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| **Equality Impact Assessment Report** | |
| **Date to EIA panel, department, DLT or DMT** | Not applicable |
| **Sign-off path for EIA** | Cabinet sub-group on FR |
| **Title of Project, business area, policy/strategy** | Remodelling of Lambeth Advice Network and creation of One Lambeth Advice |
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| **SLB Sponsor** | Helen Charlesworth-May |

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| **London Borough of Lambeth**  **Full Equality Impact Assessment Report** | |
| **1.0 Introduction** | |
| **1.1 Business activity aims and intentions**  *In brief explain the aims of your proposal/project/service, why is it needed? Who is it aimed at? What is the intended outcome? What are the links to the cooperative council vision, corporate outcomes and priorities?* | This EIA assesses the impact of planned changes to the funding and delivery of advice in Lambeth. There are two drivers for making changes to the advice network funded by Lambeth – to improve service effectiveness and to cope with a reducing financial envelope.  The need for advice in Lambeth has been growing year on year as a result of welfare cuts and changes, increased sanctions, rising levels of debt and homelessness. The cuts to the Legal Aid budget (no longer available for welfare benefits work and only available for serious housing issues) has led to the loss of Legal Aid funded advisors in Lambeth and a greater pressure on the services that are funded by Lambeth council.  The reduction in the council’s grant from central Government has seen cuts having to be made to budgets across the council and the financial resilience budget (which is used to pay for advice services) is no exception to that. It was cut by 40% from 14/15 onwards and this has meant we have had to thoroughly examine every element of our service offer to try to create efficiencies, reduce waste and get better value for money with a reduced spend. This, combined with the need to find money within the budget for the continuation of the valuable Every Pound Counts service, has created a knock-on pressure around funding for advice services overall. In response to this challenge, we are remodelling our advice offer and creating a new single portal for advice run by the CAB called One Lambeth Advice. While the financial envelope has reduced overall, the changes do not represent a diminuation in the service offer, on the contrary we are adding new elements that will make it easier for people to access advice. In summary, the changes proposed are as follows:   * Creation of a new portal for advice comprising a single website (including web chat facility), email advice, Freephone advice line and appointment booking system run by the CAB and branded as One Lambeth Advice to supplement (not replace) drop-in/face to face access points * An increase in casework capacity of 100 hours across the network funded by a reduction in admin/overheads/management through rationalising the service offer * Four drop-in advice venues across the borough – Norwood, Streatham, Brixton and Kennington – with drop-in advice no longer funded at Lambeth Law Centre, Brixton Advice Centre and Waterloo Action Centre * Caseworkers available at five locations across the borough – Oval, Norwood, Streatham, Kennington, Brixton – it will no longer be available at Waterloo * The provision of 20 new volunteer Advice Guides trained by the CAB and deployed in various community settings like GPs and the customer centre to support people to access advice * An appointment booking system so residents wait less, queue less and have more choice * Improved triage so that those who need help urgently or have more complex problems are prioritised over those that are good at queuing   It is expected that these changes will address the weaknesses in the current service provision which include:   * The funded advice offer has been fragmented with 6 different external agencies involved. This spread of smaller agencies means that some services overlap or are duplicated – eg: all separately provide a phone and email advice service but struggle to staff it to the point where responses are well managed. * The 6 different agencies have all been marketing their services to the same residents at the same time (with little resource to do so) and the different names/addresses and service types are confusing to residents and council staff who are seeking to signpost. Because the individual advice agencies operate from different locations that are not very well known to the general public, the advice they offer is not as accessible as if it was delivered/made available at community venues like the customer centre, Children’s Centres, GP surgeries and residents are missing out on advice they need due to this lack of accessibility/awareness. * Funds that could be used to provide more actual casework hours are disproportionately spent on management, monitoring, overheads and admin because the service is delivered across multiple agencies. This means that residents are not getting good value and we are not maximising access to advice. * The current model relies heavily on residents queuing outside of advice agency premises to access support via drop-in sessions. In some agencies, only the first 5 people in the queue get seen (regardless of need) and, in others, residents have to turn up an hour before the opening time in order to guarantee being seen. It is not appropriate to expect residents in need of advice to queue in this way and it mitigates against those unable to queue (eg: those with support needs and/or children) being able to access advice. * The current model is set up to largely provide advice face to face and, in most agencies, even where advice needs could be met by phone or online, residents are still pointed towards attending drop-ins or making appointments to see advisors. This is not cost effective and can lead to unnecessary delays/queuing for residents. * Each agency interprets and records monitoring data differently meaning that comparing performance and, crucially, using performance data to improve standards, is difficult. Commissioners spend a lot of time interpreting this data and contract monitoring the different agencies. * Quality is mixed, demand is uneven and outcomes differ considerably across agencies – there is a need to concentrate funding on those agencies that perform well and where demand is highest.   