

Equality Impact Assessment (EqIA) Template

Type of Decision: Tick ✓	✓	Cabinet		Portfolio Holder		Other (explain)
Date decision to be taken:	16 November 2017					
Value of savings to be made (if applicable):	TBC, pending the outcome of Procurement exercise					
Title of Project:	Housing Related Support Services					
Directorate / Service responsible:	Community- Housing Services / People – Adult Services					
Name and job title of Lead Officer:	<p>Jane Fernley Head of Business Development and Transformation Housing Services Community Directorate Jane.Fernley@harrow.gov.uk Internal: 2283 External: 020 8424 1283</p> <p>Chris Greenway Assistant Director, Head of Safeguarding Assurance & Quality Services Adult Social Care People Directorate Chris.Greenway@harrow.gov.uk Internal: 2043 External: 020 8424 1043</p>					
Name & contact details of the other persons involved in the assessment:	<p>Meghan Zinkewich-Peotti Housing Strategy Project Manager Housing Services Community Directorate Meghan.Zinkewich-Peotti@harrow.gov.uk Internal: 2346 External: 020 8424 1346</p>					
Date of assessment (including review dates):	5 October 2017, reviewed 6 th November 2017					
Stage 1: Overview						
1. What are you trying to do?	There are currently several housing related support and prevention services which					

(Explain your proposals here e.g. introduction of a new service or policy, policy review, changing criteria, reduction / removal of service, restructure, deletion of posts etc)

originated under the former Supporting People programme. They provide housing related support to vulnerable people living in all tenures, to enable them to continue to live independently.

The contracts for these services end in March 2018 and no further extensions are contractually possible. The services are not in line with current practice or Care Act provisions, and as such we are proposing to retender the services and bring them in line with current statutory and preventative practice.

The Housing contracts are as follows:

- **Floating Support**
 - Generic- Look Ahead
 - Substance Misuse and Ex-offenders - Look Ahead

- **Accommodation Based Support**
 - Substance Misuse and Ex-offenders Supported Housing- Look Ahead

People (Adults) also commission services under this programme.

The Adults contracts to be tendered are as follows:

Older People Floating Support (Hestia)	44 units
Elderly Mentally Infirm Floating Support (Notting Hill Housing Group)	25 units
Mental Health Flexible Floating Support (Look Ahead)	40 units
Mental Health Rapid Response Floating Support (Look Ahead)	18 units
Mental Health <i>short term</i> Supported Housing (Look Ahead)	15 units accommodation based support

	Mental Health <i>long term</i> Supported Housing (Look Ahead)		14 units accommodation based support			
	The recommended option is to commission new remodelled services under new contracts commencing in April 2018. The remodelled service will provide a more cost effective, flexible approach to meeting the immediate needs of our clients.					
2. Who are the main groups / Protected Characteristics that may be affected by your proposals? (✓ all that apply)	Residents / Service Users	✓	Partners	✓	Stakeholders	✓
	Staff	✓	Age	✓	Disability	✓
	Gender Reassignment	✓	Marriage and Civil Partnership		Pregnancy and Maternity	✓
	Race	✓	Religion or Belief	✓	Sex	✓
	Sexual Orientation	✓	Other			
3. Is the responsibility shared with another directorate, authority or organisation? If so: <ul style="list-style-type: none"> Who are the partners? Who has the overall responsibility? How have they been involved in the assessment? 	<p>This exercise is cross directorate, with Officers working together on the procurement from both Housing and Adult Services. The lots will be separated and contracts will be managed within the relevant department.</p> <p>Providers were approached jointly to provide data in the same format to ensure they are involved in this assessment.</p> <p>The overall responsibility is shared across both services.</p>					
Stage 2: Evidence & Data Analysis						
4. What evidence is available to assess the potential impact of your proposals? This can include census data, borough profile, profile of service users, workforce profiles, results from consultations and the involvement tracker, customer satisfaction surveys, focus groups, research interviews, staff surveys, press reports, letters from residents and complaints etc. Where possible include data on the nine Protected Characteristics. (Where you have gaps (data is not available/being collated for any Protected Characteristic), you should include this as an action to address in your Improvement Action Plan at Stage 6)						
Protected Characteristic	Evidence		Analysis & Impact			

Age (including carers of young/older people)

Profile of Harrow residents at 2011 Census:
In 2011 Harrow had a usual resident population of 239,056. 48,060 (20.1%) were aged 0-15, 157,330 (65.8%) were aged 16-64 and 33,670 (14.1%) were aged 65+. 18% of Harrow's households are comprised solely of residents aged 65 and over.

