ANNEX C

SECTION 1: CIA SUMMARY

Community Impact Assessment: Summary

1. Name of service, policy, function or criteria being assessed:

Housing Related Support Services commissioned by Adults Commissioning & Contracts Team.

2. What are the main objectives or aims of the service/policy/function/criteria?

The objective of the services is to maximise independence and reduce the requirement for hospital admissions, care homes, prisons and street homelessness.

Support will be delivered against commissioned outcomes which align with statutory Adult Social Care services. These are as follows:

Outcome 1:
Customers feel treated with dignity and respect

Outcome 2:
Customers feel supported with their physical, mental health and emotional wellbeing

Outcome 3:
Customers are protected from abuse and neglect

Outcome 4:
Customers are involved in the planning and review of support they receive

Outcome 5:
Customers are enabled to participate in work, education, training or recreation

Outcome 6:
Customers identified social and economic wellbeing needs are effectively met

Outcome 7:
Customers are effectively supported in domestic, family and personal relationships

Outcome 8:
Customers are supported to obtain and maintain suitable living accommodation

Outcome 9:
Customers are enabled to contribute to society

With an additional prevention outcome of:

Outcome 10
Customers are supported to minimise requirement to or delay the need to access statuary services (including ASC; health services; prisons etc)

3. Name and Job Title of person completing assessment: Carl Wain – Commissioning Manager (Early Intervention & Prevention)

4. Have any impacts been Identified? (Yes/No)	**Community of Identity affected:**	**Summary of impact:**
Yes	Older People & Physical Disability Mental Health Substance Misuse Homeless and risk of homelessness Young People (16-25 year olds) Offenders and ex-offenders	The proposal is to commission services on a co-design model which requires the successful provider/consortium to identify the most effect model and approach to delivering support within the budget envelope that maximised positive outcomes and minimises equality impacts. The specifics of identified impacts are identified below against each equality strand.

5. Date CIA completed: 8th January 2016

6. Signed off by: 

7. I am satisfied that this service/policy/function has been successfully impact assessed.

Name: Gary Brittain

Position: Head of Commissioning

Date: 8th January 2016

8. Decision-making body:	**Date:**	**Decision Details:**
Decision session for the Executive Member for Adult Social Care and Health	28th January 2016	Pending

Send the completed signed off document to ciasubmission@york.gov.uk It will be published on the intranet, as well as on the council website.

Actions arising from the Assessments will be logged on Verto and progress updates will be required

SECTION 2: CIA FORM

Community Impact Assessment (CIA)

Community Impact Assessment Title:	Housing Related Support

What evidence is available **to suggest that the proposed service, policy, function or criteria could have a negative (N), positive (P) or no (None) effect** on quality of life outcomes? (Refer to guidance for further details)

Can negative impacts be justified? **For example: improving community cohesion; complying with other legislation or enforcement duties; taking positive action to address imbalances or under-representation; needing to target a particular community or group e.g. older people.** NB. Lack of financial resources alone is NOT justification!

Community of Identity: Age

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
Older People Overview and background The proposed re-modelling of HRS services includes commissioned Sheltered Housing provision. This predominantly consists of older people a number of which are frail. The sheltered housing schemes are not specifically needs	**Longevity** – providing HRS to older people based on the outcomes above will improve wellbeing and reduce hospital and care home admissions. **Health** – visiting support to vulnerable older people will help to identify deterioration in health and therefore prevent more significant and costly	The proposals are both positive and negative as identified.	Although there are wardens that provide on site support at each sheltered housing scheme

based and fund a warden on site, along with hardwired alarm provision. The proposal is to decommission the Sheltered Housing contracts and provide visiting support based on need rather than where an elderly person lives. More elderly people are choosing to live at home so funding available needs to be personalised rather than generic and targeted at those in need. In 2012 an initial step was taken in this respect with a city wide floating support scheme commissioned and sheltered housing schemes having reduced commissioned warden time to just provide informal support and refer to the city wide service where structured support is needed. The city wide approach showed to be effective with further investment in Dec 2014 to increase capacity and meet the needs of 30 customers on the waiting list. <u>Evidence – National</u> The Age UK report 'Later Life in the UK' provides information about a range of quality of life indicators. The services in scope can contribute to improving: • 11% of older people describe their quality of life as very poor, quite poor or neither good nor poor	health intervention. **Standard of living** – support planning to deliver against the above outcomes is holistic and personalised and will help to maximise independence and standard of living.		based in the report most staff will have at least 50% of their time that is not funded through the contract. TUPE is therefore not likely to apply although there is potential staffing impacts for the relevant Housing Associations.

