HDC Full Equality Impact Assessment Form

Part 1 – AIMS AND IMPLEMENTATION OF THE POLICY/SERVICE PROCEDURE/PRACTICE

1.1 What is being assessed? Name of the service, policy, procedure or practice:
(What is being assessed – service/function, policy, procedure or practice? Is it new or existing?)

Lifeline Services and interactions with customers (emergency alarm system, telephone, face to face, email and online).

1.2 Officer(s) & Section/Service responsible for completing the assessment:
(Explain why the members of the impact assessment team were selected e.g. the knowledge and experience they bring to the process).

Jon Diaz – Control Centre Manager: Direct responsibility for the Lifeline service and to ensure that our services are available to anyone in need of support.
Peter Rowbotham – Head of Customer Services.
Jake Atkinson – Democratic Officer (Scrutiny & Equalities).

1.3 What is the main purpose or aims of the service, policy, procedure or practice?

Harborough Lifeline is an Emergency Alarm System which can help older or disabled people to keep their independence and enjoy the comforts of their own home. This is a high quality service open to anyone with any specific need and offered without prejudice.

1.4 Who is affected by the service/policy/procedure/practice? Who is it intended to benefit and how?
Who are the main stakeholders in relation to this policy?
What outcomes would other stakeholders want from this policy?
Are there any groups, which might be expected to benefit from the intended outcomes, but which do not?

External customers: Registered Social Landlords & Charity housing groups, Tenants of these organisations, Lifeline users in non RSL housing, Responders of customers
Health and Social Services organisations.
Council Officers.
Local Groups.
Partnerships.

1.5 Has the service/policy/procedure/practice been promoted or explained to those it might affect directly or indirectly?

The Lifeline service has been promoted in various medical practice booklets and care guides over the last few years promoting the message "Health, wellbeing, reassurance and peace of mind".
The same message is given during group presentations about the service and during organised events.
Upon requesting information about the Lifeline Service, details on the service provided is supplied in written form.
Similar documentation can be viewed online on the HDC website and PDF documents can be downloaded.
In partnership with Social Services, the various OT departments (including those based within the local hospitals) have access to a supply of information packs and application forms that they can distribute to those in need of the Lifeline service.

1.6 How does the service/policy/procedure/practice contribute to better Community Cohesion?
(How do you promote good relations between different communities you serve based on mutual understanding and respect? What opportunities are there for positive cross cultural contact between these communities to take place e.g. between younger and older people, or between people of different religious faiths?).

The Lifeline service undertakes a monthly contact with customers subscribing to the dispersed alarm service. Through this contact we are able to feedback to the Council any issues or concerns raised by HDC residents that may otherwise not have been mentioned.
On occasion a dispersed alarm user may not have a nearby relative and therefore the build a relationship with a good neighbour that is willing to be their responder. This often bridges the generational gap and provides local support to elderly people living in a mixed aged community.

1.7 How does the service/policy/procedure/practice fit in with the council's wider aims? Include corporate and partnership priorities.
(How does the policy relate to other policies and practices within the council? What factors/forces could contribute /detract from the outcomes? How do these outcomes meet or hinder other policies, values or objectives of the council?)

Business Plan
Equality Policy
Children and Vulnerable Adults Safeguarding Policy
SCS Policy and Practice Groups: Improved life chances for vulnerable people and places
SCS Policy and Practice Groups: Safe and attractive place to live and work

1.8 What is the relevance of the aims of the service/policy/procedure/practice to the equality target groups and the Council's duty to eliminate unlawful racial, disability and gender discrimination, and promote equality of opportunity?

The aim of the service is to provide a point of contact where anyone, regardless of race, gender, disability, etc., can seek assistance or reassurance without prejudice and to report prejudices and vulnerabilities when encountered.

1.9 How is, or will the service/policy/procedure/practice be put into practice and who is, or will be, responsible for it?
(Who defines or defined the policy? Who implements the Policy? How does the council interface with other bodies in relation to the implementation of this policy? Is the service provided solely by the Department/Unit or in conjunction with another department, agency or contractor? If external parties are involved then what are the measures in place to ensure that they comply with the Councils Equal Opportunity Policy?)