Generic Floating Support

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 16	0 %	16-24	5%
25-44	37%	45-64	57%
65 and over	1%		

Substance Misuse and Ex-offenders Floating Support

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 16	0 %	16-24	8%
25-44	51%	45-64	41%
65 and over	0%		

Supported Housing for Substance Misuse and Ex-offenders

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 16	0 %	16-24	17%
25-44	33%	45-64	50%

The majority (57%) of the users of the generic floating support service are aged 45-64 years, followed by 25-44 years (37%).

The majority (51%) of the users of the substance misuse and ex-offenders floating support service are aged 25-44 years, followed by 45-64 years (41%).

Half of the users of the supported housing for substance misuse and ex-offenders service are aged 45-64 years.

The EMI and older people floating support services are

65 and over	0 %		
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Elderly Mentally Infirm (EMI) Floating Support

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 18	0 %	18-24	0%
25-44	0%	45-64	0%
65 and over	100%		

Older People Floating Support

Under 18	0%	18-24	0%
25-44	0%	45-64	0%
65 and over	100%		

POPPI data:

The data below outlines the predicted % change in the number of older people from 2017 to 2020 and 2025.

	<u>2020</u>	<u>2025</u>
65-69	5%	18%
70-74	10%	14%
75-79	4%	28%
80-84	5%	11%
85-89	9%	26%
90 and over	15%	45%
Total population 65 and over	7%	20%

Mental Health – Flexible Floating Support

This service is for adults. The profile of the current service users (July 2017) is as follows:

aimed at people aged 65 and older. All impacted service users are therefore 65 and older.

POPPI data indicates that the number of people aged 65 and over will increase significantly, and as such any contracts tendered will need to account for the increase in population size and be able to cope with an increasing number of referrals.

Under 18	0 %	18-24	14%
25-44	44%	45-64	42%
65 and over	0%		

Mental Health – Long Stay Accommodation based support

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 18	0%	18-24	14%
25-44	44%	45-64	42%
65 and over	0		

Mental Health – Rapid Response Floating Support

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 16	0%	18-24	20%
25-44	40%	45-64	40%
65 and over	0%		

Mental Health – Short Stay Accommodation based support

This service is for adults. The profile of the current service users (July 2017) is as follows:

Under 16	0%	18-24	36%
25-44	36%	45-64	28%
65 and over	0%		

PANSI Data:

The data below outlines the expected % change in adults of working age from 2017 to 2020 and 2025.

The majority of service users across all mental health contracts are of working age, all service users are 18 or over and under 65.

Pansi data outlines the total population increases across all working age groups, there are some differences across the different bands, with a reduction in the number of younger people and an increase overall (particularly the older working ages). While the

	2020	2025
18-24	-5%	-4%
25-34	-1%	-4%
35-44	6%	10%
45-54	1%	6%
55-64	6%	11%
Total population aged 18-64	2%	4%
Total population - all ages	3%	8%

accommodation based services have a fixed number of spaces they can support, the Floating support services will need be aware of the general increase in population for working age adults.

The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have a major adverse impact on any of the protected characteristics and will provide additional support to all age groups, how this is provided to best meet the needs of people of all ages will be decided as part of the engagement with providers and service users in advance of the tender process.

Disability (including carers of disabled people)

Profile of Harrow residents at 2011 Census:

In 2011 Harrow had a usual resident population of 239,056. 34,850 (14.6%) of residents had a limiting long-term illness or disability which limited their day-to-day activities.

Generic Floating Support

The profile of the current service users (July 2017) shows that 73% current service users identify as having a disability and 27% service users do not identify as having a disability.

Substance Misuse and Ex-offenders Floating Support

The profile of the current service users (July 2017) shows

The majority (73%) of the users of the generic floating support service identify as having a disability.

The majority (78%) of the users of the substance misuse and ex-offenders floating support service do not identify as having a disability.

33% of users of the supported housing for substance misuse and ex-offenders service identify as having a disability.

that 22% current service users identify as having a disability and 78% service users do not identify as having a disability.

Supported Housing for Substance Misuse and Ex-offenders

The profile of the current service users (July 2017) shows that 33% current service users identify as having a disability and 67% service users do not identify as having a disability.

Older People Floating Support

The profile of the current services users (July 2017) shows that 77% current service users identify as having a disability and 23% do not.

EMI Floating Support

The profile of the current service users (July 2017) shows that 100% of service users supported by the EMI service have a disability.

Mental Health Flexible Floating Support

The profile of the current service users (July 2017) shows that 23% current service users identify as having a disability and 77% do not.

Mental Health Rapid Response Floating Support

The profile of the current service users (July 2017) shows that 90% current service users identify as having a disability and 10% does not.

Mental Health Short Stay Accommodation

The profile of the current service users (July 2017) shows

The majority of the floating support service users do not identify as having a disability. However all service users in the Mental health floating support, rapid response and long stay accommodation have mental health needs.

