? Yes/No
If yes, please state which groups and how Although people with Protected Characteristics are NOT being treated differently from other people, as the proposed cost increase would affect all service users, the impact may be greater on some protected characteristic groups, i.e. older people (as this is the predominant group that have allotments) or people with a disability.

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.

Involvement and Engagement Plan			
Which organisations, groups and individuals do you need to involve or engage and how?			
Date of plan entry	Organisation, Group or Individuals	Date of event or activity	Type of activity – venue, channels, method and staffing
February 2016	Allotment holders	29/02/16	Letters sent to Allotment holders (with annual bills by Xentrall Finance w/c 29/02/16) detailing the proposal being consulted on, to move the Allotments Service to break even over the next four years, and advising how they could have their say as part of the consultation process. The letter also made allotment holders aware of the public consultation sessions being held and on how to feedback their comments to the Council.
	Allotment holders	18/05/16	Allotment Officer visited the following sites as part of her regular inspections: Arnold Road (but did not receive any approaches from plot holders). Drury Street (but did not receive any approaches from plot holders. Note: only six tenants at this site). Salters Lane North: At Salters Lane North six individuals wanted to speak to the Allotment Officer with their concerns. These related to the price increase and that a significant number of older people are likely to give up their plots as a result. One plot holder has spoken to a Ward Councillor and is now gauging support from other plot holders with a view to pursuing self-management of the site.
	Allotment holders	13/05/16	Meeting held between Parks & Countryside Development Manager, Allotment Officer and five plot holders from Salters Lane South, at their request, to discuss their concerns. One plot holder has written to the Council with her views that as the site is smaller with fewer facilities than some other allotments, they should therefore pay less for their plots. Access issues and being unable to park outside their plots were other items that were raised.

	Allotment holders	23/05/16	Allotment Officer asked to visit Brankin Road by plot holders to look at ongoing flooding/drainage issues. The plot holders are unhappy with these ongoing problems, particularly in view of proposed price increases. A request to become self-managed also put forward.
	Allotment holders	23/05/16	Allotment Officer visited Field Street and was approached by five plot holders with their concerns. They wanted to know what the price of the water bills had been for the previous three years with a view to looking a potential self-management.
	Allotment holders	12/05/16	During a phone conversation between the Allotment Officer and a plot holder at Lascelles, self-management was raised. The Allotment Officer advised that five other interested plot holders are required in order to gauge the level of interest on a site for self-management and for an initial meeting to then take place.
		April & May 2016	During this period, the Allotment Officer has approached 57 people on the waiting list when a plot has become available (18 plots) and of the 57 people approached, one person has declined a plot because of the proposed price increase.

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

Section 6: Engagement Findings

	Date/summary of engagement carried out	Summary of impacts identified
Age	18/05/16 As part of regular site inspection at Salters Lane North	Concerns expressed in relation to the proposed price increase and that a significant number of older people are likely to give up their plots as a result. One plot holder seeking support from other plot holders with a view to pursuing self-management of the site.
Disability		
Mobility Impairment		
Visual impairment		
Hearing impairment		
Learning Disability		
Mental Health		
Long Term Limiting Illness		
Multiple Impairments		
Other - Specify		
Race		
Sex		
Gender Reassignment		
Religion or belief		
Sexual Orientation		

Pregnancy or maternity		
Marriage / Civil Partnership		

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.

a) How will the proposal help to eliminate discrimination, harassment and victimisation?
The proposal to increase the rent charges for allotment plots will not help eliminate discrimination, harassment and victimisation.
b) How will the proposal help to advance equality of opportunity?
The proposal to increase the rent charges for allotment plots will not help advance equality of opportunity.
c) How will the proposal help to foster good relations?
The proposal will not help foster good relations.

During the engagement process were there any suggestions on how to avoid, minimise or mitigate any negative impacts? If so, please give details.
One of the main potential mitigations is for all allotments to move to self-managed sites (as 7 have done already) and they are then in control of the charges for plots.

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:	Patricia Baston
	Date:	6 June 2016
	Job Title:	Allotment Officer
Assistant Director:		
Signed	Name:	Ian Thompson
	Date:	6 June 2016
	Service:	Assistant Director – Community Services

Section 8 – Reporting of Findings and Recommendations to Decision Makers

The findings of the EIA may be reported to decision-makers at several stages during the development of an activity. For example, the initial officer assessment findings may be included in a feasibility report or options appraisal to be considered by the Transformation Board or Chief Officers' Executive.

Any report for formal decisions by Cabinet or Council should include the latest findings of the EIA, even if these are at a relatively early stage. The report recommending final approval of the activity should await and include the findings of the completed EIA. The report should present clearly the impacts that have been identified through the engagement process, including potential cumulative impacts.

The report may include recommendations based on the findings of the EIA, but these should be separate from the reporting of impacts. Recommendations will be developed separately from the EIA and arise from considering equalities impacts combined with other aspects of the activity such as finance, the benefits of the activity, and so on.

Based on the EIA findings, the report may consider the options in the table below, but the report must contain a clear statement of the impacts so that decision-makers can understand the effects of the decision that is being recommended.

What does the review of the information show?
a) No negative impact on people because of their Protected Characteristics - continue with the activity and monitor progress on implementation
b) Negative impact identified – recommend continuing with the activity; clearly specify the people affected and the impacts, and providing reasons and supporting evidence for the decision to continue
c) Negative impact identified - adjust the activity in light of the identified impact to avoid, minimise or mitigate the impact
d) Negative impact identified - stop activity and provide an explanation why

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
Plot holders not renewing their leases as they cannot afford the rent increases.	For the Allotment Officer to work with plot holders at the allotment sites to encourage them to move to self-management.	Patricia Baston, Allotment Officer	

Performance Management	
Date of the next review of the EIA	
How often will the EIA action plan be reviewed?	
Who will carry out this review?	