

# Equality Impact Assessment Template

Home Improvement Agency/Handyperson Commissioning v1  
(Updated 6<sup>th</sup> March 2013)

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email [communications@northyorks.gov.uk](mailto:communications@northyorks.gov.uk).

যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔



## **Undertaking an Equality Impact Assessment**

Equality Impact Assessments (EIA) should be undertaken at the business case stage when:-

- You are developing a new service or policy
- You are reviewing an existing service or policy
- You are proposing a change to an existing service or policy
- You are reviewing a service or policy carried out on behalf of the council or another organisation
- Your service is re-organised.

They should be referenced in your final recommendations on the service changes so that decision makers can reach an informed decision on the service/policy.

An EIA should cover all the social identity characteristics protected by equality legislation – referred to as ‘**protected characteristics**’ or equality strands. These are;

- Sex
- Sexual orientation
- Religion or belief
- Race – this include ethnic or national origins, colour and nationality
- Disability – including carers
- Pregnancy and maternity
- Gender reassignment
- Age
- Marital/civil partnership status

There is a lot of information available to support you in completing this assessment on the EIA pages on the NYCC intranet

**The Council must publish your equality impact assessment and a summary will be included on the NYCC website in line with statutory requirements. Please be aware that it will become a public document.**

<b>Name of the Directorate and Service Area</b>	Health and Adult Services		
<b>Name of the service/policy being assessed</b>	Commissioning proposals for home improvement Agency/.Handypersons services		
<b>Is this the area being impact assessed a</b>	<b>Policy &amp; its implementation?</b>		<b>Service?</b> x
	<b>Function</b>		<b>Initiative?</b>
	<b>Project?</b>		<b>Procedure &amp; its implementation?</b>
<b>Is this an Equality Impact Assessment for a</b>  (Note: the Equality Impact Assessment (EIA) is concerned with the policy itself, the procedures or guidelines which control its implementation and the impact on the users)	<b>Existing service or a policy and its implementation?</b>		
	<b>Proposed service or a policy and its implementation?</b>		
	<b>Change to an existing service or a policy and its implementation?</b>		x
	<b>Service or Policy carried out by an organisation on behalf of NYCC?</b>		x
<b>How will you undertake the EIA?</b>  Eg team meetings, working party, project team, individual Officer	HIA Commissioning Group: membership HAS Officers, District and Borough Council Housing Officers		
<b>Names and roles of people carrying out the Impact Assessment</b>	Avril Hunter, Strategic Commissioning Manager Neil Murray, Service Development and Commissioning Officer Helen Thirkell, Procurement Officer  HIA Commissioning Group to act as Reference Group		
<b>Lead Officer and contact details</b>	Avril Hunter 01609 536898		
<b>Date EIA started</b>	23 <sup>rd</sup> May 2012		
<b>Date EIA Completed</b>	31 <sup>st</sup> May 2012 (and updated 6 <sup>th</sup> March 2013)		
<b>Sign off by Service Head/ Business Unit Head</b>	N/A		

<b>Sign off by Assistant Director (or equivalent)</b>	 Mike Webster
<b>Date of Publication of EIA</b>	
<b>Monitoring and review process for EIA</b>	HIA Commissioning Group

## 1. Operating Context

Please consider issues around impacts (positive or negative) raised for **all** [protected characteristics](#) and show your evidence

### **1.1 Describe the service/policy**

What does the service/policy do and how? How would you describe the policy to someone who knows very little about Council Services?

If there is a proposal to change the service or policy, describe what it looks like now and what it is intended to look like in the future. What are the drivers for this proposed change?

Who does it benefit? What are its intended outcomes? Who is affected by the policy? Who is intended to benefit from it and how? Who are the stakeholders? identify those protected characteristics for which this service is likely to have an impact (positive or negative)

Are there any other policies or services which might be linked to this one? Have you reviewed the EIA for these policies/services? What do they tell you about the potential impact?