The EMI Service users all have a disability.

Changes to these services will have impacts on disabled people, though this is to be expected with services provided to vulnerable clients. The new provision will need to provide support to clients will all different needs and disabilities. In addition, new services will need to support older people with and without disabilities and people with mental health related support needs.

that 36% current service users identify as having a disability and 50% do not, and for 14% service users this status is unknown.

Mental Health Long stay Accommodation

The profile of the current service users (July 2017) shows that 15% current service users identify as having a disability and 85% do not.

POPPI Data:

	2017	2020	2025
People aged 18-64 predicted to have a common mental disorder	25,273	25,676	26,192
People aged 18-64 predicted to have a borderline personality disorder (BPD)	706	717	731
People aged 18-64 predicted to have an antisocial personality disorder (APD)	553	564	580
People aged 18-64 predicted to have psychotic disorder	628	638	650
People aged 18-64 predicted to have two or more psychiatric disorders	11,315	11,507	11,755

Borough wide POPPI data indicates gradual increases over the life of the contract and beyond in people of working age with common mental disorders, and increases in people with BPD and APD. New services and winning providers will need to be aware of these demographic changes and be able to provide appropriate levels of support. The floating support services are aimed at people with low level mental health needs and will need to be aware of the increasing numbers of people with two or more psychiatric disorders and the best ways to support them.

The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have a major adverse impact on any of the protected characteristics and will provide additional support to people with disabilities and mental health needs. How this is provided to best meet the needs of people of people with disabilities and mental health needs will be decided following engagement with providers and service users in advance of the tender process. Some of the feedback around the existing provision has highlighted the points of the service that people would like to see preserved, and this detailed feedback will form the service specification.

Gender Reassignment

Profile of Harrow residents:

The data available for this protected characteristic is

There is limited data held about this protected characteristic for the population and in relation to these groups and services. The England/Wales Census and Scottish Census have not asked if people identify as transgender. The charity GIRES estimated in their Home Office funded study in 2009 the number of transgender people in the UK to be between 300,000 and 500,000.

Generic Floating Support

No data available though it appears that there may be service users who identify as transgender.

Substance Misuse and Ex-offenders Floating Support

The profile of the current service users (July 2017) shows that all service users indicated that they have not undergone gender reassignment. There is no data available for the other service users.

Supported Housing for Substance Misuse and Ex-offenders

No data available.

Older People Floating Support

The profile of the current service users (July 2017) shows that the majority of service users indicated that they have not undergone gender reassignment.

EMI Floating Support

The profile of the current service users (July 2017) shows that no service users indicated that they have undergone gender reassignment

limited. This is a nationally recognised issue when commissioning services, The Transgender Equality Report produced by the House of Commons Select Committee published that the Office for National Statistics (ONS) anticipate “some 650,000 people are likely to be gender incongruent to some degree”. Any service commissioned must be prepared to work with people who have undergone gender reassignment as this figure is expected to rise in coming years.

The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have an adverse impact on any of the protected characteristics and will provide additional support to people a variety of needs, including taking account of those who may have undergone, or may be considering gender reassignment.

	<p>Mental Health Flexible Floating Support The profile of the current service users (July 2017) shows that no service users indicated that they have undergone gender reassignment</p> <p>Mental Health Rapid Response Floating Support The profile of the current service users (July 2017) shows that no service users indicated that they have undergone gender reassignment</p> <p>Mental Health Short Stay Accommodation The profile of the current service users (July 2017) shows that no service users indicated that they have undergone gender reassignment</p> <p>Mental Health Long stay Accommodation The profile of the current service users (July 2017) shows that no service users indicated that they have undergone gender reassignment</p>	
Marriage / Civil Partnership	<p>Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. Harrow had a very high percentage of married couples. 53.7 per cent of residents (aged 16+) were in a marriage. The borough had lower levels of people with other marital and civil partnership status.</p> <p>Generic Floating Support</p> <p>The profile of the current service users (July 2017) shows that 90% current service users are single, 8% are married and for 2% the information is unknown.</p> <p>Substance Misuse and Ex-offenders Floating</p>	The majority of the users of the generic floating support service and of the substance misuse and ex-offenders floating support service are single. All users of the supported housing for substance misuse and ex-offenders service are single.

Support

The profile of the current service users (July 2017) shows that 89% current service users are single, 3% is married and for 8% the information is unknown.

Supported Housing for Substance Misuse and Ex-offenders

The profile of the current service users (July 2017) shows that all current service users are single.

Older People Floating Support

The profile of the current service users (July 2017) shows that 16% are married and for 84% the information is unknown.

EMI Floating Support

The profile of the current service users (July 2017) shows that 35% are married and for 65% the information is unknown.

