# Equality impact assessment form

Please use this form to record your findings, proposed actions, equality objectives and targets. Use the guidance notes to help you do the assessment or contact the Equality Standard Project Manager if you need some advice

## About the policy, practice, service or function you are assessing

**Name of policy, practice, service or function:** Housing Related Support – Mental Health

**Assessment team leader name:** Christine Collingwood

**Date of assessment:** 22 June 2012

**Department responsible:** Adults Health and Housing

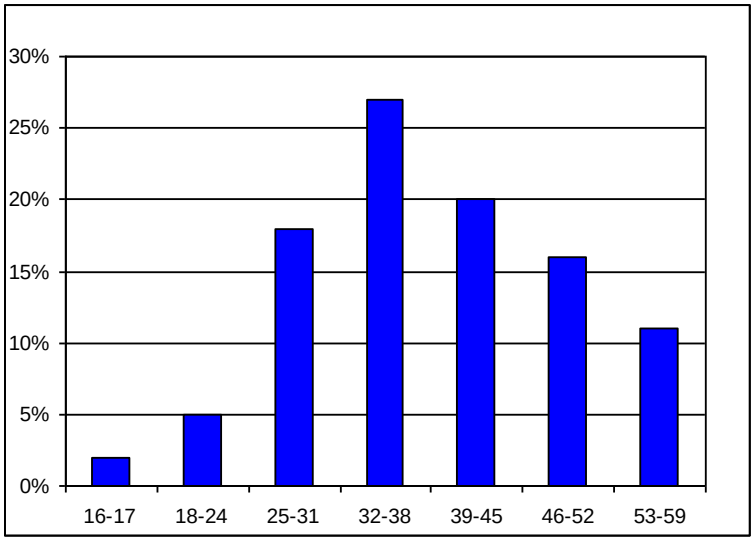
**Service Area:** Integrated Commissioning Younger Adults and Housing

**Other members of assessment team:**

| Name | Position | Area of expertise | Comments |
|---|---|---|---|
| Ryan Esson | Service Quality Officer | Housing Related Support | |
| Maureen Parker | Customer | User of Services | |
| Som Bhalla | Customer | User of Services | |
| Lee Fletcher | Metropolitan | Service Provider | |
| Milicia Howell | Swinburne Street Supported Housing | Service Provider | |

| Question | Response/ findings |
|---|---|
| What are the main aims and objectives or purpose of the policy, practice, service or function that you are assessing? | Supporting People (SP) is a programme of housing related support services funded by Government as a named unringfenced grant within Area Based Grant. The programme in Derby has historically received about £10m per year and has operated as a partnership with voting input at Board level from Derby NHS, Derbyshire Probation Service, and Derby City Council.<br><br>The Supporting People programme plays an important role in promoting links between health, housing, probation, social care, the police and other stakeholders for the planning and delivery of services for vulnerable people.<br><br>In Derby, the original Supporting People grant allocation was approx £10m per year. In the run up to 1st April 2003, the Council established contracts with all of the legacy services that had received income from one of the previously separate funding streams. Since 2003 the Council has produced two Supporting People strategies and a housing support needs analysis, undertaken to help define commissioning priorities.<br><br>It has now been agreed, as part of the Council's overall budget strategy that the funding available for housing related support is reduced by £6.144m over 2 years (2012-2014). The remaining budget would be £3.323m. |
| Who implements, carries out or delivers the policy, practice, service or function?<br><br>Please state where this is more than one person, team, department, or body – and include any outside organisations who deliver under procurement arrangements. | Supporting People Team monitors performance, quality and contractual obligations, together with the involvement of the Peer Review group.<br><br>Strategic Partners including our Core Strategy Group and Commissioning Board are responsible for decision-making processes about Supporting People policies and practice, service provision.<br><br>Providers have contractual obligation under the terms of their contracts and the quality assessment framework to ensure that all policies and procedures are in place and reviewed at least every three years. |