• 24% of older people in the UK reported that their quality of life had got worse over the last year, whereas 9 per cent said it had improved <u>Evidence - York</u> The Over 60 Population by 2021 will: • Rise by 16% • Actual 60+ population will rise by 7292 The Over 80 population by 2021 will: • Rise by 29% • Actual 80+ population will rise by 2921 The Joint Strategic needs Assessment identified a range of frail elderly issues or relevance to older people. Those that the Housing Related Support services in scope will contribute to include: • Loneliness and isolation • poverty (to include fuel and food poverty) • housing, independent living, supported living arrangements, housing adaptations and independence • hospital admissions, hospital discharges, social care support arrangements and the process of 're-ablement' following a hospital stay			

The Fairness Commission highlighted that 7% of York's population live in areas that are in the 20% most deprived in England and noted that a rapidly ageing population is bringing challenges, particularly on health, social care and housing options. There is a challenge involved in responding to frailty and identifying factors that are protective. That is, the things a person can do to protect against developing frailty or preventing its worsening such as exercising or eating well.

For frail older people a relatively small change in health or a minor adverse incident can result in significant deterioration (British Geriatric Society, 2014).

Outcomes for older people in commissioned floating support scheme for older people:

Economic Well-Being	Outcome Achieved?
Does the client need support to maximise their income, including receipt of the correct welfare benefits?	100.0%
Does the client need support to better understand their overall finances?	100.0%
Enjoy and Achieve	**Outcome Achieved?**
Does the client need support to participate in leisure/cultural/faith activities?	80.0%

Does the client need support to establish contact with external services/groups?	94.4%			
Does the client need support to establish contact with friends/family?	100.0%			
Be Healthy	**Outcome Achieved?**			
Does the client need support to better understand or improve morale regarding their physical health?	96.2%			
Does the client need support to better understand or improve morale regarding their mental health?	92.9%			
Are assistive technologies, aids and adaptations helping the client to maintain independence (eg by helping prevent falls)?	100.0%			
Stay Safe	**Outcome Achieved?**			
Does the client need support to better understand personal safety / security inside their home?	91.7%			
Does the client need support to better understand personal safety /security in their local area?	71.4%			
Does the client need support to maintain their accommodation?	90.9%			
Does the client need support to minimise harm or the risk of harm, harassment or discrimination from others?	90.9%			
Make a Positive Contribution	**Outcome Achieved?**			

Does the client need support in developing confidence and ability to have greater choice and / or control and / or involvement?	100.0%			
Does the client need support to make a positive contribution to the local community?	75.0%			
Does the client need support to make a positive contribution to the service?	96.7%			
Adults Overview and background The proposed re-modelling of HRS services includes re-commissioning a range of services for vulnerable people. This includes homeless and homeless prevention; offenders and ex-offenders; mental health and substance misuse. The proposal is to no longer commission based on client group but to rationalise provision for one adult service (including young people below). Many customers have a range of support needs and therefore commissioning based on client group is no longer justified and a generic approach prevents stigmatisation. Customers in these services are predominantly 18-60 but not exclusively so. Evidence - York **Substance misuse** – York has a lower estimated number of opiate and / or crack cocaine users compared to England		**Standard of living** – all services include helping to maximise independence and reduce risk of homelessness, prison or hospital. **Health** – service support and provide positive outcomes for customers with both physical and mental health. **Productive and valued activities –** services will help customers to access a range of appropriate activities including re-engaging with family. Accessing work can be particularly challenging outcome to achieve particularly when customers do not have permanent accommodation.	The proposals are both positive and negative as identified.	It is anticipated that the proposals may result with around 20 FTE reduction in staff. This will be dependent on the service model and the quantity of relief staff in post (providers have been cautious with