Mental Health Flexible Floating Support

The profile of the current service users (July 2017) shows that 5% are married and for 5% the information is unknown and 90% declined to provide a response to this question.

Mental Health Rapid Response Floating Support

The profile of the current service users (July 2017) shows that 7% is married and for 66% the information is unknown and 27% declined to provide a response to this question.

Mental Health Short Stay Accommodation

The profile of the current service users (July 2017) shows that 14% are married and for 86% the information is

Previous consultation related to the provision of mental health related services highlighted that the additional stress and pressure related to reducing support for people with mental health needs may put additional stress onto the carers and loved ones of service which in turn has a potential to put a strain on marriages and civil partnerships. Consideration of this should be factored into future contracting arrangements.

The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have an adverse impact on any of the protected characteristics and will provide additional support to people a variety of needs, including taking account of marital/ civil partnership issues that may arise as part of the support required throughout this contract.

	<p>unknown.</p> <p>Mental Health Long stay Accommodation The profile of the current service users (July 2017) shows that for the majority of service users the information is unknown.</p>	
Pregnancy and Maternity	<p>Profile of Harrow residents: ONS births figures show Harrow as having 3,585 live births in 2012. There is limited data held about this protected characteristic for the population and in relation to these groups and services.</p> <p>Generic Floating Support</p> <p>No data available.</p> <p>Substance Misuse and Ex-offenders Floating Support</p> <p>No data available.</p> <p>Supported Housing for Substance Misuse and Ex-offenders</p> <p>No data available.</p> <p>Older People Floating Support Due to the nature of the service, none of the current service users (July 2017) have this protected characteristic.</p> <p>EMI Floating Support Due to the nature of the service, none of the current</p>	<p>The data available for this protected characteristic is limited.</p> <p>The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have an adverse impact on any of the protected characteristics and will provide additional support to people a variety of needs, including taking account of any needs which might arise in relation to pregnancy and maternity. This may have particular relevance in terms of the floating support contract with support potentially provided to mothers experiencing post-natal</p>

	<p>service users (July 2017) have this protected characteristic.</p> <p>Mental Health Flexible Floating Support None of the current (July 2017) service users have this protected characteristic</p> <p>Mental Health Rapid Response Floating Support The profile of the current service users (July 2017) shows that for 18% services users were pregnant or had been in the last two years and 82% had not.</p> <p>Mental Health Short Stay Accommodation None of the current (July 2017) service users have this protected characteristic</p> <p>Mental Health Long stay Accommodation None of the current (July 2017) service users have this protected characteristic</p>	<p>depression and other concerns during or following pregnancy.</p>
Race	<p>Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. In 2011 44% of residents were Asian. Harrow's Indian group was the borough's largest minority ethnic group, with a population of 63,050 (26.4%). Other Asian groups accounted for 11.3% of Harrow's residents. Sri Lankans were the largest population group in this category in Harrow. 42.2% of residents were White, including 30.9% (73,830) White British. 8.2% of Harrow's residents were categorised in the Other White group, which comprised people from a large variety of backgrounds (mainly from other parts of Europe). 9.7% (23,105) of residents were Black, including Black African (3.6%) Black Caribbean (2.8%) and Other Black (1.8%). 4.1% of residents were</p>	<p>The majority (53%) of the users of the generic floating support service are White/White British, followed by Asian/Asian British (16%) and Black/Black British (15%). When compared to the overall population of Harrow White and Black service users are overrepresented in this client group and Asian service users are underrepresented. It is not clear at this stage why this might be the case but there may be low awareness of these support services amongst residents from these specific groups and/or referral agencies. There may be also other sources of support available through family, friends or community or faith groups.</p> <p>A large proportion (46%) of the substance misuse and</p>

included in the Arab and Other grouping.

Generic Floating Support

Profile of current service users at July 2017

Asian or Asian British 16%
Black or Black British 15%
Other ethnic background 10%
White or White British 53%
Refused (0)
Information not held 6%

Substance Misuse and Ex-offenders Floating Support

Profile of current service users at July 2017

Asian or Asian British 16%
Black or Black British 33%
Other ethnic background 5%
White or White British 46%
Refused (0)
Information not held (0)

Supported Housing for Substance Misuse and Ex-offenders

Profile of current service users at July 2017

Black or Black British 33%
White or White British 66%
Refused (0)
Information not held (0)

Older People Floating Support

Asian/Asian British: Indian 18%
Asian/Asian British: Other 12%

ex-offenders floating support service users are White, followed by Black (33%) and Asian (16%). When compared to the overall population of Harrow Black service users are overrepresented in this client group and Asian service users are underrepresented. However this client group is small (37).

66% of the service users of the supported housing for substance misuse and ex-offenders service are White and 33% are Asian.