Appropriate standards for customer care are employed by all staff working with the Lifeline Control room or when undertaking home visits or presentations. The persons responsible for these standards are the direct line manager of the Lifeline service staff and the Head of Customer Services.

Part 2 – CONSIDERATION OF DATA AND RESEARCH

To conduct the assessment you will need information about service users and staff that provide the service. This section is to help you identify the sort of information that will needed to help you assess whether there may be barriers to different equality groups who access your service, policy, procedure or practice.

2.1 List all examples of quantitative and qualitative data or any consultation information available that will enable the impact assessment to be undertaken (include information where appropriate from other directorates/units, Census 2001 etc. Please note that in some cases data may not exist or be available and you may therefore have to undertake additional research.)

Lifeline Centre user data and call history.
Demographic data.
User enquiry surveys and feedback.

2.2 Equalities profile of users or beneficiaries. (Use the Council's approved diversity monitoring categories and provide data by target group of users or beneficiaries to determine whether the service user profile reflects the local population or relevant target group or if there is over or under representation of these groups.)

Age data is readily available from the Lifeline database but the profile will not correspond to the demographic profile of the population due to the service being targeted towards the elderly population. Ethnic background data can be recorded on the lifeline database but historically has not been. This profile is therefore currently unreliable and needs reviewing.

2.3 Evidence of complaints against the service/policy/procedure/practice on grounds of discrimination. (Is there any evidence of complaints either from customers or staff (grievance) as to the delivery of the service, or its operations, on the equality target groups?)

The Lifeline service uses feedback from customers to review procedures and to improve services. Further to a recent user enquiry service, comments made by users have been acted on in order to alleviate concerns or provide equipment more suitable customers particular needs due to a developing health issue or vulnerability.

2.4 What does the consultation/research/data indicate about the negative impact of the service, policy, procedure or practice?

The user enquiry survey has highlighted a few issues where the customer has mental health issues. They may be confused about what the service is about and are often apologetic that they may have been a nuisance because they can not recall activating the alarm. Further PR visits are required to these customers to meet their needs.

2.5 What does the consultation/research/data indicate about the positive impact of the service, policy, procedure or practice?

Service is available to all and 'tailor made' solutions are considered when specifics needs are identified.

Part 3 – ASSESSMENT OF IMPACT

Now that you have looked at the purpose, etc. of the **service/policy/procedure/practice (part 10 and looked a the data and research you have (part 2), this section asks you to assess the impact, positive and negative of the service/policy/procedure/practice on each of the six strands of diversity covered in the Council's Equality and Diversity Policy. A copy of the policy can be found on the council's website**

RACE – testing of disproportional, adverse, neutral or positive impact

a. Identify the effect of this policy on different RACE groups from information available.

The Lifeline database is able to record the preferred language of the Lifeline customer although the only two languages available for the playback of recorded messages are English and Silent. There are a few Lifeline customers that do not speak English but are still able to raise help via the Lifeline service.

No ethnicity monitoring is currently undertaken although this will be introduced in the near future.

The 2005 Harborough Community Profile produced by LCC indicates 4.2% of the HDC population had a Black or Minority Ethnic background. The Census data 2001 indicates a similar percentage (4.3%) for BME within the HDC area.

b. How is the target race group reflected in the take up of the service.

Data not currently available

c. From the evidence available does the policy affect, or have the potential to affect, racial groups differently?

Yes   ☑

No   ☐

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	Language is a potential barrier in the take up of the service by BME users because promotions and advertising does not reach that target audience. Language may also be a barrier in communicating with the customer should they activate their alarm unit (although help will always be provided unless the operator clearly understands that help is not required – false alarm, test call, etc.). The Council does not have a list of staff able to converse in a foreign language. Even if there was a list, those staff would always be available to assist a 24 hour service.
Neutral impact?	
Positive impact?	Pre recorded messages i.e. "do not worry, you are connected to Harborough Lifeline", "the operator is seeking assistance on your behalf", etc could be recorded in different languages and added to the Lifeline database to be played back according to the users preferred language

e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one racial group or for another legitimate reason?
No. The service should be available to all.