The provision of advice is important in many ways. It is a key contributor to achieving the outcomes set out in the council’s Financial Resilience Strategy and contributes to the following outcomes in the Community Plan:   * People achieve financial security * Older, disabled and vulnerable people can live independently and have control over their lives * People are healthier for longer   Providing advice is beneficial to the council because it reduces costlier problems like homelessness and debt and supports residents to access income they are entitled to from benefits and credits which in turn means they can pay their rent and contribute more to the costs associated with their care.  The changes to the advice offer were tested via a pilot and determined through considerable co-production work involving current advice providers and service users engaged in mystery shopping. |
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| **2.1 Evidence** | |
| **Protected characteristics and local equality characteristics** | **Impact analysis**  **For each characteristic please indicate the type of impact (i.e. positive, negative, positive and negative, none, or unknown), and:** |
| **Race** | **Positive**  The breakdown across the network using data recorded by advice agencies is as follows:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | LLC | WAC | CAB | C70 | BAC | EPC | | Black Asian | 4% | 10% | 6% | 6% | 2% | 6% | | Black African | 28% | 35% | 20% | 22% | 26% | 15% | | Black Caribbean | 29% | 8% | 17% | 28% | 39% | 21% | | Black other | 5% | 2% | 5% | 4% | 2% | 4% | | White\* | 27% | 40% | 39% | 29% | 20% | 46% | | Mixed | 5% | 2% | 8% | 12% | 11% | 6% | | Other | 2% | 2% | 4% | 0% | 0% | 1% |   \*includes White British, White Irish and White European (not all agencies record these categories distinctly)  As can be seen, residents who are black are more likely to access the advice agencies than those who are white. The improvements to accessibility, the improved offer around phone/email advice, the provision of 100 hours more casework and the availability of Advice Guides in various locations across the borough are therefore likely to provide a positive impact for black residents group. Black residents are seemingly willing and able to use all of the advice agencies and there is no reason to suggest that the changes to drop-in will impact on any racial group negatively or positively more than another. |
| **Gender** | **Positive**  The breakdown across the network using data recorded by advice agencies is as follows:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | LLC | WAC | CAB | C70 | BAC | EPC | | Male | 41% | 35% | 40% | 36% | 39% | 56% | | Female | 59% | 65% | 60% | 64% | 61% | 44% |   As can be seen, female residents are generally more likely to access advice than male residents (with EPC the exception to this). The improvements to accessibility, the improved offer around phone/email advice, the provision of 100 hours more casework and the availability of Advice Guides in various locations across the borough are therefore likely to provide a disproportionately positive impact for female residents. Residents of both genders are seemingly willing and able to use all of the advice agencies and there is no reason to suggest that the changes to drop-in services will impact on any particular gender negatively or positively more than another. |
| **Household type** | **Unknown/Positive**  The advice agencies do not record this information so impact of changes for this group cannot be assessed. Though the availability of phone advice and the extension of advice guides into Children’s Centres and GP surgeries are likely to be positive for lone parents who may struggle to attend a drop-in that requires queueing. |
| **Gender re-assignment** | **Unknown/Positive**  The advice agencies do not record this information so impact of changes for this group cannot be assessed. |
| **Disability** | **Positive**  The breakdown across the network using data recorded by advice agencies is as follows:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | LLC | WAC | CAB | C70 | BAC | EPC | | Not disabled | 56% | 40% | 58% | 60% | 49% | 0% | | Physical disability/  sensory impairment/long term condition | 28% | 46% | 35% | 27% | 28% | 32% | | Mental health | 11% | 12% | 5% | 3% | 8% | 20% | | Learning disability | 5% | 2% | 2% | 9% | 6% | 6% | | Multiple needs\* | - | - | - | - | - | 42% |   \* only EPC uses this category.  There is some overlap and differing definitions used by agencies around long term health condition, physical disability and sensory impairment.  The advice services are important for people with disabilities in terms of securing their entitlement to benefits, especially given the Government changes in this area are making things difficult. The improvements to accessibility, the improved offer around phone/email advice, the provision of 100 hours more casework and the availability of Advice Guides in various locations across the borough are therefore likely to provide a disproportionately positive impact for disabled residents. The elimination of the need to needlessly attend drop-ins and to queue to access advice - replaced by the ability to make appointments over the phone and to organise home visits as needed – is positive.  The presence of EPC within the network, offering a specific service for people with disabilities means that many use this service rather than the mainstream advice network. EPC can undertake home visits and support residents to access other social care services, passported benefits/services and support services.  Disabled residents who are used to being seen at Waterloo Action Centre (a higher proportion than in other agencies with the exception of EPC) can be worked with by EPC in Vauxhall, by the Law Centre in Oval or via a home visit as needed so they do not have to miss out. |