## Identifying potential equality issues and factors

| Question | Response/ findings |
|---|---|
| Is there any evidence of higher or lower take up under the policy or practice, or of the service or function for any particular groups?<br><br>For example, who uses the service, who doesn't and why not? | Users of services for Mental Health issues tend to be over 25, with nearly 60% of users aged between 32 and 52 (see the graph below)<br><br>**Figure 1: Age profile**<br>  <br><br>Most service users are white (80%) this is shown in figure 2. This is roughly in line with the population profile of the city where 18% are estimated as being from a BME community.<br><br>**Figure 2: Ethnicity**<br>**Ethnicity** / **%**<br>White: British / 80%<br>Black/Black British: Caribbean / 5%<br>Asian/Asian British: Pakistani / 4%<br>Mixed: Other / 2%<br>Asian/Asian British: Other / 2%<br>Black/Black British: African / 2%<br>Black/Black British: Other / 2%<br>Other ethnic group: Other / 2%<br>Refused / 2% |

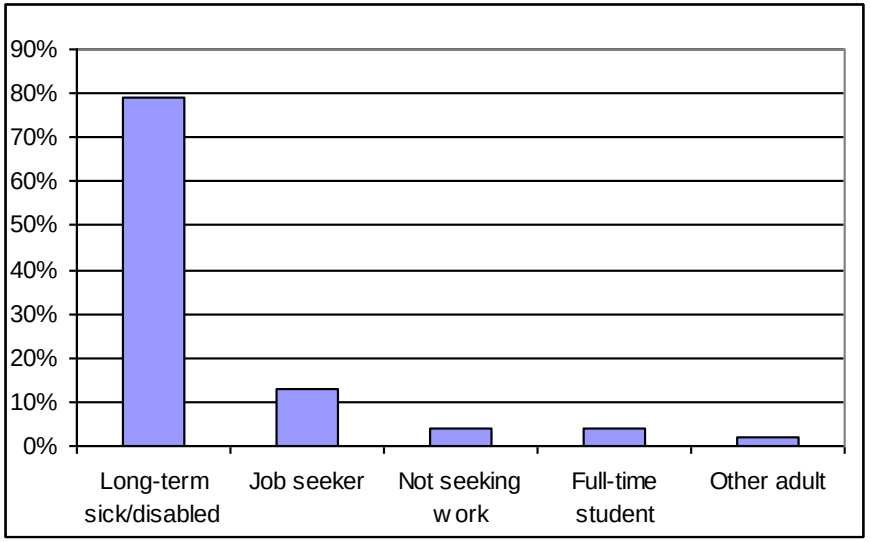
Over three quarters (see the table below) feel that they have a disability. This is significantly higher than the population as a whole where 11% have a disability.

**Figure 3:disability**

| | |
|---|---|
| Disabled | 77% |
| Not disabled | 11% |
| Don't Know | 13% |

None of the service users are in employment, only just over 10% are actively looking for work…

**Figure 4: Economic Activity**



| Question | Response/ findings |
|---|---|
| Is there an indication that any of the policies or practices involved with the service or function creates particular problems or difficulties for any groups of customers or communities? | The potential of decommissioning Housing Related Support (HRS) programmes for those with mental health issues could be potentially serious. The lack of support for service users would lead to:<br><br>• increased confidence of people being hospitalised<br>• increase to the abuse and harassment of mental health sufferers<br>• hospitalisation could lead to loss of tenancy and independence<br>• individuals could be open to self medication by drugs and alcohol<br>• increase in violent episodes and other issues if they fail to take their mediation<br>• pressure and stress for individuals when they have to cope with complex housing benefit issues.<br><br>With individuals using mental health services being given personal budgets from the HRS budget, they will be directly impacted upon by any of HRS activity. |
| Is the service having a positive or negative effect on particular people in the community, or particular groups or communities? | The provision of housing related support programmes for those with Mental Health issues<br><br>In the past, people were treated in acute wards with depression or psychosis and many were in and out of the hospital. HRS helps prevent this by providing individuals with either residential based or floating support which enables them to live independently, providing the opportunity to unpick issues in confidence.<br><br>HRS provides an infrastructure upon which providers can hang tailored services.<br><br>Cases like the following highlight how HRS prevent individuals remaining in institutional care. The service user was abused by his father and when his parents died he had to move from the family home to a flat. He could not cope, he got in to trouble, was put on the sexual offender register and ended up in prison. He now has residual problems where he swears and self harms. HRS gave him the support he required to live independently and to be properly assessed for his mental health issues. Without this support he would probably be back in prison or institutional care.<br><br>HRS enables individuals to build their social capital and help individuals rebuild their relationships with their families which had been damaged by the impact of their mental |