Black/ African/Caribbean/Black British: African 12%
Black/ African/Caribbean/Black British: Caribbean 17%
Mixed/Multiple Ethnic Groups: Other Mixed 6%
Other Ethnic Group: Other 6%
White: English/Welsh/Scottish/Northern Irish/ British 23%
White: Other 6%

EMI Floating Support

Asian/Asian British: 12%
Asian/Asian British: Other Asian 12%
Asian/Asian British: Pakistani 8%
White: English/Welsh/Scottish/Northern Irish/British 68%

Mental Health Flexible Floating Support

Asian/Asian British: Bangladeshi 2%
Asian/Asian British: Indian 11%
Asian/Asian British: Other Asian 5%
Asian/Asian British: Pakistani 8%
Black/African/Caribbean/Black British: African 3%
Black/African/Caribbean/Black British: Caribbean 3%
Mixed/multiple ethnic groups: White and Black African 4%
Mixed/multiple ethnic groups: White and Black Caribbean 6%
Other ethnic group: Any other ethnic group 2%
White: English/Welsh/Scottish/Northern Irish/British 52%
White: Irish 2%
White: Other White 2%

Mental Health Rapid Response Floating Support

Asian/Asian British: Bangladeshi 9%
Asian/Asian British: Indian 18%
Black/African/Caribbean/Black British: African 18%
Mixed/multiple ethnic groups: Other Mixed 9%
Mixed/multiple ethnic groups: White and Asian 9%
Mixed/multiple ethnic groups: White and Black African 9%

There is a mix of different backgrounds receiving support from these services, which reflects the diverse make up of residents in Harrow. One of the key themes from the survey was that users were grateful to have support and information provided in their own languages, this will be included within future service specifications to ensure this part of the provision is not lost.

	<p>White: English/Welsh/Scottish/Northern Irish/British 28%</p> <p>Mental Health Short Stay Accommodation Asian/Asian British: Indian 22% Asian/Asian British: Other Asian 14% Asian/Asian British: Pakistani 7% Black/African/Caribbean/Black British: African 7% Black/African/Caribbean/Black British: Caribbean 7% Mixed/multiple ethnic groups: White and Black Caribbean 7% Other ethnic group: Arab 7% White: English/Welsh/Scottish/Northern Irish/British 15% White: Other White 15%</p> <p>Mental Health Long stay Accommodation Black/African/Caribbean/Black British: African 15% Black/African/Caribbean/Black British: Caribbean 8% White: English/Welsh/Scottish/Northern Irish/British 69% White: Other White 8%</p>	<p>The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have an adverse impact on any of the protected characteristics and will provide additional support to people with a variety of needs, The services currently support a mix of ethnicities and any new service procured going forward must continue to do this, and to make sure they are equipped to deal with diverse client groups in a culturally appropriate way.</p>
<p>Religion and Belief</p>	<p>Profile of Harrow residents at 2011 Census: In 2011 Harrow had a usual resident population of 239,056. Religious affiliation is very high in Harrow. In 2011 37.3% (89,168) of residents were Christians, 25.3% (60,410) were Hindus, 4.4% (10,530) were Jewish and 12.5% (29,880) were Muslims 2.5% (5,945) people were followers of Other Religions, including Sikhs, Buddhists, Jains and Zoroastrians 9.6% (22,870) of residents stated that they had no religion 6.2% didn't answer this question.</p> <p>Generic Floating Support</p> <p>Profile of current service users at July 2017: Buddhist 0%</p>	<p>The majority (56%) of the users of the generic floating support service are Christian, followed by Muslim (16%). When compared to the overall population of Harrow Christian service users are overrepresented in this client group and Hindu and Jewish service users are underrepresented. It is not clear at this stage why this might be the case but there may be low awareness of these support services amongst residents from these specific groups and/or referral agencies. There may be also other sources of support available through family, friends or community or faith groups.</p> <p>A large proportion (46%) of the substance misuse and ex-offenders floating support service users are Christian, followed by No Religion/Atheist (27%). When compared</p>

	<p>Christian 56% Hindu 9% Jain 0% Jewish 1% Muslim 16% Sikh 0% Zoroastrian 0% No religion/Atheist 2% Other 14% Refused 0% Information not held 2%</p> <p>Substance Misuse and Ex-offenders Floating Support</p> <p>Profile of current service users at July 2017: Buddhist 0% Christian 46% Hinduism 8% Jainism 0% Judaism 0% Muslim 8% Sikh 0% Zoroastrian 0% No religion/Atheist 27% Other 11% Refused 0% Information not held 0%</p> <p>Supported Housing for Substance Misuse and Ex-offenders</p> <p>Profile of current service users at July 2017:</p> <ul style="list-style-type: none"> • 83% Christian • 17% Other religion 	<p>to the overall population of Harrow Christian service users are overrepresented in this client group and Hindu and Jewish service users are underrepresented. However this client group is small.</p> <p>46% of service users of the supported housing for substance misuse and ex-offenders service are Christian. Christian service users are overrepresented and service users from other faiths are underrepresented.</p> <p>It is not expected that this proposal will have an adverse impact on any of the protected characteristics and will provide additional support to people with a variety of needs continuing to support people of all religions and beliefs in an appropriate way that takes account of the requirements associated with different religious backgrounds.</p>
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Older People Floating Support

