

1. Introduction

This report gives a summary of the process undertaken in carrying out an Equality Impact Assessment of the Sheltered Housing service and of the findings.

The assessment was carried out undertaken by a team of 6 officers from the supported housing service, with Richard Botham, Head of Landlord Services acting as 'critical friend'. The group was facilitated by Ian Barrett, the council's Equality & Inclusion Consultant. The participants all received comprehensive training prior to commencing the exercise, and the process itself consisted of six meetings, with individuals undertaking different aspects of work in between the meetings.

The EIA Guidance Manual was used as a reference point throughout to guide the group through the assessment process.

2. Process

The first part of the process was scoping and screening of the service. Sheltered Housing is a substantial service, in terms of both the numbers of staff involved in service delivery, and the number of units of housing stock designated for older people (some 20% of the total stock) It was agreed at the scoping meeting that the assessment would be limited to Category 2 sheltered housing in order to focus the study. It therefore covered those schemes with a scheme manager or receiving regular visits from a mobile warden, but not dispersed schemes or Extra Care sheltered housing. Neither did the assessment consider the role of the Community Alarm Centre, although it was recognised that many of the issues and findings were likely to be common across the wider service

In considering the scoping of the study, we looked at the context within which the sheltered housing service operates, and the fact that it is a part of a much wider range of provision across the housing and social care field. We discussed the fact that the service could not therefore be viewed entirely in isolation. However, having acknowledged that to be the case, the group determined that the service was sufficiently discreet in nature to justify consideration as a 'stand-alone' service for the purposes of carrying out this assessment.

The group also considered, during this first stage of the process, the limitations imposed by the fact that the process of accessing sheltered housing has as much of a bearing on the profile of the service as the attributes of the service itself. Again, it was agreed that the allocation process itself needed to fall outside of the scope of this assessment to make the process manageable. However, it was noted that decisions made at the stage before tenants moved into sheltered housing undeniably have an influence.

Using the Guidance Manual, the group went on to consider each client group in turn and judge whether they are impacted by the service, and if so, whether in a positive or negative way. Given that the service is offered only to people over the age of sixty, the age groups were modified, with a category being included for those aged between 60 and 79 years. Some other group classifications were also changed to reflect the characteristics of the service.

When considering whether a customer group might be susceptible to disadvantage the group used evidence from a number of sources -

- Existing equalities data held on the Housing Management "Orchard" database

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- Information collected through the Support Plan arrangements
- Data held on the Tunstall Community Alarm software about needs and characteristics of customers linked into the alarm system
- Personal knowledge of service users by Scheme Managers and Mobile Wardens.
- Profile of the attributes of the housing stock

3. Findings

The group concluded that there does appear to be some evidence that the service may not be fully meeting of the needs of a diverse client group. The particular area in which this was felt to be the case was in relation to those with physical disabilities. Whilst the sheltered housing schemes are generally accessible to customers with limited mobility, there are a number of schemes without lifts to the first floor, and some examples of schemes with inaccessible communal lounges, toilets or guest rooms. A detailed survey has been undertaken of all the Council's sheltered housing stock to ascertain its compliance or otherwise with the requirements of the Disability Discrimination Act.

There were no other negative impacts identified. However, there were some further areas which were felt to be uncertain owing to a lack of accurate data. These included issues around gender and sexuality; those with a sensory impairment; mental health and dementia; faith and ethnicity. Considerable debate took place in the group around these issues in order to understand the nature and extent of any possible disadvantage. Having been through this examination of the issues, the group felt that there was, nevertheless, no requirement for a detailed assessment to be carried out. There were two primary reasons for this. Firstly, the causes of the identified areas of possible disadvantage were well understood. Secondly, actions were identified to address the concerns and identify available remedies. In summary, the key findings were as follows:-

A detailed discussion took place on the issues of gender and sexuality. There was no suspicion that the service discriminates against tenants on this basis. However, it was acknowledged that data on incidence of transgender and knowledge of sexuality is severely limited. Given the sensitivity of such information, it was agreed that information would be compiled over time through applicants for housing being asked to self-classify against these characteristics on their application forms.