rates. This is estimated to be 6.5 people in every 1,000 people compared to 8.7 people in every 1,000 people across England. However, York has a higher rate of recorded injecting drug use than England rates - 3.8 people in every 1,000 compared to 2.7 people in every 1,000 in England (Public Health England, 2014). York has a much higher estimated treatment penetration rate – that is, the percentage of people who are accessing treatment as a proportion of those who are estimated to use drugs. For York, 71% of all people estimated to use drugs were in treatment during 2012-2013 compared with 53% nationally (Public Health England, 2014). York follows the national trend over the last two years of a falling number of people using opiates (heroin) or crack cocaine who are in treatment. York has slightly lower rates of successful completions from drug treatment when compared to England. However, York has similar rates of clients who do not return to treatment after completing treatment which is a positive indicator for people achieving sustained recovery from substance use and dependency. 88% of people successfully completing treatment in York do not return to treatment within 6			recruitment of permanent posts due to significant pending changes).

months. This is the same percentage seen across England. The most recent Local Alcohol Profile data for York shows that of the residents who reported drinking and were aged 16 years or over: • 7.7% of York residents drink at higher risk levels • 20.9% of York residents drink at increasing risk levels When York data is compared to national information, levels of binge drinking and the proportion of employees who work in bars are both worse than national averages. Out of the 326 areas that were compared, York is placed 320th for its levels of binge drinking. This means that York has the 7th worst estimated levels of binge drinking in the country. Of the 25 measures that the local alcohol profiles consider, York is rated as: • Significantly better than the national average on 9 measures which are; specific hospital admissions and alcohol attributable hospital admissions for both males and females (alcohol related admissions to hospital have fallen slightly in York from a rate of 1,413 per 100,000 in 2010/2011 to 1,390 in 2011/2012, with rates for women being about half			

those for men), Alcohol related crime, violent crime and sexual offences and numbers of incapacity benefit claimants. • Not significantly different on 12 measures which are; alcohol specific mortality, alcohol attributable mortality and mortality from chronic liver disease for both males and females. Alcohol specific hospital admissions for under 18's and mortality from transport accidents. Estimated levels of abstainers from alcohol, estimated lower risk, increasing risk and higher risk proportion of drinkers. • Significantly worse on 2 measures which are; levels of binge drinking and the number of employees working in bars. • Locally, there is a strong correlation between deprivation and the number of people accessing alcohol treatment. Wards with more deprivation also have a higher proportion of people accessing alcohol treatment living in them. The cost of ambulance attendances in North Yorkshire and York where alcohol was involved was nearly a quarter of a million pounds in just one three month period between April–May 2013. Costs for North Yorkshire and York were £223,000 for this period. As part of that total, the costs for NHS Vale of York Clinical Commissioning Group were			

£101,821.

The HRS substance misuse service provides support related to the impact of addiction rather than clinical intervention. Meeting holistic needs will improve the chances of someone not requiring further treatment, including access to hospital or risk of police involvement. The table below shows that 85.7% of customers supported through this commissioned service had a positive outcome in respect to managing their substance misuse.

61 customers **2014/15 outcomes for HRS substance misuse prevision**	*% Customers requiring support who achieved outcome*
Achieve Economic Wellbeing	
Maximise income	92.7%
Reduce overall debt	90.2%
Obtain paid work:	
Now in paid work	66.7%
Has participated in paid work	66.7%
Enjoy and Achieve	
Training / education	