Buddhist 3%
Christian 61%
Hindu 6%
Muslim 10%
Religion not stated 16%
Sikh 4%

EMI Floating Support

Buddhist 4%
Christian 53%
Hindu 19%
Jewish 4%
Muslim 8%
No Religion 4%
Religion not stated 8%

Mental Health Flexible Floating Support

Christian 41%
Hindu 7%
Muslim 14%
No religion 29%
Other religion 7%
Sikh 2%

Mental Health Rapid Response Floating Support

Christian 47%
Muslim 7%
No religion 40%
Other religion 6%

Mental Health Short Stay Accommodation

Christian 51%
Muslim 21%

	<p>No religion 7% Other religion 7% Religion not stated 14%</p> <p>Mental Health Long stay Accommodation Christian 76% Jewish 8% No religion 8% Other religion 8%</p>	
Sex / Gender	<p>Profile of Harrow residents at 2011: Harrow had a usual resident population of 239,056. 49.4 per cent of residents were males and 50.6 per cent were females.</p> <p>Generic Floating Support</p> <p>This service is for adult men and adult women. The profile of the current service users (July 2017) shows that 54 59% service users are women and 40% are men. 1% service user identifies as transgender (no further details available).</p> <p>Substance Misuse and Ex-offenders Floating Support</p> <p>This service is for adult men and adult women. The profile of the current service users (July 2017) shows that of the current service users 73% are men and 27% are women.</p> <p>Supported Housing for Substance Misuse and Ex-offenders</p> <p>All current service users are men, as at July 2017.</p>	<p>The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users.</p> <p>It is not expected that this will have an adverse impact on any of the protected characteristics and will provide additional support to people with a variety of needs continuing to support people of both gender. ,</p>

	<p>Older People Floating Support This service is for adult men and adult women. The profile of the current service users (July 2017) shows that there is an almost even split between male and female service users.</p> <p>EMI Floating Support This service is for adult men and adult women. The profile of the current service users (July 2017) shows that of the current service users 35% are men and 65% are women.</p> <p>Mental Health Flexible Floating Support This service is for adult men and adult women. The profile of the current service users (July 2017) shows that of the current service users 43% are men and 57% are women.</p> <p>Mental Health Rapid Response Floating Support This service is for adult men and adult women. The profile of the current service users (July 2017) shows that of the current service users 58% are men and 42% are women.</p> <p>Mental Health Short Stay Accommodation This service is for adult men and adult women. The profile of the current service users (July 2017) shows that of the current service users 79% are men and 21% are women.</p> <p>Mental Health Long stay Accommodation This service is for adult men and adult women. The profile of the current service users (July 2017) shows that of the current service users 69% are men and 31% are women.</p>	
Sexual Orientation	The ONS advises that in 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). In 2015, the population of London had the largest percentage who identified themselves as lesbian, gay or bisexual	The majority of the users of the generic floating support service are heterosexual. All users of the substance misuse and ex-offenders floating support service and of the supported housing for substance misuse and ex-

	<p>(LGB) at 2.6%.</p> <p>Profile of Harrow residents: There is limited data held about this protected characteristic for the population and in relation to these groups and services.</p> <p>Nationally gathered statistics by the University of Cambridge (and published in the Journal of General Internal Medicine) stated that 12% of lesbian women and 19% of bisexual women reported mental health problems. This is compared to 6% of heterosexual women. 11% gay men and 15% bisexual men reported mental health problems, compared to just 5% of straight/ heterosexual males.</p> <p>Generic Floating Support</p> <p>Profile of current service users at July 2017 96% heterosexual 3% did not wish to disclose 1% bisexual</p> <p>Substance Misuse and Ex-offenders Floating Support</p> <p>Profile of current service users at July 2017 100% heterosexual</p> <p>Supported Housing for Substance Misuse and Ex-offenders</p> <p>All current service users are heterosexual, as at July 2017.</p>	<p>offenders service are heterosexual.</p> <p>The proposal being considered for floating support is that the services are remodelled and re-provided on a more intensive basis, potentially for a shorter term and to more service users. It is not expected that this will have an adverse impact on any of the protected characteristics and will provide additional support to people with a variety of needs.</p> <p>The new service will need to be respectful of the needs of the LGBT community and be aware of specific support provided to this group, especially in relation to the mental health services.</p>
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Older People Floating Support
 Homosexual 4.5%
 Heterosexual 91%
 No Response 4.5%