HAS, the Supporting People (SP) partnership and District/Borough Councils commission Home Improvement Agency (HIA) and Handyperson (HP) services across North Yorkshire. These are provided by four organisations that operate in the District/Borough council areas. The services provided are broadly:

- Assistance to homeowners with the process to access grant aid through Disabled Facilities Grants and/or to find alternative funding
- Home Safety Assessment and referrals to appropriate services
- Referrals from HAS/Health staff to undertake minor adaptation and fit Telecare equipment
- Small repairs service to eligible households to support them to live independently.

The current services have been in place for some time. Over that time, local arrangements and protocols have been developed between the providers and local commissioners and evidence has shown that there is different practice operating in different parts of the county, and there has not been a review of their effectiveness. Additionally, as they are commissioned services, the Procurement and Contract Procedure Rules of NYCC have to be followed and a Gateway process is being undertaken to provide a business case and recommendations for commissioning of services going forward.

The services are aligned with the North Yorkshire Community plan priority of protecting

How will the policy be put into practice? Who is responsible for it?

and supporting vulnerable people, the 'Vision for Social Care - enabling capable communities and supporting active citizens' and the SP partnership's aim of enabling people to live as independently as possible.

Handyperson services are included in the North Yorkshire voluntary sector commissioning framework essential locality service menu of services to be available equitably across the county.

There is now a sizeable body of evidence confirming the benefits of handyperson and HIA type services to enable older and vulnerable people to continue to live independently. The Joseph Rowntree Foundation, in particular have published a number of reports and recently the Department of Communities and Local Government has recently published work on the financial benefits of investing in this type of service. The national Lifetime Homes, Lifetime Neighbourhoods see these as a key factor in the menu of services to meet people's aspirations to have the choice to stay at home independently.

A recent evaluation of handyperson type interventions, carried out by the University of York, (Feb 2011)\* gives evidence on the cost effectiveness of preventative measures and highlights the following potential cost savings:

- Postponing entry into residential care by 1 year saves on average £28,080 per person
- Preventing a fall leading to a hip fracture saves the state £28,665
- Housing adaptations reduce the cost of home care (saving £1,200 to £29,000)

Evidence from the Department of Health (2008) shows that preventative interventions can reduce demand for local authority funded social care support and hospital use. According to this report, changes in the use of services have been identified to typically result in net cost reduction of £410 per person. The report also advises that all older people need to have access to quality information and help in accessing complex services and that there is a huge amount to be gained from actively seeking out people who can benefit from information and advice face to face, as has been done with this pilot.

Locally, the North Yorkshire Strategic Housing Market Assessment household survey in 2011 reported that over 67% of households would like to stay in their own home with support when needed. Particularly high proportions were recorded in Craven and Harrogate.

In terms of help or assistance in undertaking everyday tasks a substantial proportion of older person households overall across North Yorkshire suggested current need. Assistance with cleaning the home (48%), help with gardening (43%) and help with other practical tasks (42%), in particular all received high proportions of households suggesting immediate requirements.

*North Yorkshire Strategic Housing Market Assessment 2011*

*“Making a strategic shift towards prevention and early intervention – Key messages for decision makers”, Department of Health, 2008*

*“Handypersons Evaluations: Interim Key findings”, Karen Croucher & Karin Lawson, The University of York, DCLG, February 2011*

The Commissioning Group is developing a revised service specification which aims to set down more clearly the outcomes expected from the service and to make the service more consistently available across the county as well as expecting organisations to be able to market and make more available the service to the older and vulnerable population who are self funders.

The intention is to:

Stage 1: negotiate with existing service providers on the revised service specification for the next 18 months to test out and gather data to inform Stage 2

Stage 2: to undertake a procurement process using the lessons learnt from operating the revised service specification so that new arrangements would be in place by April 2014.

This EIA relates to Stage 1 in the first instance.

## 1.2 How do people use the policy/service?

How is the policy/service delivered? How do people find out about the policy/service? Do they need specialist equipment or information in different formats? How do you meet customer needs through opening times/locations/facilities? Can customers contact your service in different ways? How do you demonstrate that your service/policy is welcoming to all groups within the community?

