



# EQUALITY IMPACT ASSESSMENT

## Partial Assessment Form

<b>Policy, practice, function or project assessed</b>	<b>Floating Support</b>
<b>Lead Officer</b>	<b>Tracey Cassidy</b>
<b>Team</b>	<b>Debbie Prince / Michelle Martell</b>
<b>Start date of assessment</b>	<b>01. 12. 2009</b>
<b>Completion of assessment</b>	

**Please use this form to record your findings in relation to the assessment of an existing policy, function, service or practice.**

## **A. POLICY, PRACTICE, FUNCTION OR PROJECT TO BE ASSESSED**

### **A1. Please describe what are the main aims, objectives, purpose and intended outcomes of the policy or function?**

Supporting vulnerable people who are at risk of losing their home with a view to them sustaining independent living.

### **A2. Is this policy or function associated with any other Council policy or priority?**

Safeguarding; Protection of Vulnerable Adults and Children; Lone Working; Equality & Diversity; Council values; Rent arrears and collection; Council tax; Maximising income; Housing.

### **A3. Who are the intended beneficiaries/stakeholders of the policy or function? How many people are affected and from what sections of the community?**

Residents within district; Housing benefit; Rents; Council tax; Anti -social behaviour; Health; Social care; Mental health; Drugs and alcohol services; Learning disability, Dept. of Works and Pensions; CAB; Charitable trusts; Landlords; Housing associates.

### **A4. Is the policy/function corporate and far-reaching?**

Yes.

### **A5. Are you expecting to make any significant change to the policy or service in the near future? If so, please give details.**

Yes – Floating Support is being tendered by Cambridge County Council with contracts being awarded from April 2010.

**A6. Is this a new or existing policy or function?**

New within existing policy.

**B. EVIDENCE/ DATA and CONSULTATION**

It is important to consider all information that is available in determining whether the policy or function could have a differential impact. Please attach examples of monitoring information, research or consultation reports.

**B1. What monitoring or other information do you have about relevant target groups, which will show the impact of the policy or function?**

Quarterly Supporting People workbook; individual outcome monitoring; client reviews; client feedback from workshops and inter-agency meetings; exit questionnaires; 3-6 monthly client interviews; Quality Assessment Framework; all monitoring is individually client led.

**B2. Have you compared the data you have with the equality profile of the local population? What does it show?**

Needs survey for Supporting People assessed profile of clients receiving Floating Support, which highlighted imbalance of provision against need within district.

**B3. Have you identified any improvements or other changes that could be made from monitoring the data?**

The tender is a result of this research, which aims to offer fairer service.

**B4. Have you consulted or involved external stakeholders about the policy or function? If so, what were their views?**

Yes, external stakeholders and clients recognise need for inter-agency working and sharing of good practise, all highlighted within Floating Support Policies and Procedures.

**B5. Have you undertaken any consultation with staff to assess their perception of any impacts of the policy or function? If so, what has been learnt from them?**

Yes, ongoing and continually evolving; team meetings; supervisions; appraisals; regular communication. Need for open and transparent communication; good practice; continual professional development.

**B6. Please provide information about any other consultation, research, or involvement undertaken in relation to this impact assessment.**

Regular inter-agency meetings with stakeholders; client forums and workshops; inter-agency training; residents at risk meeting; raise awareness of service; floating support admin. days; keeping up to date with new services / providers appropriate to client need.

**C1. IMPACT OF THE POLICY OR FUNCTION**

Assess the potential impact on each of the equality strands/groups. The impact could be negative, positive or neutral. If you assess a negative impact for any of the groups then you will need to assess whether that impact is low, medium or high. Refer to the evidence you use.

