

# HARINGEY COUNCIL



## EQUALITY IMPACT ASSESSMENT FORM

**Service:** Adults and Community Services

**Directorate:** Adult and Housing Services

**Title of Proposal:** Voluntary Sector Strategy 2011-2016; and Voluntary Sector Commissioning and Funding Framework

**Lead Officer (author of the proposal):** Lisa Redfern

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### Step 1 - Identify the aims of the policy, service or function

*State what effects the proposal is intended to achieve and who will benefit from it.*

#### 1.1 Aims and objectives

This Equalities Impact Assessment has examined how the strategy and framework will ensure equality of access to Council support and funding, across protected groups who use services provided by voluntary sector organisations. It will seek to initially illustrate the gaps between the different strands in terms of access to funding and support from the Council to voluntary sector organisations.

#### 1.2 Background

Steered and overseen by the Voluntary Sector Review Board, the Council has produced a Voluntary Sector Strategy 2011-2016 (Appendix 1), and draft Voluntary Sector Funding Framework (Appendix 2). The Funding Framework sets out how the Council will deliver on the Strategy in order to achieve the best possible outcomes for the residents of Haringey. The Strategy and the Framework have been consulted on.

The Voluntary Sector Strategy is intended to transform the way the Council works with the voluntary sector, to maximise delivery in accordance with the Council's key priorities and outcomes, achieving added value for money and high quality, effective services for residents. The Voluntary Sector Strategy will strengthen the ways voluntary sector services are funded and provide a proportionate and consistent approach across the Council.

The Voluntary and Community Sector is defined as non-governmental organisations that are value driven and which principally reinvest their surpluses to further social, environmental or cultural objectives. It includes Voluntary and Community Organisations, charities, social enterprises, co-operatives and mutuals.

In 2010/11 the Council funded Voluntary Sector organisations to a value of approximately £15 million. The Voluntary Sector Strategy will strengthen the ways voluntary sector services are funded, reducing duplication in terms of funding from both the Local Authority and the NHS and provide a more proportionate and consistent approach. The Council is committed to ensuring that performance management is proportionate to the size of the organisation.

The Council has developed a five year Voluntary Sector Strategy for the period 2011-2016 following a period of consultation on the outcomes of the Strategy from November 2010 to February 2011. The development of the Strategy has been steered and overseen by the Voluntary Sector Review Board, chaired by the Cabinet Member for Adult and Community Services and involving voluntary sector members and other key stakeholders. A further six week consultation exercise took place during July & August 2011 on the draft Voluntary Sector Funding Framework. The Framework will set out how the Council proposes to deliver on the Strategy, in order to achieve the best possible outcomes for residents of Haringey within a challenging financial climate.

### **1.3 The Voluntary Sector Strategy 2011-2016**

The Voluntary Sector Strategy 2011 - 16 (attached at appendix 1) will support the Council to meet the challenges and opportunities that are emerging rapidly from fundamental changes to the public sector. By establishing the right funding mechanisms, the Council will be able to empower and strengthen the voluntary sector so they are better able to deliver effective services in areas of highest need and to address local inequalities to achieve improved outcomes for the residents of Haringey. The Voluntary Sector Strategy highlights the contribution that Voluntary Sector organisations can make to deliver the priorities for our borough, against the five key outputs of the Strategy. These outputs were consulted on from November 2010 to February 2011, and have been agreed as:

**Outcome 1: A commissioning and funding framework that is needs-led and offers value for money:** by establishing a robust financial relationship alongside innovative ways of funding services, supported by quality assurance and monitoring

**Outcome 2: A strong Voluntary Sector infrastructure:** by developing a strategic structure that supports the work of the Voluntary Sector

**Outcome 3: An effective Voluntary Sector voice:** by ensuring that the needs and views of the Voluntary Sector are effectively championed

**Outcome 4: People and communities empowered to take control of their lives:** To support the development of valuable social networks, recognising the key role the Voluntary Sector has to play, to deliver high quality support and services

**Outcome 5: Fairer access to assets and community spaces:** by providing support to enable Voluntary Sector organisations to access and to share high quality premises

## 1.4 Funding Framework

Outcome 1 of the Voluntary Sector Strategy requires the Council to put in place a Funding Framework (a draft of which is attached at Appendix 2) which sets out the core principles for how the Council will support and work with the Voluntary Sector, including how the Council propose to fund its voluntary sector services in the future. Such a framework is critical to successful delivery of the Strategy.

Commissioning practices will be in line with the Council's Contract Standing Orders. Organisations will be asked to:

- Register their interest
- Complete an initial assessment form (or pre qualifying questionnaire where the Council is undertaking a formal tender for services)
- Complete a full proposal (or tender pack)

The Funding Framework is informed by the following guiding principles:

- **Contribution to priorities:** Funding should contribute towards achievement of Council priorities, fulfil a legislative requirement or build capacity in the Voluntary Sector
- **Service/Outcome basis:** Funding should relate to an activity or service to be provided. Monitoring and evaluation should be based on delivery of quantifiable outcomes, established at the start of funding. Funded activities will be expected to deliver those specified outcomes
- **Fair, open and transparent process:** The funding process should be open, fair and transparent

- **Proportionate funding arrangements:** The funding process should involve an element of proportionality with less onerous processes and requirements for low values of funding, to reflect the lower risk involved

Building on the principles already contained in the Haringey Compact and following consideration of the practice adopted in other authorities, funding will be split between strategic commissioning and small grants. It is proposed that each Council Directorate uses this framework for all future commissioning from the voluntary sector, clearly demonstrating links to Council priorities.

