|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **TITLE**  *Name / description of the issue being assessed* | | | Support Planning Policy | | | | |
| **DATE**  *Date the DIA is completed* | | | Published in January 2018  Reviewed in December 2019 | | | | |
| **LEAD OFFICER**  *Name, title and dept of person responsible for carrying out the DIA*. | | | Katherine Bishop – Business Development Officer | | | | |
| 1. **Summary description of the proposed change**  * *What is the change to policy / service / new project that is being proposed?* * *How does it compare with the current situation?* | | | | | | | |
| The Support Planning Policy was due to be reviewed and has been updated to ensure that it reflects the current Support Planning policy process. There have been no significant policy changes. | | | | | | | |
| 1. **Summary of evidence used to support this assessment**  * *Eg: Feedback from consultation, performance information, service user records etc.* * *Eg: Comparison of service user profile with Medway Community Profile* | | | | | | | |
| Number of lead tenants in Homes for Independent Living Schemes = 286.  According to records 24 (8.4%) of these lead tenants have a disability. | | | | | | | |
| What is the likely impact of the proposed change? *Is it likely to :*   * *Adversely impact on one or more of the protected characteristic groups?* * *Advance equality of opportunity for one or more of the protected characteristic groups?* * *Foster good relations between people who share a protected characteristic and those who don’t?* | | | | | | | |
| **Protected characteristic groups** | | **Adverse impact** | | | **Advance equality** | **Foster good relations** | |
| **Age** | |  | | | ***✓*** |  | |
| **Disabilty** | |  | | | ***✓*** |  | |
| **Gender reassignment** | |  | | |  |  | |
| **Marriage/civil partnership** | |  | | |  |  | |
| **Pregnancy/maternity** | |  | | |  |  | |
| **Race** | |  | | |  |  | |
| Religion/belief | |  | | |  |  | |
| **Sex** | |  | | |  |  | |
| **Sexual orientation** | |  | | |  |  | |
| **Other (eg low income groups)** | |  | | |  |  | |
| 1. **Summary of the likely impacts**  * *Who will be affected?* * *How will they be affected?* | | | | | | | |
| It has not been identified that this policy will have a negative impact on any protected characteristic. The Support Planning Policy applies to all residents living within Homes for Independent Living Schemes, except where there is a disclaimer in place.  The Support Planning Policy can advance equality for older and disabled residents as it provides residents with the opportunity to discuss daily living requirements in the scheme, if additional support from outside agencies is required for areas such as daily living skills, mobility, the staff will assist to engage with the relevant professional services. The Support Plan will also provide an opportunity to discuss social involvement and networks. | | | | | | | |
| 1. **What actions can be taken to mitigate likely adverse impacts, improve equality of opportunity or foster good relations?**  * *Are there alternative providers?* * *What alternative ways can the Council provide the service?* * *Can demand for services be managed differently?* | | | | | | | |
| Residents can request that their support plan is reviewed on a six monthly or annual basis (or more often if required). | | | | | | | |
| Action plan  * *Actions to mitigate adverse impact, improve equality of opportunity or foster good relations and/or obtain new evidence* | | | | | | | |
| **Action** | | | | **Lead** | | | **Deadline or review date** |
| Monitor complaints to identify any complaints with regards to the Support Plan Policy. | | | | HFIL Team Leader | | | Ongoing |
|  | | | |  | | |  |
|  | | | |  | | |  |
|  | | | |  | | |  |
| Recommendation *The recommendation by the lead officer should be stated below. This may be:*   * *to proceed with the change, implementing the Action Plan if appropriate* * *consider alternatives* * *gather further evidence*   *If the recommendation is to proceed with the change and there are no actions that can be taken to mitigate likely adverse impact, it is important to state why.* | | | | | | | |
| To continue to implement the Support Plan Policy. | | | | | | | |
| Authorisation *The authorising officer is consenting that:*   * *the recommendation can be implemented* * *sufficient evidence has been obtained and appropriate mitigation is planned* * *the Action Plan will be incorporated into the relevant Service Plan and monitored* | | | | | | | |
| **Authorising Officer** | **Mark Breathwick** | | | | | | |
| **Date** |  | | | | | | |