<b>DESCRIPTION OF IMPACT</b>	<b>Nature of Impact</b> (Positive, Neutral, Adverse)	<b>Extent of Impact</b> (Low, Medium, High)
<b>GENDER:</b> Identify the potential impact of the policy or function on men and women		
Service provides fair access to all	Neutral	
<b>RACE:</b> Identify the potential impact of the policy or function on different race/ethnic groups		
Service provides fair access to all	Neutral	
<b>DISABILITY:</b> Identify the potential impact of the policy or function on disabled people		
Service provides fair access to all	Neutral	
<b>AGE:</b> Identify the potential impact of the policy or function on different age groups		
Service provides fair access to all	Neutral	
<b>SEXUAL ORIENTATION:</b> potential impact of the policy on lesbian, gay men, bisexual or heterosexual people		
Service provides fair access to all	Neutral	
<b>RELIGION/FAITH:</b> Identify the potential impact the policy on different religious/faith groups		
Service provides fair access to all	Neutral	
<b>OTHER</b>		
Socially excluded groups – domestic violence, mental health, drug and alcohol addiction, travellers, literacy difficulties. Clients will engage with floating support often having a history of not engaging with other support services. This support will then link client into previously rejected specialised services where appropriate.	Positive	

**PLEASE NOTE: Following completion of the section above, if the nature of the impact is adverse then you may need to proceed to a full equality impact assessment.**

**C2. Could you minimise or remove any adverse or potential impact that is high, medium or low significance, in advance of a full impact assessment? Explain how.**

N/L

**C3. Does the policy or function actively promote equal opportunities and good community relations? Or could changes be made so that it does so?**

Yes.

**C4. Please provide any further information, qualitative or quantitative that does not fit into the questions but you feel has a likely impact on this assessment.**

Key driver in initiating inter-agency communication / joint working.

Income maximisation – reducing client debt, preventing homelessness; instrumental in rent/council tax arrears recovery.



<b>D. CONCLUSIONS</b>			
<b>D1. Was there sufficient data to complete the partial assessment?</b>	Yes?	<input checked="" type="checkbox"/>	<b>If “NO”, what arrangements are in place for evidence gathering and continuing with the assessment?</b>
	No?	<input type="checkbox"/>	
<b>D2. Is the outcome of the partial assessment that the policy or function would have an adverse impact (medium or high impact) on one or more target group?</b>	Yes?	<input type="checkbox"/>	<b>If “YES”, will you proceed to a full assessment? If so, what arrangements are in place to carry out the full assessment?</b>
	No?	<input checked="" type="checkbox"/>	
<b>D3. Is the outcome of the partial assessment that the policy or function would have a neutral or positive impact on equalities?</b>	Yes?	<input checked="" type="checkbox"/>	<b>If “YES”, have you included proposals in the Action Plan to further improve the impact of the policy or function on equalities?</b>
	No?	<input checked="" type="checkbox"/>	<b>Do you plan to review the service or policy again in future to assess whether there has been any change? If so, when?</b> At least annually.  <b>Has the Equalities Steering Group and the Consultative Forum reviewed the assessment? If so what were their comments?</b>

**D4. Do you have any other conclusions/outcomes from the partial assessment?**

Client involvement on at least two projects, utilising their involvement and potentially impacting on policies and procedures.

### **ACTION PLAN for enhancing existing practice**

<b>Recommendation/ issue to be addressed</b>	<b>Planned Milestone</b>	<b>Planned completion of milestone (date)</b>	<b>Officer Responsible</b>	<b>Progress</b>
Clients having more direct involvement in how the service is delivered.	<ol style="list-style-type: none"> <li>1. SCDC client monthly drop-in (client led).</li> <li>2. Interagency client forum (client led)</li> </ol>	Ongoing May 2010	Tracey Cassidy Michelle Martell Debbie Prince	
Floating Support tender within Cambridgeshire County.	Fairer service delivery to clients	April 2010 onwards	Tracey Cassidy	

### **RESOURCES**

**Does the above action plan require any additional resources?**

Manager's time – preparing for consortium bid; if successful additional training, staff, new partner working; realignment of service arrear.

### **ARRANGEMENTS FOR MONITORING**

**Please give your plans for monitoring the achievement of the above actions.**

Take up of new clients at monthly drop-in; audit trail; April 2010: course of action reliant on tender result.

**SIGN OFF: The officers below confirm that this partial assessment has been completed in accordance with the Council's guidance**

**Signature of Lead Officer**

**Date:**

**Signature of Corporate Manager or Chief Officer:**

**Date:**

**Please retain the original form on your service area and return a copy of the completed form to the Equality & Diversity Officer.**