| **Age** | **Positive**  The breakdown across the network using data recorded by advice agencies is as follows:   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  | LLC | WAC | CAB | C70 | BAC | EPC | | Under 25 | 6% | 1% | 8% | 4% | 9% | 10% | | 25-64 | 90% | 83% | 82% | 82% | 81% | 57% | | Over 65 | 4% | 16% | 10% | 8% | 10% | 34% |   \*EPC uses different bandings: 26-59 and 60+  The majority of those using mainstream advice services are in the 25-59 group. This makes sense as the majority of welfare changes affect working age cliamants and the greatest presence of debt exists within this age group. The improvements to accessibility, the improved offer around phone/email advice, the provision of 100 hours more casework and the availability of Advice Guides in various locations across the borough are therefore likely to provide a disproportionately positive impact for residents in this age group.  The elimination of the need to needlessly attend drop-ins and to queue to access advice - replaced by the ability to make appointments over the phone and to organise home visits as needed – is positive for older people. The presence of EPC with a bespoke service offer for older residents with support needs is important in terms of mitigating the impact of any other changes to service levels (eg: as at Waterloo/Oval). |
| **Sexual orientation** | **Unknown/Positive**  The advice agencies do not record this information so impact of changes for this group cannot be assessed. Though the availability of phone advice and webchat and the extra 100 hours of casework are likely to be positive for anyone seeking advice. |
| **Religion and belief** | **Unknown/Positive**  The advice agencies do not record this information so impact of changes for this group cannot be assessed. Though the availability of phone advice and webchat and the extra 100 hours of casework are likely to be positive for anyone seeking advice. |
| **Pregnancy and maternity** | **Unknown/Positive**  The advice agencies do not record this information so impact of changes for this group cannot be assessed. Though an obvious benefit for pregnant women and those with small children/babies is the development to the service that means it is no longer necessary to queue or attend a drop in to get advice and the extra 100 hours of casework will also be of benefit for anyone needing advice. |
| **Marriage and civil partnership** | **Unknown/Positive**  The advice agencies do not record this information so impact of changes for this group cannot be assessed. Though the availability of phone advice and webchat and the extra 100 hours of casework are likely to be positive for anyone seeking advice. |
| **Socio-economic factors** | **Positive**  The advice agencies do not record the socio economic status of those using the services but it is considered that those who are in debt, in poorest housing, in arrears, not working and needing help to claim benefits are the main constituency for the advice agencies so the improvements made (eg: to the accessibility of advice, the improved offer around phone/email advice, the provision of 100 hours more casework and the availability of Advice Guides in various locations across the borough) are therefore likely to provide a disproportionately positive impact for residents in the lowest socio-economic group. |
| **Language** | **Neutral/No change**  The advice agencies do not record this information so impact of changes for this group cannot be properly assessed. However, commissioners have undertaken a language audit of workers/volunteers available across the network to support residents coming forward for advice under the new arrangements and the following languages were recorded as being spoken: Spanish (all), Portuguese (4), French (4), Polish (2), Russian (2), Serbian, Slovakian, Czech, Punjabi, Gujarati, Yoruba (2), Italian (3), Latvian, Ga, Twi, Dutch (2), German (2), Bosnian (2), Bengali, Sylheti, Hindi, Serbian, Croatian, Hausa, Creole.  Obviously whether the language is spoken on any given day depends on who is on duty and/or absent and the advice agencies report that they rarely use some of the languages spoken. The default, given that funding is not available to offer interpreting services routinely, is to ask those needing advice who cannot speak English at all to bring a friend, family member or advocate though those who are seeking debt advice can get interpreting services through Capitalise funding and Legal Aid funds allow for it similarly.  For the phone advice offer, it will depend on who answers the phone and what languages they speak. For the funding available we cannot guarantee to meet every language need and it important to acknowledge that maintaining this status quo (ie: it was the case prior to the remodelling that anyone seeking phone advice would not be guaranteed to be advised in their chosen language) means that phone advice can be excluding of those who do not speak English. Given this, it is important, as intended, that facec to face channels for advice and web based advice (where answers can be tranlstaed live) remin available alongside the phone offer. |