Has participated in desired training / education	83.3%			
Has achieved applicable qualifications	0.0%			
Leisure / culture / informal learning				
Work-like activities	50.0%			
Establish contact				
Has established contact with services / groups	93.1%			
Has established contact with friends / family	85.7%			
Be Healthy				
Manage physical health	94.7%			
Manage mental health	92.6%			
Manage substance misuse	85.7%			
Assistive Technology etc	100.0%			
Stay Safe				
Avoid eviction	90.3%			
Obtain / secure settled accommodation	78.1%			
Comply with stat. orders / related processes	80.0%			
Better manage self-harm	100.0%			
Avoid causing harm to others				
Minimise risk / harm from others	100.0%			
Make a Positive Contribution				

Develop involvement / choice / control 90.9% **Offenders** – Since 1 June 2014, probation trusts have been replaced by the National Probation Service (NPS), which manages the most high-risk offenders across seven divisions; and 21 new Community Rehabilitation Companies (CRCs), who manage medium and low-risk offenders. <u>Evidence National</u> ➢ There were 16,687 female offenders in the community (15.1% of all offenders in the community) as at 31 December 2014. ➢ 15.8% of offenders in the community are Black and Minority Ethnic (BME) as at 31 December 2014. In comparison, 12.4% of the population of England & Wales aged 18 and over were recorded as BME in the 2011 census. ➢ There has been a change in the age profile offenders in the community where the proportion of offenders aged under 25 has fallen from 34.3% in December 2009 to 27.5% in December 2014 and the proportion of those aged 50 and over has risen from 5.7% to 8.5%. ➢ The percentage of Licence and Court Orders that			

were successfully completed for offenders aged 60 was 94.7% while offenders aged 18-20 had a success rate of 75.0%.

Evidence York

Re-offending rate for 2013 was 11.6% in comparison to the regional average of 9.9% with York having the 3rd highest re-offending rate in the region.

The table below shows that over 80% of customers in commissioned support services for offenders managed to comply with statutory orders as well as reduce risk to themselves and others.

105 customers	*% Customers requiring support who achieved outcome*
2014/15 outcomes for HRS Offender prevision	
Achieve Economic Wellbeing	
Maximise income	97.9%
Reduce overall debt	70.2%
Obtain paid work:	
Now in paid work	40.5%

Has participated in paid work	50.6%			
Enjoy and Achieve				
Training / education				
Has participated in desired training / education	63.8%			
Has achieved applicable qualifications	50.0%			
Leisure / culture / informal learning	72.6%			
Work-like activities	58.4%			
Establish contact				
Has established contact with services / groups	96.7%			
Has established contact with friends / family	81.2%			
Be Healthy				
Manage physical health	85.9%			
Manage mental health	84.0%			
Manage substance misuse	65.6%			
Assistive Technology etc	100.0%			
Stay Safe				
Avoid eviction	66.8%			
Obtain / secure settled accommodation	72.1%			
Comply with stat. orders / related processes	83.9%			

Better manage self-harm 88.9% Avoid causing harm to others 91.5% Minimise risk / harm from others 86.7% **Make a Positive Contribution** Develop involvement / choice / control 78.4% **Homeless –** <u>York Evidence</u> York's housing market is characterised by high levels of housing demand. Strong competition from a growing population has fuelled high house prices and private sector rents. The price of a home in York is well above the regional average and has been for many years. Strong competition, coupled with a relatively small supply of affordable rented homes means those least able to compete in the housing market can find their options limited. Young people, young families and vulnerable households are particularly disadvantaged by current housing options. Lack of choice in the housing market undermines efforts to build the local economy (Homelessness Strategy 2013)				

➢ To prevent homelessness. There were 665 homeless prevention cases in 2014/15, which is slightly less than 2013/14 but a considerable achievement in light of current economic climate and with no negative impact on homeless acceptances; ➢ The rough sleeper submission for quarter 3, 2015/16 (based on DCLG assessment criteria) was 13, an increase from previous year of 9 (44% increase). National statistics show a 13.7% increase. The majority of rough sleepers are known to services but choose not to engage. ➢ The concept of resettlement is firmly established and working well, with 56 customers being resettled into permanent accommodation this year ➢ In total 192 individuals were accommodated in emergency beds, an increase from 138 in 2013/14 (39% increase in the use of emergency beds). ➢ 38 travel warrants were issued in 14/15 in comparison to 40 in 13/14 to assist people to return home / access accommodation in their local area or out of area placements as part of a planned re-housing process. (Executive Member for Homes and Safer Communities report)			