| | |
|---|---|
| | health issues. Support can be given to mediate and provide support to re-integrate in to society, which significantly helps the healing process.<br><br>Service users are less of a danger to themselves and the public as their confidence or self awareness grows.<br><br>HRS helps individuals build credibility with financial institutions (with mental illness many individuals get into debt) so they can move into independent living. Some individuals have had debt written off by being supported in proving they had insufficient capacity to agree to the loan.<br><br>By supporting service users to access positive activities during the day it makes them less vulnerable to being targeted by unscrupulous individuals, who look to acquire money (particularly how housing benefit is paid to the individual).<br><br>Some individuals need more than two years support as mental health issues can regress or flare up at little notice and support needs to vary at time of crisis.<br><br>Housing related support enables individuals to minimize their conditions and live independently saving considerable costs in ensuring conditions are prevented from hospitalisation or prison. |

# Analysing the information and data and setting equality objectives and targets

Please give your detailed findings in this table

| **Issue** | **Which groups are affected and how** | **Potential impact** | **How can we overcome this?** |
|---|---|---|---|
| Lack of support in times of crisis leading to increased incidence of hospitalisation | Service Users | • Pressure on bed spaces / out of area placements.<br>• Unwell patients being discharged to make way for more acute cases, leading to a cycle of admissions.<br>• Extra costs to health providers<br>• Restrictions of peoples freedoms.<br>• Potential loss of tenancies.<br>• Escalation of health issues.<br>• Stigma / loss of family contact. | • Re-assessment and appraisal of service user needs at regular intervals.<br>• More bed spaces.<br>• More community based support.<br>• More out of area placements. |
| Signs of stress being missed if individuals are not regularly visited, leading to increase risk of suicide | Derby as a whole | • Increase administrative costs / inquests<br>• Loss of individuals potential | • Re-assessment and appraisal of service user needs at regular intervals. |
| | Service Users | • Death | |

| Issue | Which groups are affected and how | Potential impact | How can we overcome this? |
|---|---|---|---|
| Re-offending / offending issues are not effectively managed | Derby as a whole | • Risk to general public<br>• Revenue loos to organisations due to crime<br>• Police and criminal justice costs<br>• Decrease in positive perception of Derby, leading to loss of inward investment, night time economy | |
| | Service Users | • Criminal record<br>• Loss of freedom<br>• Shame, regret<br>• Escalation of mental health issues | |
| Lack of support in dealing with housing issues. | Derby as a whole | • Homelessness<br>• Escalation of mental health issues<br>• Vulnerability to poverty<br>• Poor health | |
| | Service Users | • Increase rough sleeping leading to, offending issues, damage to evening economy and non attainment of purple flag status | |

## Objectives for minimising negative impacts - process, impact or outcome based

Please give your proposed objectives/ targets in this table

| **Objective/Target:** | **Provision of support for those with Mental Health Issues at times of crisis** |
|---|---|
| Specific | Development of programmes to support individuals with health issues |
| Measurable | Hospital admissions are stabilised / reduced |
| Achievable | A partnership approach will need to be developed to look at way forward |
| Relevant | Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets |
| Timed | 12 months |

| **Objective/Target:** | **Ensure that offenders with Mental Health Issues do not re-offend** |
|---|---|
| Specific | To look at / roll out approaches to preventing offending |
| Measurable | Less offending |
| Achievable | A partnership approach will need to be developed to look at way forward |
| Relevant | Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets |
| Timed | 12 months |

| **Objective/Target:** | **Ensure those with Mental Health Issues are supported to retain tenancies** |
|---|---|
| Specific | To reduce the numbers of those with Mental Health Issues having problems with housing |
| Measurable | Fewer / no rise in individuals with Mental Health Issues presenting themselves as homeless |
| Achievable | A partnership approach will need to be developed to look at way forward |
| Relevant | Reducing inequalities, increasing individual wellbeing and meeting Derby City Plan Targets |
| Timed | 12 months |