EMI Floating Support
 Heterosexual 92%
 Unknown/No response 8%

Mental Health Flexible Floating Support
 Heterosexual 86%
 Unknown/ No Response 24%

Mental Health Rapid Response Floating Support
 Heterosexual 100%

Mental Health Short Stay Accommodation
 Heterosexual 93%
 Unknown/ No Response 7%

Mental Health Long stay Accommodation
 Heterosexual 100%

Stage 3: Assessing Potential Disproportionate Impact

5. Based on the evidence you have considered so far, is there a risk that your proposals could potentially have a disproportionate adverse impact on any of the Protected Characteristics?

	Age (including carers)	Disability (including carers)	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity	Race	Religion and Belief	Sex	Sexual Orientation
Yes	✓	✓							
No			✓	✓	✓	✓	✓	✓	✓

YES - If there is a risk of disproportionate adverse Impact on any **ONE** of the Protected Characteristics, complete a FULL EqIA.

- **Best Practice:** You may want to consider setting up a Working Group (including colleagues, partners, stakeholders, voluntary community sector organisations, service users and Unions) to develop the rest of the EqIA
- It will be useful to also collate further evidence (additional data, consultation with the relevant communities, stakeholder groups and service users directly affected by your proposals) to further assess the potential disproportionate impact identified and how this can be mitigated.
- **NO** - If you have ticked 'No' to all of the above, then go to **Stage 6**
- Although the assessment may not have identified potential disproportionate impact, you may have identified actions which can be taken to advance equality of opportunity to make your proposals more inclusive. These actions should form your Improvement Action Plan at Stage 6

Stage 4: Further Consultation / Additional Evidence

6. What further consultation have you undertaken on your proposals as a result of your analysis at **Stage 3**?

Who was consulted? What consultation methods were used?	What do the results show about the impact on different groups / Protected Characteristics?	What actions have you taken to address the findings of the consultation? E.g. revising your proposals
Postal survey of current service users August/Sept 2017	<p>The results from the survey are in line with the data in the table above. The survey highlighted some concerns about potential impacts on mental health and older people and requested additional support/ information.</p> <p>One of the key messages from the service users in the postal survey was support provided in their own language.</p>	<p>Further consultation with service users to understand the impacts of changing this service, took place on 19th October 2017. The results of this survey feed into the comments and actions detailed above, and provide considerations for the new service specification. One of the clear highlights was a need to ensure material is available in different languages and the availability of translator/ interpreter support.</p> <p>The new service will need to ensure they have access to translators and interpreters and are</p>

		able to provide support in the client's language – this will form one of the requirements of the service specification.
Market Engagement Event with providers and the Voluntary Community Sector on 12 October (Face to Face)	<p>Providers highlighted the need to ensure service users were not adversely impacted by the proposal and wanted to make sure that the transition takes account of the needs of service users, in relation to care and support and their protected characteristics.</p> <p>Providers expressed concerns about limiting the hours (as the current contracts do) and instead welcomed room for creative ways to deliver support.</p>	Further consultation with service users to understand the impacts of changing this service, on 19 th October 2017 Service users during this consultation discussed the impacts on vulnerable people and stressed the need for the process to be managed in a sensitive way that takes account of the needs of individuals in terms of their vulnerability and their protected characteristics. One of the clear highlights was a need to ensure material is available in different languages and the availability of translator/ interpreter support.
Service User consultation event on 19 October (Face to Face)	Service users highlighted the things that mattered most to them about the service and in particular the parts of the service they would be afraid to lose.	Officers have recorded all concerns, suggestions and ideas and will factor these into the new service specification.

7. What does your evidence tell you about the impact on the different Protected Characteristics? Consider whether the evidence shows potential for differential impact, if so state whether this is a positive or an adverse impact? If adverse, is it a minor or major impact?

Protected Characteristic	Positive Impact ✓	Adverse Impact		Explain what this impact is, how likely it is to happen and the extent of impact if it was to occur. Note – Positive impact can also be used to demonstrate how your proposals meet the aims of the PSED Stage 7	What measures can you take to mitigate the impact or advance equality of opportunity? E.g. further consultation, research, implement equality monitoring etc (Also Include these in the Improvement Action Plan at Stage 6)
		Minor ✓	Major ✓		
Age (including carers of young/older)		✓		While this proposal is a positive change, it is impacting on people who do not always respond to change easily.	As a result any change will need to be sensitively delivered and carefully managed and monitored post implementation.