GENDER – testing of disproportionate, adverse, neutral or positive impact

a. Identify the effect of this policy on different GENDER groups from information available.
The service is available to male and females alike with no discrimination or bias towards one group

b. How are men and women reflected in the take up of the service.
Gender data can be obtained from the Lifeline database and although the distribution is skewed towards females (becoming more prominent the higher the age range), this reflects the normal population with a higher percentage of elderly females than elderly males. The breakdown for dispersed alarm customers is 79% Female and 21% Male.

c. From the evidence available does the policy affect, or have the potential to affect, men and women differently?
Yes ☐ **No** ☑

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	
Neutral impact?	
Positive impact?	

e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one gender or for another legitimate reason? No

DISABILITY – testing of disproportionate, adverse, neutral or positive impact

a. Identify the effect of this policy on Disabled people from information available.

The Lifeline service is intended to support the needs of disabled persons so that they can live independent lives, but with the reassurance that help can be quickly summoned if required. Information from Leicestershire County Council indicates that 13% of the HDC population have a long term illness.

b. How are disabled people reflected in the take up of the service?

Although the Lifeline service gathers information on the medical conditions of customers so that an appropriate response can be made in the event of an emergency this data is not typically analysed. A part analysis was conducted with reference to the Priority Neighbourhoods (Logan and Welland Wards) to give an insight in to the types of medical conditions people had in those wards.

Some Lifeline customers have specific needs due to particular disabilities. Where a tailor made solution is required to meet those needs options are discussed with the customer so that the Lifeline service can be used.

Solutions may vary from a non technical solution such as a hand bell that a person without the ability to speak can ring so that the operator knows the call was just false alarm. If no bell is heard then the assumption is that help is required.

More technical solutions may include the use of fall sensors, extra sensitive pendants or 'bash pads' so that a person with limited finger dexterity or control of limb movements can still call for assistance.

c. From the evidence available does the policy affect, or have the potential to affect, disabled people differently?

Yes   ☐

No   ☑

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	
Neutral impact?	
Positive impact?	

e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for disabled people or for another legitimate reason?
No

AGE – testing of disproportionate, adverse, neutral or positive impact

a. Identify the effect of this policy on different AGE groups from information available.

Information provided by Leicestershire County Council in 2005 indicates that almost 19% of the HDC population are of pensionable age.

Across Leicestershire, comparing projections of older people from the National Statistics 2003 based projections for 2003 to 2013 with estimated changes for 1993-2013 shows a continuation of past high increases, with an increased growth rate for the population aged over 85.

The over 85 population is estimated for mid 2003 as 10,900. This is projected to increase to 15,900 by 2013, an increase of 5,000 (46%). This compares with an increase of 2,300 (27%) from 1993.
For individual years the projected increase is greatest from 2004 to 2009, with annual projected increases from 500 to 800 in this period.

The projected percentage increase over the next 10 years for the total aged over 65 and total aged over 75 is similar to that for the last 10 years. From 2003 to 2013, the population aged over 65 is projected to increase by 27%, compared to 28% from 1993-2003. The population aged over 75 is projected to increase by 22%, compared to 26% from 1993-2003. The projected increase for age 75-79 is from 20,000 to 23,000, and for age 80-84 from 15,000 to 17,200.

b. How are different age groups reflected in the take up of the service.

The Lifeline service was originally established to support the Sheltered Housing Schemes in the absence of the on site warden. Over time the remit has changed to include non sheltered customers and the service is promoted as a service for anyone that feels vulnerable and need of support. As anticipated the uptake of the service by fit, active people below the age of 65 is non existent although they are not explicitly excluded.

The age breakdown of dispersed alarm users compared to LCC 2013 population projection is as follows:

	Lifeline	LCC population projection compared to ALL ages
Less than 50:	1.5%	no data
50-54	0.8%	no data
55-59	2.6%	6.6%
60-64	3.2%	6.4%
65-69	2.4%	6.4%
70-74	5.4%	4.2%
75-79	11.3%	3.4%
80-84	22.7%	2.6%
85-89	27.0%	2.5% All ages 85+
90-94	17.2%	
95-99	4.8%	
100 or more	1.5%	

c. From the evidence available does the policy affect, or have the potential to affect, age groups differently?