On the subject of ethnicity, data is available, and it reveals that the sheltered housing population predominantly comprises White British people, with a small number of other white people. This is reflective to some extent of the population of the district as a whole, but there was some surprise expressed at the absence of particularly Black and Asian older people within the sheltered housing schemes. Customers' declared faith is also known, but there was not felt to be sufficient knowledge within the group to determine whether either the physical attributes of the schemes or the method of delivering services created any barriers to access for those of particular faiths. It was agreed that some further work would be needed to ensure that access is assured for all ethnic and faith groups and those with no religious beliefs.

For clients with a sensory impairment there was some concern expressed that insufficient has yet been done to fully meet their needs. There is no evidence of disadvantage, but the

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group considered more effort is needed on provision of items such as improved signage, hearing loops, telecare sensors, etc.

The issue around mental health is a complex one. There is generally no issue over mental health when service users are engaged with the health services and have a clinical diagnosis in the case of conditions such as dementia, Alzheimer's disease, etc. Problems can arise however when tenants are starting to develop behaviours which exhibit as mental health issues, but which are not necessarily officially recognised. This can impact upon the individual, who may not at that stage be receiving the support they need to stay safe and well. Equally importantly, it can have a significant effect upon the other tenants who live in the scheme who may be faced with behaviour which can be strange and at times intimidating.

Whilst some of these issues are complex, it was felt that they are matters which can be effectively followed-up and addressed through the development of a comprehensive improvement plan, a copy of which is attached to this report.

4. Key Recommendations

The key recommendations relate to two main areas of activity: firstly improving the use made of the data which is already collected in relation to sheltered housing tenants; and secondly developing more robust mechanisms for service user engagement. Further details are contained in the improvement plan.

5. Monitoring

Responsibilities for implementation of the defined actions are allocated to named officers, and progress will be kept under review via the Business Planning arrangements and through individual supervision sessions with the officers concerned.

6. Conclusions

6.1 Detailed Assessment

No detailed assessment is required.

6.2 Improvement Plan

The actions needed are summarised in the table below.

If you have any comments on this impact assessment. Please contact the officer responsible for the Sheltered Housing Service: Steve Tong via e-mail stong@winchester.gov.uk or by telephone on 01962 848298

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Form 3. Improvement Plan

Improvement Sought	Actions Required to Achieve Improvement	Responsibility	Target Date	Resource Implications
More effective opportunities or service user engagement	Establishing of Sheltered Tenants' Forum	Steve Tong/ Gillian Knight/ David Lumby	October 08 (Achieved)	Staff time to attend and support 4 meetings per year; including agenda planning, circulation to members, note-taking, follow-up actions as required.
Required actions identified to address findings of the EIA	Service user involvement in considering findings and recommending actions	Gillian Knight	January 2009	Agenda time at Sheltered Tenants' Forum meeting and compilation of responses / feedback
Disabled access improved where required for those with disabilities or sensory impairment	Schemes to be analysed using HQN's Sheltered Housing Assessment Toolkit	Steve Tong/ Gillian Knight/ Linda Curtis/ Keith Miles	March 2009	Capital funding to make physical improvements to stock as needed
Better levels of knowledge of needs of service users and more consistent approach	Remodelling of approach to service delivery	Steve Tong / Linda Curtis / Gillian Knight	April 2009	Using existing staffing resources. Some implications for IT; transport etc
Better access to information on service user characteristics	Equalities data to be extracted from Support Plans and input onto Orchard	Janette Palmer / Linda Curtis	April 2009	Staff time to compile and input data

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<p>More effective management of challenges set by issues such as dementia and mental health</p>	<p>Improved information sharing protocol across agencies, especially mental health</p>	<p>Lesley Paradise / Complex Needs Forum</p>	<p>Pilot autumn 2008 (underway)</p>	<p>Time to develop better co-operation and Liaison with mental health and other services. Also staff training.</p>
<p>Better understanding of any barriers faced by BME population in accessing sheltered housing services.</p>	<p>Discussions with BME Reference Group, District Older Persons' Partnership, and other housing providers</p>	<p>Steve Tong / Janette Palmer / Gillian Knight</p>	<p>July 2009</p>	<p>Staff time to convene and attend discussions and possible site visit to other services</p>