people)					
Disability (including carers of disabled people)		✓		While this proposal is a positive change, it is impacting on people who do not always respond to change easily.	As a result any change will need to be sensitively delivered and carefully managed and monitored post implementation.
Gender Reassignment					
Marriage and Civil Partnership					
Pregnancy and Maternity					
Race					
Religion or Belief					
Sex					

Sexual orientation							
8. Cumulative Impact – Considering what else is happening within the Council and Harrow as a whole, could your proposals have a cumulative impact on a particular Protected Characteristic? If yes, which Protected Characteristics could be affected and what is the potential impact?				Yes	x	No	
				The service provision in the Borough will change as a result of this proposal. This is in addition to changes and reductions in finances to VCS organisations and may have a cumulative impact on the ability to access support for service users primarily from the Age and Disability related characteristics.			
9. Any Other Impact – Considering what else is happening within the Council and Harrow as a whole (for example national/local policy, austerity, welfare reform, unemployment levels, community tensions, levels of crime) could your proposals have an impact on individuals/service users socio economic, health or an impact on community cohesion? If yes, what is the potential impact and how likely is it to happen?				Yes	x	No	
				There are lots of changes proposed that impact on vulnerable people, including changes to benefits allowances, support provision in the community and other changes. While this proposal is a positive change, it is impacting on people who do not always respond to change easily. As a result any change will need to be sensitively delivered and carefully managed.			
Stage 6 – Improvement							
List below any actions you plan to take as a result of this Impact Assessment. These should include: <ul style="list-style-type: none"> Proposals to mitigate any adverse impact identified Positive action to advance equality of opportunity Monitoring the impact of the proposals/changes once they have been implemented Any monitoring measures which need to be introduced to ensure effective monitoring of your proposals? How often will you do this? 							
Area of potential adverse impact e.g. Race, Disability	Proposal to mitigate adverse impact			How will you know this has been achieved? E.g. Performance Measure / Target		Lead Officer/Team	Target Date

All areas	A method statement question will be included in the procurement process to ascertain how the provider will make their service accessible and will provide an inclusive service. This should include regard to language and culture.	Procurement process	Procurement	December
All areas	Diversity data will be requested as part of the quarterly monitoring of the new contracts. These will be reviewed and any trends will be identified and discussed.	Quarterly monitoring records	Housing (BDT- Housing Strategy) and Adults	Quarterly
Gender Reassignment / Pregnancy and Maternity	Clarity will be sought on this data during the quarterly monitoring of the new contracts to understand whether any service users identify as having undergone gender reassignment as there is limited data.	Quarterly monitoring records	Housing (BDT- Housing Strategy) and Adults	Quarterly
Age / Disability	Post implementation monitoring will be conducted to identify any potential impact.	Quarterly monitoring records	Housing (BDT- Housing Strategy) and Adults	September 2018
Stage 7: Public Sector Equality Duty				
<p>10. How do your proposals meet the Public Sector Equality Duty (PSED) to:</p> <ol style="list-style-type: none"> 1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010 2. Advance equality of opportunity between people from different groups 3. Foster good relations between people from different groups 		<p>The provision of housing related support services tailored to the needs of service users assists vulnerable people to live independently and therefore contributes to equality of opportunity. We propose to continue to support vulnerable residents but the proposal out for consultation is that the service is remodelled and re-provided on an intensive basis, shorter term and to more service users.</p>		
Stage 8: Recommendation				
11. Which of the following statements best describes the outcome of your EqIA (✓ tick one box only)				
Outcome 1 – No change required: the EqIA has not identified any potential for unlawful conduct or disproportionate impact and all opportunities to advance equality of opportunity are being addressed.				
Outcome 2 – Minor Impact: Minor adjustments to remove / mitigate adverse impact or advance equality of opportunity have been				✓

identified by the EqIA and these are included in the Action Plan to be addressed.	
Outcome 3 – Major Impact: Continue with proposals despite having identified potential for adverse impact or missed opportunities to advance equality of opportunity. In this case, the justification needs to be included in the EqIA and should be in line with the PSED to have 'due regard'. In some cases, compelling reasons will be needed. You should also consider whether there are sufficient plans to reduce the adverse impact and/or plans to monitor the impact. (Explain this in Q12 below)	
12. If your EqIA is assessed as outcome 3 explain your justification with full reasoning to continue with your proposals.	

Stage 9 - Organisational sign Off			
13. Which group or committee considered, reviewed and agreed the EqIA and the Improvement Action Plan?	Chair of Community DETG Chair of People DETG		
Signed: (Lead officer completing EqIA)	Jane Fernley Chris Greenway	Signed: (Chair of DETG)	J. Morgan Dave Corby
Date:	7.11.2017 7.11.2017	Date:	7.11.2017 7.11.2017
Date EqIA presented at Cabinet Briefing (if required)		Signature of DETG Chair (following Cabinet Briefing if relevant)	