Yes ☐

No ☑

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	
Neutral impact?	
Positive impact?	
e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one age group or for another legitimate reason? No	

LESBIAN, GAY, BISEXUAL and TRANSGENDER – testing of disproportional, adverse, neutral or positive impact

a. Identify the effect of this policy on LESBIAN, GAY, BISEXUAL and TRANSGENDER people from information available.

The service is promoted as 'available to all' and does not exclude lesbian, gay, bisexual or transgender persons.

b. How is this target group reflected in the take up of the service.

This data is not collected by Lifeline Services.

The database has an option to record a "partnership" rather than just Husband or Wife for <u>responders</u> of customers. The primary purpose of recording the relationship status of responders is so that the operators are able to distinguish between, carers, neighbours, son/daughters, grandson/granddaughter, nieces/nephews, etc.

Generally the relationship status of <u>joint</u> Lifeline users is not recorded, the assumption is that any couple are in a partnership. There are occasional notes referring to a relationship status e.g. "husband is in hospital" or comments when a son or daughter also lives in the property but are not necessarily also users of the lifeline service.

c. From the evidence available does the policy affect, or have the potential to affect, LESBIAN, GAY, BISEXUAL and TRANSGENDER people differently?

Yes ☐

No ☑

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	
Neutral impact?	
Positive impact?	

e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for LESBIAN, GAY, BISEXUAL and TRANSGENDER peopleor for another legitimate reason?
No

RELIGION/BELIEF – testing of disproportionate, adverse, neutral or positive impact

a. Identify the effect of this policy on different RELIGIOUS/BELIEF groups from information available.

There are potential issues when seeking medical assistance for specific individuals due to their beliefs. Where these issues are identified appropriate comments are made on the Lifeline database and prominently displayed on the first page the operator sees when handling an emergency call.

b. How are the target RELIGIOUS/BELIEF groups reflected in the take up of the service.

Religious/Belief data is not formally requested on the current application form used to gather user details. However, where relevant this information may be added as supplementary information.

c. From the evidence available does the policy affect, or have the potential to affect, RELIGIOUS/BELIEF groups differently?

Yes ☐

No ☑

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	
Neutral impact?	
Positive impact?	

e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one RELIGIOUS/BELIEF group or for another legitimate reason?
No

OTHER – Additional groups that may experience impacts - testing of disproportional, adverse, neutral or positive impact

a. Identify the effect of this policy on OTHER GROUPS in the DISTRICT from information available. *(These other groups could include factors such as literacy, health, poverty, marital status etc.)*

Individuals with learning difficulties or literacy issues

b. How are the target OTHER groups reflected in the take up of the service.

Data not available.

However, for customers unable to read or write, assistance is provided with respect to demonstrating the service in the users home so that they do not have to read the literature and the installer will complete the application forms on behalf of the customer.

Repeat visits can be organised to help users understand the use of the equipment if they are unable to retain all the information originally explained to them. Responders and neighbours are also invited to attend the installation/demonstration so that they can reinforce the users learning.

c. From the evidence available does the policy affect, or have the potential to affect, OTHER groups differently?

Yes ☐

No ☑

d. If yes, do any of the differences amount to:

	Reason/evidence/comment
Barriers, negative impact or unlawful discrimination?	
Neutral impact?	
Positive impact?	

e. If there is a negative impact, can it be justified on the grounds of promoting equality of opportunity for one OTHER group or for another legitimate reason?
No

Part 4

MEASURES TO MITIGATE DISPROPORTIONATE OR ADVERSE IMPACT OR IMPROVE ON NEUTRAL OR POSITIVE IMPACTS

4.1 If there is any negative impact on any target equality group identified in Section 3, is the impact intended or legal?