160 customers **2014/15 outcomes for HRS Offender prevision**	*% Customers requiring support who achieved outcome*			
Achieve Economic Wellbeing				
Maximise income	98.9%			
Reduce overall debt	91.0%			
Obtain paid work:				
Now in paid work	43.4%			
Has participated in paid work	60.4%			
Enjoy and Achieve				
Training / education				
Has participated in desired training / education	75.2%			
Has achieved applicable qualifications	29.0%			
Leisure / culture / informal learning	94.8%			
Work-like activities	84.2%			
Establish contact				
Has established contact with services / groups	94.6%			
Has established contact with friends / family	96.8%			
Be Healthy				
Manage physical health	85.9%			

Manage mental health	84.1%			
Manage substance misuse	78.2%			
Assistive Technology etc	100.0%			
Stay Safe				
Avoid eviction	80.4%			
Obtain / secure settled accommodation	80.3%			
Comply with stat. orders / related processes	92.3%			
Better manage self-harm	86.1%			
Avoid causing harm to others	89.0%			
Minimise risk / harm from others	91.2%			
Make a Positive Contribution				
Develop involvement / choice / control	94.0%			

Mental health -

The Community Mental Health Profile shows a range of performance indicators for mental health services in York. The full profile can be accessed here. Some of the measures are highlighted below. These show that York has:

- Higher rates of hospital admissions for mental health conditions and specifically for unipolar depression (that is, depression that is not bi-polar in diagnosis),

Alzheimer's and Schizophrenia than the England average. For Alzheimer and Schizophrenia hospital admission rates, these are significantly worse than the England averages. ➢ A higher number of in-patient 'bed days' – that is, the amount of time a person will spend in hospital with a mental health problem – per head of population than the England average ➢ A higher number of people using secondary care adult mental health services but a lower number of total contacts with mental health services compared to the England average. The number of contacts with mental health services is significantly lower. ➢ A significantly lower number of contacts with community psychiatric nurses than the England average ➢ A lower spend on mental health per head of population than the England average The commissioned mental health support provision shows that 91.2% of customers had a positive outcome in respect to managing their mental health. **35 Customers** **Jan 14 to Mar 15** **Customer Outcomes** *% Customers requiring support who achieved outcome*			

Achieve Economic Wellbeing				
Maximise income	95.5%			
Reduce overall debt	87.5%			
Obtain paid work:				
Now in paid work	33.3%			
Has participated in paid work	33.3%			
Enjoy and Achieve				
Training / education				
Has participated in desired training / education	80.0%			
Has achieved applicable qualifications	20.0%			
Leisure / culture / informal learning	85.7%			
Work-like activities	77.8%			
Establish contact				
Has established contact with services / groups	96.4%			
Has established contact with friends / family	100.0%			
Be Healthy				
Manage physical health	91.7%			
Manage mental health	91.2%			
Manage substance misuse	80.0%			

Assistive Technology etc 100.0% **Stay Safe** Avoid eviction 100.0% Obtain / secure settled accommodation 100.0% Comply with stat. orders / related processes Better manage self-harm 83.3% Avoid causing harm to others 100.0% Minimise risk / harm from others 87.5% **Make a Positive Contribution** Develop involvement / choice / control 93.9%				
Younger People Overview and background The proposed re-modelling of HRS services includes commissioned younger people provision (16-25 year olds). Initially there was consideration as to whether these services were in scope as they were historically predominantly 16-17 year olds estranged from their family. Therefore it was questioned whether this should be an adults provision. However the demographics of referrals have changed over recent years partly due to their being a front line hostel in place for young people (not in scope)		**Education** & **Productive and valued activities** – estrangement from family and or homelessness can lead to poor educational outcomes and often NEET. **Standard of living & Individual, family and social life** – young people estranged from their family can often come from a dysfunctional family upbringing with poor social and independent life skills.	The proposals are both positive and negative as identified.	See Adults section

