

**Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS**  
**On grounds of age, disability, gender, race, religion, sexual orientation**

**YOUR FUNCTION OR POLICY AREA: Homelessness, Criminal Justice, Substance Misuse & Domestic Abuse Strategy**  
**BUSINESS UNIT: Housing Services - Supporting people** **DATE: 27 August 2008**

**Key:**

|   |   |
|---|---|
| BMR = Black and minority ethnic                 | DAAT = Drug and Alcohol Action Team                         |
| HIO = Housing Intervention Officer              | HCJSM = Homelessness, Criminal Justice and Substance Misuse |
| DIHPO = Devon Inclusive Housing Project Officer | I&CO = SP's Information & communication Officer             |
| CEO = Community Engagement Officer              | ND = Nick Day   |
| RK = Rose Knapman                               | SP = Supporting People                                      |

| Part One | GENERAL   |
|----------|---|
| <b>1</b> | <b>Please provide a brief description of the main function and/or policies including its aims and objectives</b>  |
|          | To give people who are socially excluded equal access to housing support. The more detailed aims and objectives are set out within the Homelessness, Criminal Justice and Substance Misuse Strategy 2008-2011.  |
| <b>2</b> | <b>Please list the main stakeholders/beneficiaries in terms of the recipients of the function or the target group at whom the policy is aimed</b>   |
|          | The main client groups are the street homeless/rough sleepers, offenders subject to statutory supervision or ex-offenders, people with substance misuse problems, and victims of domestic abuse. The strategy is likely to be extended to include people with mental health problems during the course of this year. Beneficiaries also include families, carers, and the wider peer network providing support. The target group includes professionals who also provide the service.   |
| <b>3</b> | <b>If the function is provided by another partner, organisation, contractor or agency on behalf of the Authority, please give the names of these organisations/agencies (see question 19)</b>   |
|          | In addition to Torbay Council the partnership includes Devon & Cornwall Probation Area, Torbay NHS Care Trust, Torbay DAAT, Devon and Cornwall Police Authority, Torbay Safer Communities, as well as a wide range of voluntary sector providers represented through the Torbay Providers Forum.<br>Services are contracted to Torbay Council to provide housing support services. Organisations are: <ul style="list-style-type: none"> <li>• Housing Associations</li> <li>• Voluntary sector</li> <li>• Care Trust</li> <li>• Private service providers</li> </ul> |
| <b>4</b> | <b>Do you have any research data, about traditionally excluded groups? Does this research highlight any disparities or adverse impact?</b>  |
|          | Torbay Supporting People collect data on a regular basis about ethnicity and/or marginalised groups. The 2001 Census showed that the BME population was 3.2%. Latest data shows the figure to be 4.6%. The rise is due to the influx of Eastern Europeans seeking work in the UK. 4.6% of clients accessing support services in 2006/07 were from a BME background, a comparable figure to the proportion in the local population.  |

## Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS

### On grounds of age, disability, gender, race, religion, sexual orientation

of Black/Black British Caribbean accessing services.

Fig1 Age of new clients with client groups relating to homelessness, criminal justice, substance misuse and domestic abuse, 2007/08

| Client group                 | 16-17 | 18-24 | 25-34 | 35-44 | 45-54 | 55-64 | 65+ | Blank | Total      |
|------------------------------|-------|-------|-------|-------|-------|-------|-----|-------|------------|
| Alcohol                      | 0     | 5     | 17    | 27    | 19    | 11    | 3   | 0     | <b>82</b>  |
| Drugs                        | 1     | 11    | 24    | 23    | 6     | 2     | 0   | 0     | <b>67</b>  |
| Offender                     | 1     | 4     | 8     | 5     | 0     | 0     | 0   | 0     | <b>18</b>  |
| Mentally disordered offender | 0     | 0     | 1     | 1     | 0     | 0     | 0   | 0     | <b>2</b>   |
| Homeless family              | 2     | 40    | 9     | 8     | 4     | 0     | 0   | 1     | <b>64</b>  |
| Single homeless              | 43    | 40    | 22    | 28    | 19    | 8     | 0   | 0     | <b>160</b> |
| Rough sleeper                | 1     | 0     | 0     | 4     | 3     | 1     | 0   | 0     | <b>9</b>   |
| Domestic violence            | 0     | 13    | 20    | 7     | 8     | 1     | 0   | 0     | <b>49</b>  |

There are duplicates between the client groups as most clients are given more than one client grouping.