No

4.2 Specify measures that can be taken to remove or minimise the disproportionate or adverse effect identified in Section 3. If none were identified in Section 3, identify how disproportionate impact or adverse effect could be avoided in future. *(Consider measures to mitigate any adverse impact and better achieve the promotion of equal opportunity).*

Staff awareness and training
Develop form to capture Equal Opportunity data for the Lifeline service. Although this may need to be a form that the installer completes at time of installation rather than ask the service users to complete another form.
Investigate further use of technical and non technical solutions for specific needs.
Emphasis Equality online, in information packs and advertments.
Investigate ease of access and use of Language Line for the 24 hour service.

4.3 If there is no evidence that the service/policy/procedure/practice promotes equality, equal opportunities or improves relations within equality target groups, what amendments could be made to achieve this?

Staff awareness/training
Develop database to capture and monitor equal opportunity data and service delivery.

4.4 If A NEUTRAL OR POSITIVE IMPACT has been identified, can that impact be improved upon (continuous improvement)? What are the improvements that can be made? Can they be applied elsewhere in the Council?

4.5 How will any amended service, policy, procedure or practice be implemented, including any necessary training. *(Include actions, date for completion, officer(s) responsible and any budget requirements.)*

User enquiry surveys
Customer feedback
Operator evaluations via the voice recorder
General training

Part 5 - CONCLUSIONS AND RECOMENDATIONS

5.1 Does the policy comply with equalities legislation, including the duty to promote race, disability and gender equality? (*Take into account your findings from the impact assessment and consultations and explain how the policy was decided upon its intended effects and its benefits.*)

YES ☑   NO ☐

5.2 What are the main areas requiring further attention?

Development of data collection for monitoring purposes (forms and database).
Increase staff awareness of issues.
Promotion of equal opportunity policy.

5.3 Summary of recommendations for improvement.

Capture monitoring data.
Training.
Rewording of literature (electronic and hard copy)

5.4 What equality monitoring/evaluation/review systems have been set up to carry out regular checks on the effects of the service/policy/procedure/practice? (*Give details.***)**

To be developed

5.5 When will the amended service/policy/procedure/practice be reviewed*? (Include dates for completion and officer(s) responsible.)*

April 2010   -   Jon Diaz

Date completed: 28th November 2009

Signed by (Manager):   Jon Diaz

Part 6 - Equality Impact Assessment Improvement Plan

The table below should be completed using the information from the Equality Impact Assessment to produce an action plan for the implementation of proposals to:

1. Lower the negative impact? **And/Or**
2. Ensure that the negative impact is legal under anti-discriminatory law? **And/Or**
3. Provide an opportunity to promote equality, equal opportunity and improve relations within equality target groups? i.e. increase the positive impact

Please ensure that you update your service/business plan with the equality objectives/targets and actions identified below:

Area of negative impact	Changes proposed	Lead Officer	Timescale	Resource implication	Comments
Language is biased towards English	Website, adverts and information pages are only available in English. Need to assess the population breakdown/demand for service from BME groups so that literature can be produced proportionally.				
Staff awareness	Discuss with HR / Jake Atkinson what training may be available.				
Data capture and monitoring	Investigate if there is a standard form used by HDC. Devise process to capture this data. Devise process to monitor and act on this data.				

Part 7 - Equality Impact Assessment: Summary Report

The results of equality impact assessments must be published. Please complete this summary, which will be used to publish the results of your impact assessment on the authority's web site and return it to your authority's nominated "equality" officer.

Date of Assessment: 28/11/2009
Completing Officer's Title/Position: Control Centre Manager
Officer's Name: Jon Diaz
Service, Policy, Procedure, or Practice that was Impact Assessed: **Lifeline Service**
Summary of findings: Service available to anyone who has a need with no restrictions or prejudice. Solutions may be tailor made to meet specific needs if required.
Summary of Recommendations and Key Points of Action Plan: Identify other languages that literature should be produced in. Improve data capture of Equal Opportunity monitoring data.

Groups that this policy will impact upon: ALL	
Race	
Gender	
Sexual Orientation	
Age	
Disability	
Religion or Belief	
Other	