Does the policy/service support customers to access other services? Do you charge for your services? Do these charges affect everyone equally? Do some customers incur greater costs or get 'less for their money'? Are there eligibility criteria for the service/policy?

How do you ensure that staff/volunteers delivering the service follow the Council's equality policies? Does the Council deliver this policy in partnership or through contracts with other organisations? How do you monitor that external bodies comply with the Council's equality requirements?

People access the service through referrals from Health and Adult Services, health staff or a wide range of voluntary or community groups. People can also refer themselves for services. The eligibility criteria are broad as this is a preventative service which does not want to exclude older and vulnerable people who would benefit. It is available to:

- Older People
- Older People with Mental Health Problems
- Frail Elderly
- Mental Health Problems
- Learning Disabilities
- Physical and Sensory Disabilities

Providers are obliged through the contractual arrangements to meet the Supporting People Quality Assessment framework which ensures that they meet the required standards and have policies and practices in place to meet the council's equality standards.

This has a range of standards relating to:

- Assessment and Support Planning: All clients receive an assessment of their support needs and any associated risks
- Security, Health and Safety: The security, health and safety of all individual clients, staff and the wider community are protected.
- Safeguarding and Protection from Abuse: There is a commitment to safeguarding the welfare of adults and children using or visiting the service and to working in partnership to protect vulnerable groups from abuse.
- Fair Access, Diversity and Inclusion: There is a demonstrable commitment to fair access, fair exit, diversity and inclusion. The service acts within the law and ensures clients are well-informed about their rights and responsibilities.
- Client Involvement and Empowerment: There is a commitment to empowering clients and supporting their independence.

Providers were last validated against these standards in 2006 and all met at least the minimum standards and submit self assessments annually to demonstrate continuous improvements.

The provision and fitting undertaken by these services of social care minor adaptations and equipment is free to the people receiving the service as this is national legislation.

The small repairs service undertakes repairs such as: Moving small furniture, putting up shelves and pictures, replacing small window panes, repairing small areas of rotten wood etc. Currently this service is subject to differential charging regimes across the county. Analysis has shown the following:

- Craven: £15.00 per hour plus vat; under 15mins, no charge.
- Hambleton, Richmondshire and Ryedale, £8.00 per half hour
- Scarborough £10.00 per hour, minimum £2.50
- Harrogate and Selby: £22.50 per hour, plus materials. Minimum £11.25.

National and regional benchmarking information has been analysed, and national benchmarking information shows regional ranges of between £11.65 – £22.50. National average £12.46 (2011).

The revised service specification will set down consistent charging mechanisms across the county.

## **2. Understanding the Impact (using both qualitative and quantitative data)**

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence

### **2.1 What information do you use to make sure the service meets the needs of all customers?**

What data do we use now? Is it broken down across protected characteristics (and are these categories consistent across all data sets)? How

The data that is available and used to monitor current handyman services is the ethnic minority breakdown and disability characteristics as follows:

- Older People
- Older People with Mental Health Problems
- Frail Elderly

<p>current is the data? Where is it from? Is it relevant?</p> <p>What engagement work have you already done that can inform this impact assessment? Who did you talk to and how? What are the main findings? Can you analyse the results of this consultation across the protected characteristics? Are there differences in response between different groups? How has this changed the plans for the policy/service?</p>	<ul style="list-style-type: none"> <li>• Mental Health Problems</li> <li>• Learning Disabilities</li> <li>• Physical and Sensory Disabilities</li> </ul> <p>There is not a comprehensive age breakdown available for the people who have accessed these services specifically.</p> <p>Service providers complete quarterly performance monitoring returns which identify a range of indicators that are monitored. This includes response times from enquiry to completion of jobs, and whether the service enabled the person to remain living independently, avoided being admitted to hospital, prevented from having to move to a care home or discharged from hospital. This information is not analysed by age or disability. This analysis will be included in the performance indicators developed as part of the revised specification.</p> <p>Providers, as part of the Quality Assessment Framework carry out customer satisfaction surveys on a regular basis. Examples that have been collected as part of the self assessment show high satisfaction levels of over 99% for overall satisfaction. There are no statistically significant variances by any measured protected characteristic.</p> <p>HomeCare Services consultation 2012 carried out by Harrogate LINK survey results indicated that most of the respondents felt that more affordable handyperson services would make a very positive difference to their lives and independence</p>
<p><b>2.2 What does the information tell you?</b></p> <p>Are there any differences in outcome for different groups e.g. differences in take up rates or satisfaction levels across groups? Does it identify the level of take-up of services by different groups of people? Does it identify how potential changes in demand for services will be tracked over time, and the process for service change?</p> <p><b>Please include data and analysis as an appendix</b></p>	<p>In 2011-12, this showed that there were 11,863 new enquiries for services. Of these, 99.5% were White British, Irish or other. 22 people were from BME communities and 34 people refused to answer the question.</p> <p>This compares to 96.6% of the clients supported by HAS at Nov 2011 describing themselves as White British rising to 97.3% for all clients in the 85+ age group. These services provide preventative services to all of North Yorkshire population.</p> <p>Of the 11,863, 55% were older people, 0.8% Older People with Mental Health Problems, 18.4% frail elderly, 0.5% with Mental Health Problems and 24.6% Physical and Sensory Disabilities.</p>

	<p>97.5% were enabled to stay in their own home due to interventions. 72.6% of people receiving a service were owner occupiers and 22.6% were living in housing association properties.</p>
<p><b>2.3 Are there areas where we need more information? How could we get this information?</b></p> <p>What data is available? Do other directorates, partners or other organisations hold relevant information? Is there relevant information held corporately e.g. compliments and complaints? Are there national datasets that would be useful? Is there relevant census data? Do you need to collect more data? How could you do this?</p> <p>Do you need to do more engagement work to inform this impact assessment? Have you identified information in other sections of this EIA that you need to assess the impact on different groups of people? What do you want to find out? Which existing mechanisms can you use to get this information?</p> <p>Please refer to the Community Engagement toolkit on the NYCC intranet</p>	<p>Further work is required to examine access of people who are living in the private rented sector as there is some evidence that there is less than proportionate access.</p> <p>[Further work is also required*] to examine access of people from BME communities. However, the apparent under representation is likely to due at least in part to the younger age profile of BME communities in North Yorkshire.</p> <p>We do know Gypsy, Traveller, Roma and Show People communities are less likely to access services. As the current monitoring does not identify if people are from, these communities, monitoring will be amended to be able to capture this information.</p> <p><i>*missing words re-inserted when EIA updated 6.3.13</i></p>
<p><b>2.4 How will you monitor progress on your policy/service, or take-up of your service?</b></p> <p>What monitoring techniques would be most effective? What performance indicators or targets would be used to monitor the effectiveness of the policy/service? How often does the policy/service</p>	<p>The services will continue to be monitored through the quarterly returns from service providers and new enquires will be analysed by age and disability characteristics. The baseline of numbers and profile of service users from 2011/12 will be used as a baseline to measure if the revised arrangements are having any impact of take up and outcomes. As part of the review of the revised arrangements, a sample of customers will be analysed to inform continuation arrangements.</p>

need to be reviewed? Who would be responsible for this?

### **3. Assessing the Impact**

Please consider issues around impacts (positive or negative) raised for **all protected characteristics** and show your evidence.

#### **3.1 Has an adverse impact been identified for one or more groups?**

Has this assessment shown anything in the policy, plan or service that results in (or has the potential for) disadvantage or discrimination towards people of different groups? Which groups?

Do some needs/ priorities 'miss out' because they are a minority not the majority? Is there a better way to provide the service to all sections of the community?

The groups as defined by protected characteristic and who may experience impact as a result of proposed remodelling of services are older people and disabled people.

#### **Age**

A higher proportion of older people use these services and this means that overall any adverse or positive impact will affect more older people than younger.

**Adverse Impacts;** there will be adverse impacts in areas of the county where the costs for the handyperson service will increase. These are potentially Scarborough.