Fig1 above shows that most new clients are in the younger age groups. There are 43 16-17 year

olds and 40 18-24 year olds in the single homelessness client group. The majority of those in the homeless family client group are aged 18-24 years. There has been an increase in young people (particularly 16-17 year olds) needing Supporting People services. The need is recognised and Supporting People is working on developing services and solutions for young people with housing needs, including a new supported lodgings service for young people.

Fig2: Client groups of new clients aged 16-24 years, 2006-2008

| Client group                 | 2006/07 |       |           | 2007/08 |       |           |
|------------------------------|---------|-------|-----------|---------|-------|-----------|
|                              | 16-17   | 18-24 | Total     | 16-17   | 18-24 | Total     |
| Single homeless              | 23      | 20    | <b>43</b> | 43      | 40    | <b>83</b> |
| Homeless families            | 3       | 23    | <b>26</b> | 2       | 40    | <b>42</b> |
| Domestic violence            |         | 16    | <b>16</b> |         | 13    | <b>13</b> |
| Drugs                        | 1       | 10    | <b>11</b> | 1       | 11    | <b>12</b> |
| Alcohol                      | 1       | 8     | <b>9</b>  |         | 5     | <b>5</b>  |
| Offenders                    | 2       | 7     | <b>9</b>  | 1       | 4     | <b>5</b>  |
| Rough Sleeper                |         | 8     | <b>8</b>  | 1       |       | <b>1</b>  |
| Traveller                    |         | 1     | <b>1</b>  |         |       |           |
| Mentally disordered offender |         | 1     | <b>1</b>  |         |       |           |

Fig2 below compares the numbers of young people entering services who have homelessness, offending, substance misuse and domestic abuse issues in 2006/07 and 2007/08. It shows the numbers of young people with homelessness related issues – client groups of single homeless and homeless families- has doubled between 2006/07 and 2007/08.

SP Needs Assessment 2006. Available data to highlight any disparities or adverse impacts suggests highest numbers of BME users from single homeless, mental health and domestic abuse client groups. People with HIV/AIDS, mentally disordered offenders, refugees and travellers not accessing services. Provider data shows absence of services for women.

**Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS**  
**On grounds of age, disability, gender, race, religion, sexual orientation**

|          |  |
|----------|--|
| <b>5</b> | <b>Have you compared your policy/function with similar local authorities, if so with what results?</b>             |
|          | No comparative work has been done to date but this is an action in our Improvement Plan – see end of this document |
| <b>6</b> | <b>Does this policy area have high medium or low potential impact on traditionally excluded groups?</b>            |
|          | Potential high impact  |

**Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS**  
**On grounds of age, disability, gender, race, religion, sexual orientation**

| IF THE POLICY OR FUNCTION HAS A HIGH OR MEDIUM POTENTIAL IMPACT ON RACIAL MINORITIES OR OTHER TRADITIONALLY EXCLUDED GROUPS PLEASE CONTINUE WITH Part 2 of the assessment |  |
|---|--|
| Part Two  | CONSULTATION   |
| <b>7</b>  | <b>Please list any consultation activity with internal or external customers carried out over the last year or two: e.g. satisfaction surveys, focus groups, Citizens Panel exercises etc and how the results are publicised?</b>  |
|   | <p>Internal snapshot data survey 2008 by HIO and DIHPO of BME clients with HCJSM label accessing SP services through the Referral Hub (access point to SP services) since September 2007. Comparable numbers to wider SP group. 16 people from very mixed backgrounds. 3 were unable to read and write; only 1 needed an interpreter or signer. Only 2 claimed to be job seekers, 7 stated they were long-term sick or disabled, 1 retired, the rest not stated. 6 of the 8 open cases were people who gave their primary support need as mental health.</p> <p>Consultation was also taken to the Supporting People service user group (Torbay Voice) and there were service user consultation events that took place for the strategy in March 2008</p> <p>The Homelessness, Criminal Justice, Substance Misuse and Domestic Abuse Strategy Sub Group is a group of agencies, the Council, Care Trust, Probation service and service providers who have developed the Strategy for the future of housing support services for these groups. In this way all the stakeholders have been consulted and involved throughout the development of the Strategy</p> |
| <b>8</b>  | <b>Please list any alternative arrangements you have made or are planning for consulting with hard-to-reach groups within the community</b>  |
|   | No alternative arrangements currently in place.  |
| <b>9</b>  | <b>Please state how you consult with members of your staff about your function/policy</b>  |
|   | The Strategy Sub Group has been involved in the development of the strategy so there have been discussions with stakeholders and providers.  |
| <b>10</b>   | <b>Please list any changes to your function or policy that you have made, or you plan to make as a result of consultation with different groups (include future ones in your improvement plan summary attached)</b>  |
|   | <p>Current procurement strategy includes significant changes and new services to be commissioned to better meet need. These were included due to consultation:</p> <ul style="list-style-type: none"> <li>• Commissioning a new accommodation service (from 2009) for vulnerable women, and increasing the number of units of refuge accommodation and floating support for people fleeing domestic abuse.</li> <li>• The inclusion of mental health commissioners into the sector Strategy Sub Group is currently under discussion to improve access for people with mental health problems to social inclusion services such as the direct access hostel.</li> <li>• The enhanced floating support service for people with substance misuse issues was a result of listening to service providers and agencies who stated that this type of services was needed</li> <li>• Commissioning an accommodation service for people with substance misuse issues</li> </ul>   |

**Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS**  
**On grounds of age, disability, gender, race, religion, sexual orientation**

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|                       | <ul style="list-style-type: none"> <li>• Commissioning specific offender management services – one includes floating support, the other includes accommodation</li> <li>• The procurement process ensures that equalities are embedded in the commissioning of new services</li> </ul>  |
| <b>DISCRIMINATION</b> |   |
| <b>11</b>             | <b>Please list any evidence you have of the function or policy having an adverse impact on different groups or relations between groups – this can be internal or external</b>  |
|                       | <p>No evidence of the policy having an adverse impact. However, the strategy has not as yet actively sought this impact information.</p> <p>However, the Strategy Sub Group is about to assess the relationship with mental health as there is anecdotal evidence and Hub data that may demonstrate this group is discriminated against in access to social inclusion services.</p> |
| <b>12</b>             | <b>Have you received any complaints about your function/policy in respect of equality issues? If so, please give a brief description.</b>   |
|                       | None  |

|                         |  |
|-------------------------|--|
| <b>SERVICE DELIVERY</b> |  |
| <b>13</b>               | <b>Please list any alternative ways designed to improve access to or use of your service by different groups, (and include this in your improvement plan summary attached)</b>   |
|                         | <ul style="list-style-type: none"> <li>• Using the new Housing Link Workers to raise awareness, improve access, do training, go into the community etc.</li> <li>• The new service specifications will address access to all the different equalities groups</li> <li>• When the procurement of the services has taken place a meeting will be held with the new service providers to discuss how they will address equalities issues. This will take place in April 2009.</li> <li>• The Strategy Sub Group will link in with Devon Home Choice – the Devon wide choice based lettings scheme which is in its consultation period – to ensure housing access for the service users in our remit – and for those with physical disability</li> </ul> |
| <b>14</b>               | <b>Please list any alternative ways designed to improve access to information about your service by different groups (and include this in your improvement plan summary attached)</b>  |
|                         | <ul style="list-style-type: none"> <li>• Using the new Housing Link Workers to raise awareness, improve access, do training, go into the community etc.</li> <li>• The new service specifications will address access to all the different equalities groups</li> <li>• Information on services available and how to access them is available on the Torbay Council website. This can be translated in various languages and is available in different screen formats</li> <li>• Leaflets and publicity can be made available in alternative formats and languages</li> </ul>  |

**Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS**  
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|           | <ul style="list-style-type: none"> <li>Supporting People work with the BME Inclusion Worker to increase access to services by people with a BME origin.</li> <li>Translators and interpreters are available when people are assessed to see what services they need.</li> </ul>  |
|           | <b>MONITORING</b>  |
| <b>15</b> | <b>Please describe how you carry out monitoring of take up of your function/policy by equality group?</b>  |
|           | Through the SP Information and Communication Officer summarising data from SP client records and outcomes records. Monitoring is carried out by equalities groupings where possible (currently there is no information collected on sexuality but the other groupings are monitored); ad-hoc monitoring by HIO and DIHPO   |
| <b>16</b> | <b>How are the results of any monitoring analysed, reported and publicised?</b>  |
|           | Analysed to a standard format and reported at sector strategy group  |
| <b>17</b> | <b>Does an analysis of your customer base against baseline population figures for the borough show that you are reaching all groups within your remit? If not, which groups are adversely affected?</b>  |
|           | <p>Figures are small but there is no evidence from this that specific BME groups are not accessing services. The 2006 SP Needs Assessment suggested people with HIV/AIDS, mentally disordered offenders, refugees and travellers are not accessing services. However, we know from other data that mentally disordered offenders are accessing services (they may not be classified by primary client group).</p> <p>Need to produce a snapshot of the customer base when the procurement has taken place and the new services take over. This will provide a baseline for monitoring – see Improvement Plan at end of this document</p> |
| <b>18</b> | <b>Please list any changes to your function or policy that you have made or plan to make as a result of monitoring</b>   |
|           | Commissioning a specific service for people with chaotic and complex behaviours in the current procurement round is designed to improve access. A service for vulnerable women will also be commissioned and a childcare service. A service is being commissioned to provide accommodation for people with substance misuse issues. Specific offender management services are being commissioned.  |
|           | <b>MISCELLANEOUS</b>   |
| <b>19</b> | <b>If your function is provided by a private sector or voluntary sector organisation on a contract basis, (see q 3) please list any arrangements have you made or plan to make to ensure that these comply with equality</b>   |
|           | SP Contracts commit contracted providers to deliver services in a non-discriminatory manner. The Quality Assessment Framework sets standards on equality and diversity that services must meet.  |
| <b>20</b> | <b>Does your function or policy result in any financial support being given to community groups within the voluntary and community sector? If yes, please list organisations and amounts, including the equality monitoring on nature of the groups</b>  |
|           | No   |

**Item 7 - EQUALITY AND DIVERSITY IMPACT ASSESSMENTS**  
**On grounds of age, disability, gender, race, religion, sexual orientation**  
**IMPROVEMENT PLAN**

**List any recommendations for action as a result of this impact assessment. INCLUDE IN BUSINESS PLANS**

| <b>ISSUE</b>  | <b>ACTION REQUIRED</b>  | <b>LEAD</b>  | <b>TIMESCALE</b>            | <b>COSTS</b>                 | <b>COMMENTS</b>   |
|---|---|--|-----------------------------|------------------------------|---|
| Refers to Q5) Comparative work to other similar local authorities to gather available data and examine how they assess, consult and monitor   | Survey and report using published data and telephone inquiry. Link to regional groups | Information and Communication Officer                | Oct 2008 to January 2008    | Time                         | Working group led by Chair, and to include Contract Officer (when appointed), HIO, DIHPO, and I&CO      |
| Refers to Q7) Carry out consultation exercise with service user groups and providers to better assess impact in the six areas of diversity  | Focus Groups  | Work with Corporate Consultation and Engagement Team | Oct 2008 to December 2008   | Venue Hire                   | Timescale dependent on availability of Consultation and Engagement Team to help and advise              |
| Refers to Q10 and Q11) Initial consultation with mental health commissioners to establish best relationship/ improvements/ additions to social inclusion services and link to their proposed commissioning and procurement strategy | Mechanisms for consultation and reporting already established by Commissioning Body   | ND with RK   | September and October 2008  | Cost of ND's time            | ND's costs already agreed by Commissioning Body; RK takes up mental health sector lead from 1 September |
| Refers to Q13) Ensure tender documents commit bidders to explain how they will ensure good access, monitoring etc on issues of diversity and equality   | Check tender documents with Procurement Team  | Chair  | Immediate                   | Nil?                         |   |
| Refers to Q13) Link in with Devon Home Choice to ensure access to housing   | Contact Devon Home Choice lead, attend meetings                                       | Strategy Sub Group                                   | Immediate and ongoing       |                              |   |
| Refers to Q17) Snapshot of all existing services at the point of transfer to commissioned providers in January 2009. To be looked at along with other data  | Creation of audit process and forms   | Contract Officer                                     | December 2008 to March 2009 | Time and costs of paperwork? | Support from DIHPO?   |