and partly down to other factors like changes in welfare reform like single room rent. As the majority of customers are now 18+ it was decided to include these services within the proposed adults tender. With the young people's supported lodgings scheme. Due to the specialist nature of this host provision this service is proposed to be commissioned separately. <u>Evidence - York</u> York is ranked 5th lowest in the Yorkshire & Humber region of Local Authorities for numbers of young people not in education, employment or training In York the teenage conception rate (age under 18) is maintaining its downward trend with a rate of 23.0 per 1,000 girls in the age group in 2012 (Office for National Statistics). Commissioned young people supported services have achieved an 83.4% positive outcome for maintain secure accommodation. Outcome evidence from an existing young people support service:			

28 Customers 2014/15	*% Customers requiring support who achieved outcome*			
Achieve Economic Wellbeing				
Maximise income	100.0%			
Reduce overall debt	86.6%			
Obtain paid work:				
Now in paid work	49.1%			
Has participated in paid work	77.3%			
Enjoy and Achieve				
Training / education				
Has participated in desired training / education	75.0%			
Has achieved applicable qualifications	37.5%			
Leisure / culture / informal learning	88.9%			
Work-like activities	70.0%			
Establish contact				
Has established contact with services / groups	100.0%			
Has established contact with friends / family	100.0%			

Be Healthy Manage physical health Manage mental health Manage substance misuse Assistive Technology etc **Stay Safe** Avoid eviction Obtain / secure settled accommodation Comply with stat. orders / related processes Better manage self-harm Avoid causing harm to others Minimise risk / harm from others **Make a Positive Contribution** Develop involvement / choice / control	100.0% 89.1% 93.8% 83.4% 83.4% 94.6% 100.0% 100.0% 95.0%			
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
Due to efficiencies identified the successful tenders will have fewer resources than the	Yes	There is some mitigation in the fact that currently generic warden provision	Carl Wain	The new proposed

total current provision. This will have partial impact in reducing the ability to either support the same quantity of customers or provide the same level of support.		includes sheltered housing residents that do not require support. Resources need to be targeted at those that need the support so there is an equitable approach based on need rather than where someone lives. With respect to adult provision (including young people), existing contracts have been developing triage approaches which include drop-in provision that helps to reduce the quantity of support visits.		model is currently scheduled to be in place by Dec 2016
The current proposed budget envelope does not allow for growth (in respect to older people services) which is anticipated due to the evidenced demographics.	Yes	Where there is an increase in demand a growth bid will need to be considered against other budget pressures. There is not a statutory requirement to deliver this service.		
Customer consultation very much indicated that they appreciate a warden presence.	Yes	Sheltered housing schemes have a requirement for a warden presence regardless of whether this is funded by the city of York council. This will be part of resident's tenancy agreement. Negotiation with Housing Benefit team took place over the last two years to increase allocation of warden time such		

		that 50% is eligible for HB. This allows the landlord to continue to provide some warden presence. Further consultation will need to take place between the landlord (Housing Associations) and the residents to determine how they would like warden presence to be delivered, potentially providing greater choice although there may be some cost implications to the landlord and/or customers.		
There is a risk that customer contributions will increase for residents in sheltered housing. Those on low income may no longer be able to afford to live in these schemes creating an equitable issue around access to service.	Yes	There is a history of Housing Associations subsidising sheltered schemes through their rental income, the actual impact is likely to be minimised due to the ethos of the not for profit landlords who will manage the impact to residents. The risk is likely to be more in respect to future referrals which is partially mitigated though internal sheltered housing not being in scope with these proposals. The review of the balance between HRS and Housing management tasks for wardens has resulted in more warden time being eligible for Housing Benefit	As above	