**Positive Impacts:** there will be a positive impact in areas of the county where costs of the handyperson will decrease. These are potentially Harrogate, Selby, Hambleton, Richmondshire, Ryedale, Craven. People who are self funders should see improved access to services. All people should see an improvement in response times.

#### **Disability**

Disabled people and people with temporary frailty or other conditions are likely to be affected with similar adverse and positive impacts as above.

#### **Gender**

There is some differential impact on grounds of gender as a higher proportion of people accessing social care overall are women, and a higher proportion of family carers are women. This means that overall, any adverse impact **and** any positive impact will affect more women than men.

#### **Ethnicity / disability / low literacy**

Some potential for adverse impact if information and advice is not accessible to people

with different access requirements. Some potential for adverse impact if the commissioned services are not able to respond to different accommodation types, for example caravans / trailers (Gypsy, Roma, Traveller, Showpeople communities).

**Faith/sexual orientation/ pregnancy and maternity/marriage and civil partnership**

No differential impact identified

Update at 6.3.13: proposed changes to the Eligibility Criteria for Small Repairs Service

The HIA Commissioning Group is proposing that the eligibility criteria for the small repairs service should be changed from the criteria originally agreed in the service specification. This is in recognition of the need to ensure that the small pot of funding available is directed to those at most need. Feedback from providers is that the original criteria were too loose and would mean that funding could be allocated to people who were not in need of the subsidised rate to maintain their independence.

It is acknowledged that this change will mean that some people will no longer be eligible for the subsidised rate.

The changes are:

From 'people over 60' to 'people over 60 on a means-tested benefit'

From 'people who are registered disabled' to 'any person in the household in receipt of a disability-related benefit'

From 'families on low incomes with children under five years in the home' to 'families in receipt of a means tested benefit'.

Potential for adverse impact arising from these changes:

The changes in the service specification at point 3.1.1 may impact on individuals who are not on a means tested benefit but on low income. They may actually be entitled to benefits, but not aware of this, hence there should be a mechanism in place for an advice/sign post service. This is now provided through the well-being/support for choice element of the revised specification. (Service element 1).

	<p>With regards to the changes made to the eligibility criteria in point 3.1.2 of the specification (that any person in a household in receipt of a disability benefit is now eligible for the subsidised rate), there will be a need to monitor in order to ascertain if individuals who are in receipt of a disability related benefit will be affected by the benefit changes/change to universal credit, once this change to the benefit system becomes live.</p> <p>With regards to families accessing a means tested benefit, the eligibility criteria is similar to the previous proposal as it covers families on low income (see note re benefits signposting above), however it is widened to include families with older children. This could be a positive impact for this group. The definition of 'families' will continue to be based on 'Charging for Residential Accommodation guidelines' (CRAG) distributed by the Dept of Health.</p> <p>The proposals may have some adverse impact on groups (older people, disabled people, families) on low incomes but not entitled to means-tested benefits. The proposed wellbeing and signposting service will mitigate this to some extent but some impact may remain.</p> <p>The proposals should not have any adverse impact on groups who are not on low income. These groups will still be able to access the small repairs service and so will still benefit by the provision of a 'trusted service', however not at a subsidised rate.</p>
<p><b>3.2 How could the policy be changed to remove the impact?</b></p> <p>Which options have been considered? What option has been chosen?</p>	<p>Options that have been considered:</p> <ul style="list-style-type: none"> <li>• To continue with a differential charging policy</li> <li>• To provide services at no cost</li> <li>• To provide services at a subsidised cost</li> <li>• Imposition of financial eligibility criteria / sliding scale of charges to focus resources on those least able to pay</li> </ul> <p>The option to provide services at a subsidised cost has been chosen. This is because it is in line with Directorate policy to make preventative services available and also to demonstrate improved value for money and making our spending more evenly spread. The funding is not available to provide services at no cost – this would require a reduction or removal of another service / services.</p>