| **Health** | **Positive**  The agencies do not record health data in any meaningful sense. They have some data on long term health conditions (as per the section on disabilities above) but this is mixed in with physical disability and sensory impairment data so cannot be used conclusively. However, we know from various studies that have been undertaken:  <http://www.lho.org.uk/Download/Public/17974/1/Welfare%20benefit%20advice%20through%20GP%20Surgeries%20Final%201%20MA.pdf>  <http://www.gponline.com/welfare-advice-saves-gp-visits-prescribing/article/1157755>  that providing welfare advice has a positive impact on health in a range of areas – improved mental health, improved nutrition and management of health conditions, reducing food and fuel poverty and associated illnesses, reduced stress/anxiety linked to debt and housing problems.  The improvements to accessibility, the improved offer around phone/email advice, the provision of 100 hours more casework and the availability of Advice Guides in various locations across the borough are therefore likely to provide a positive impact for residents suffering from ill health. |
| **2.2 Gaps in evidence base**  *What gaps in information have you identified from your analysis? In your response please identify areas where more information is required and how you intend to fill in the gaps. If you are unable to fill in the gaps please state this clearly with justification.* | As stated above, the advice agencies do not record equalities data in several key areas:   * Sexual orientation * Gender reassignment * Religion/belief * Language needs * Pregnancy/maternity * Socio-economic status   We will work with the providers to introduce monitoring in some of these categories from 1.4.15. The advice providers do not feel that all the categories can be moinitored or are relevant however. |
| **3.0 Consultation, Involvement and Co-Production** | |
| **3.1 Coproduction, involvement and consultation**  *Who are your key stakeholders and how have you consulted, coproduced or involved them? What difference did this make?* | The changes to the advice offer were made as a result of consultation undertaken during the production of the borough’s Financial Resilience Strategy and as a result of specific co-production work involving the six current advice providers over a period of many months. The group set shared goals for the work – reducing overheads and managements costs, avoiding duplication of offer, improving accessibility, increasing casework hours as a proportion of all activity, etc – and worked together to make the changes that would see these goals achieved by a remodelled service.  Service users were recruited to undertake comprehensive mystery shopping of advice channels to inform this process – they tested phone, email, casework and drop-in advice. It was invaluable in concretizing what we thought were problems in this current configuration of advice.  The Cabinet sub-group on financial resilience – made up of officers from within the council (including Public Health), Cabinet Members and other councillors have also been consulted. |
| **3.2 Gaps in coproduction, consultation and involvement**  *What gaps in consultation and involvement and coproduction have you identified (set out any gaps as they relate to specific equality groups)?* | We have not undertaken consultation with specific groups of users who use each advice service that is undergoing a service change or withdrawal so as to assess the impact of the changes on these groups. We expect that many who use drop-ins that are being discontinued and many of those who have established individual relationships with particular caseworkers and particular venues will be disappointed with being unable to maintain this but we expect that the wider impact of the changes – increased accessibility, increased casework hours, more availability of Advice Guides in community venues, ability to book appointments by phone, Freephone advice line – will be of wider benefit to a wider group of service users. |
| **4.0 Conclusions, justification and action** | |
| **4.1 Conclusions and justification**  *What are the main conclusions of this EIA? What, if any, disproportionate negative or positive equality impacts did you identify at 2.1? On what grounds do you justify them and how will they be mitigated?* | That the impacts associated with the changes are positive overall. |
| **4.2 Equality Action plan**  *Please list the equality issue/s identified through the evidence and the mitigating action to be taken. Please also detail the date when the action will be taken and the name and job title of the responsible officer.* | |
| **Equality Issue** | **Mitigating actions** |
| Ensuring that the quality of advice is maintained throughout the change process for the sake of all equalities groups | * Mystery shopping * Close monitoring of outcomes/activity * Service feedback |
| Access to legal advice | * Maintain funding/support for the evening pro-bono surgeries where offered |
| Transitional support for people who will have to change where and how they get advice until they get used to new arrangements | * Training volunteers at Waterloo Action Centre and Brixton Advice Centre to support unfunded drop-ins and signposting to One Lambeth Advice * Sessional work provided off site at Kennington hub by Every Pound Counts (if needed) * CAB advisors providing an interim presence at WAC two mornings a week |
| **5.0 Publishing your results** | |
| The results of your EIA must be published. Once the business activity has been implemented the EIA must be periodically reviewed to ensure your decision/change had the anticipated impact and the actions set out at 4.2 are still appropriate. | |
| **EIA publishing date** | Tbc |
| **EIA review date** | October 2015 |
| **Assessment sign off (name/job title):** |  |

All completed and signed-off EIAs must be submitted to for publication on Lambeth’s website. Where possible, please anonymise your EIAs prior to submission (i.e. please remove any references to an officers’ name, email and phone number).