		and therefore not impacted by the proposed changes.		
There is a risk, with all age groups, that with reduced preventative support there will be more customers requesting an ASC assessment at both an earlier stage and with higher level of needs.	**Y**es	It is not possible to maintain the same or greater level of preventative support without first releasing funding up-stream. The successful providers will be given freedom to deliver against outcomes rather than also outputs, this will help to provide a more customer focussed and targeted approach to meeting needs and reducing risk.	As above	As above
The is a risk of further increase in street homeless with any reduction in preventative and homeless resettlement support	Yes	The successful provider/consortium will have greater opportunity to manage the service model and adjust the balance between responsive support and structured support to meet changing community needs. The provider/consortium will also be better placed to attract additional funding and use innovative and person centred approaches to reduce risk.	As above	As above
There is a risk of increased offending/ substance misuse to any reduction in support to customers that access these services.	Yes	The successful provider/consortium will have greater opportunity to manage the service model and adjust the balance between responsive support and structured support to meet changing	As above	

		community needs. The provider/consortium will also be better placed to attract additional funding and use innovative and person centred approaches to reduce risk.		
There is a risk that any reduction in mental health preventative support will lead to greater access to professional services		Currently there are a significant proportion of customers with mental health needs across this range of services. Rationalising this provision will enable there to be equitable access to mental health support across the customers accessing this range of services. This should also provider greater opportunities for pathways from HRS services to professional support provision.	As above	

Community of Identity: Carers of Older or Disabled People				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
N/A				
Details of Impact	***Can negative impacts be***	**Reason/Action**	**Lead Officer**	**Completion Date**

	justified?			

Community of Identity: Disability				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
As per older people. Sheltered housing schemes also include people with physical disabilities.				
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**

Community of Identity: Gender			
Evidence	**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
There are no gender specific services within scope except for the Women's House. The Women's House is a 24 hour supported provision for women offenders and ex-	**Physical security** – providing separate supported housing reduces the risk of	**Unknown –** there will be a requirement	Staff employed at this

offenders. It has been identified and evidenced both locally and nationally that it is not always appropriate to mix male and female offenders in the community.		sexual abuse to vulnerable women.	within the tender specification that the provider/consortium demonstrates how they meet the needs of vulnerable women. The successful bid may use a different approach to meeting this need	supported housing scheme are currently through a third sector provider – 95 contracted hours + 197 Housing Management Hours
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**
Due to the efficiencies identified there is no guarantee that this supported housing scheme will continue.	Yes	There are other methods of providing support to vulnerable women in a non mixed hostel environment.	Carl Wain	The new proposed model is currently

				scheduled to be in place by Dec 2016

Community of Identity: Gender Reassignment				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
N/A				
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**

Community of Identity: Marriage & Civil Partnership			
Evidence	**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
N/A			

Details of Impact	*Can negative impacts be justified?*	Reason/Action	Lead Officer	Completion Date

Community of Identity: Pregnancy / Maternity				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
The young people floating support scheme includes supporting teenage parents. This may also include young pregnant women.		Education – this enables teenage parents to be better equipped to provide support and care to their child. Standard of living – this enables the support to be put in place to ensure the mother and child have as good a start as possible.	The proposals are both positive and negative as identified.	Contracted hours employed through two third sector providers as part of a larger contract provision. The hours are not specifically split out for teenage parents.
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**

Due to the efficiencies identified this may result in the reduction of young people supported or the quantity of commissioned hours provided.	Yes	The co-design approach will provide greater opportunities for accessing alternative funding streams and community cohesion. The rationalising of service provision to one inclusive support service enables the successful provider to target based on need rather than client group.	Carl Wain	The new proposed model is currently scheduled to be in place by Dec 2016

Community of Identity: Race				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
N/A all service provision will be required to deliver support regardless of race.				
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**

Community of Identity: Religion / Spirituality / Belief

Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
N/A all service provision will be required to deliver support regardless religion/spirituality/belief				
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**

Community of Identity: Sexual Orientation				
Evidence		**Quality of Life Indicators**	**Customer Impact** (N/P/None)	**Staff Impact** (N/P/None)
N/A all service provision will be required to deliver support regardless sexual orientation				
Details of Impact	***Can negative impacts be justified?***	**Reason/Action**	**Lead Officer**	**Completion Date**