	<p>The continued subsidy will mitigate against the possible slight increase in charges for some people, as will the aim of equity of provision across the county (so that it is fairer for all).</p> <p><u>Update at 6.3.13: proposed changes to the Eligibility Criteria for Small Repairs Service</u></p> <p>It is now proposed to change from the option to provide services at a subsidised cost (option three above) to the fourth option above, eg a subsidised service with financial eligibility criteria in place to focus limited resources on those with the most need/least able to pay for the service. However, those not eligible for the subsidised service will still be able to access the service, albeit at a non-subsidised rate.</p>
<p><b>3.3 Can any adverse impact be justified?</b></p> <p>If the adverse impact will remain, can this be justified in relation to the wider aims of the policy or on the grounds of promoting equality of opportunity for one target group?</p> <p><b>Please seek legal advice on whether this can be justified.</b></p>	<p>The adverse impact should be minor as services will still be provided at a subsidised cost, and can be justified as it is a) correcting an existing anomaly in the non consistent application of costs for handyperson services and b) will support an approach that provides equity across the county, thus reducing costs in some areas. E.g. Scarborough may have a higher proportion of people on low income than some of the areas that will benefit from reduced costs, however there will be people on low income in those areas too, particularly Selby.</p> <p><u>Update at 6.3.13: proposed changes to the Eligibility Criteria for Small Repairs Service</u></p> <p>The change to the eligibility criteria for small repairs can be justified as it is aimed at ensuring that the limited amount of funding for the subsidised rate is focused on those people who most need it to allow them to maintain their independence. It is acknowledged that the change will narrow the opportunities for some (eg those not on means tested benefits) to access the subsidised rate, and that therefore it is likely that fewer people overall will benefit from the service.</p>
<p><b>3.4 Are you planning to consult people on the outcome of this impact assessment?</b></p> <p>When and how will you do this? How will you incorporate your findings into the policy?</p>	<p>We will be undertaking consultation on the revised specification with the Older Peoples Partnership Board, Physical and Sensory Impairment Board and, if possible, the LINK.</p>

**3.5 How does the service/policy promote equality of opportunity and outcome?**

Does the new/revised policy/service improve access to services? Are resources focused on addressing differences in outcomes?

The proposed changes to the service specification will promote equality of outcome by creating a consistent charging policy for the handyperson service, improve access to self funders for HIA/Handyperson type services and develop and monitor response times for jobs to ensure that they are carried out in a timely fashion.

**Don't forget to transfer any issues you have identified in this section to the [Equality Action Plan](#)**

<b>Action Plan</b>					
<b>What are you trying to change (outcome)?</b>	<b>Action</b>	<b>Officer responsible</b>	<b>Deadline</b>	<b>Other plans this action is referenced in (e.g. Service Performance Plan, work plan)</b>	<b>Performance monitoring</b>
Inconsistent charging framework for handyperson services	Implementation of revised specification	Avril Hunter	March 2013	SP Service Plan	Regular monitoring though HIA Commissioning Group
Increasing access of HIA and handyperson services to Self Funders	Implementation of revised specification	Avril Hunter	March 2013	SP Service Plan	Regular monitoring though HIA Commissioning Group
Developing targets	Implementation of	Avril Hunter	March	SP Service Plan	Regular

relating to completing times for jobs	revised specification		2013		monitoring through HIA Commissioning Group
Ability to measure outcomes by age and disability	Explore options on developing monitoring	Avril Hunter	March 2013	N/A	Regular monitoring through HIA Commissioning Group
Further work is required to look at access for BME communities and people in the private rented sector.	Undertake analysis of access compared to NY population	Avril Hunter	March 2013	N/A	Regular monitoring through HIA Commissioning Group
Ability to measure access from Gypsy, Roma and Traveller communities	Explore options on developing monitoring	Avril Hunter	March 2013	N/A	Regular monitoring through HIA Commissioning Group
<i>Action added 6.3.13:</i> Monitor impacts of people in receipt of a disability related benefits after the change to universal credit	Monitor any impact when changes to benefits process are implemented	Avril Hunter	December 2013	N/A	Regular monitoring through HIA Commissioning Group