- **Commissioning** will be Directorate-led following the development of Directorate Commissioning Briefs. Where necessary, joint commissioning could take place. When setting out commissioning intentions, there will be an emphasis on working with local organisations in Haringey.
- **Small grants scheme (up to £5,000):** In order to continue to support small organisations, a small grants scheme will accompany the commissioning process. The grants will be allocated to new innovative projects, one-off purchases or development investment. Bids will be invited for small funding allocations with proportionate application requirements and monitoring arrangements
- **Longer term funding:** In order to promote stability and certainty, funding should be agreed for longer time periods where it represents good value for money to do so. There is an expectation that commissioning will result in funding being agreed for three years. However, the length of funding will ultimately be determined by the needs of the service or outcome, as set out in the Directorate Commissioning Brief
- **Full cost recovery:** When appropriate Voluntary Sector organisations should aim to recover the full cost of their funded activities by including a proportion of their overheads. This should eventually eliminate the need for 'core cost' funding and encourage sustainability
- **Reserves:** Voluntary Sector organisations are expected to comply with Charity Commission guidelines, and should have written policies on their minimum level of reserves.
- **Partnership working:** A dynamic and innovative response is needed to the challenges faced in providing both public and voluntary services. Opportunities for collaborative projects, sharing of resources or partnership working should be developed where possible in order to make best use of limited resources

- **Value for money:** Funded organisations should demonstrate that good value for money is offered. This could be demonstrated through developing a clear strategy for maximising income from other sources and reducing the reliance on Council funding. Equally, value for money could effectively be built into contracts funding agreements as it should be assumed that no inflationary increments will be available during the life of the contract

## Step 2 - Consideration of available data, research and information

*2 a) Using data from equalities monitoring, recent surveys, research, consultation etc. are there group(s) in the community who:*

- *are significantly under/over represented in the use of the service, when compared to their population size?*
- *have raised concerns about access to services or quality of services?*
- *appear to be receiving differential outcomes in comparison to other groups?*

Haringey Council is committed to target the use of its resources in line with a comprehensive evidence base which informs our priorities for how we work with and fund the voluntary sector . This will allow us to better focus our resources on meeting community need.

### 2.1 Mapping of Haringey's Third Sector (HAVCO)

Specific equalities information about the people using or accessing services from the 1600 groups in Haringey is not available, however the key research document used in completing this equalities impact assessment is the HAVCO commissioned research: '[Mapping of Haringey's Third Sector](#)' (TSO) completed in late 2009 and launched in early 2010.

This mapping established that Haringey has a large voluntary sector – believed to be around 1,600 organisations. Some general conclusions are summarised below:

- The overwhelming majority of organisations in the Voluntary Sector are either voluntary organisations or community groups.
- 70% of Voluntary Sector organisations are described as micro or small organisations with incomes of less than £10,000 per year.
- 63% of these organisations have been established for over a decade and 12% of them are faith groups.
- The Sector employs some 5,100 full time equivalents.

Part of the TSO mapping including asking organisations to identify who their main 'beneficiaries' were – that is who was most likely to use their services. Organisations were invited to tick all that applied to them. From the list of categories set out in the table below. Of the 1600 groups identified in the mapping, 1043 provided responses.

From the report it is not possible to determine the numbers of people who use these categories of service. Rather the table below shows the percentage of the 1043 groups who responded, who consider their main beneficiaries to be from the list below:

Table 1 – Third Sector Mapping – main beneficiaries of voluntary sector services in Haringey

Category of service that groups felt were their main beneficiary	number of groups	percentage of total respondents
Animals	7	0.67%
Carers	29	2.78%
Care Leavers	13	1.25%
Children	388	37.20%
Faith Communities	225	21.57%
General Public	316	30.30%
Migrants	56	5.37%
LGBT (Lesbian Gay Bisexual Transgender)	22	2.11%
Men	51	4.89%
Offenders	24	2.30%
Older People	218	20.90%
Other TSOs	355	34.04%
Parents and Families	92	8.82%
People from BME groups	217	20.81%
People with a disability / special needs	209	20.04%
Addiction	24	2.30%
Financial Support	169	16.20%
Learning Disabilities	36	3.45%
Mental Health	47	4.51%
Refugee and Asylum seekers	45	4.31%
Socially Excluded	56	5.37%
Tenants	61	5.85%
Unemployed people	148	14.19%
Crime Victims	18	1.73%
Women	82	7.86%
Young People	379	36.34%
Other	58	5.56%
Not stated	4	0.38%
<b>total responses across all categories</b>	<b>3349</b>	
<b>total respondents</b>	<b>1043</b>	

*Source: HAVCO TSO mapping, 2009, p18*

The TSO report does urge some ‘caution’ with the outputs of this aspect of their survey, however some general conclusions were reached:



Figure 1

- Haringey's Third Sector has a strong focus on working with children, young people and families. Haringey's TSO's are more likely to focus on children. Young people and families than the national average (NSTSO).
- Similar messages are reflected in NSTSO data for Haringey which found similar groups for the main beneficiaries of TSO's including the general public (33%), children aged 15 or under (27%), people from BME communities (24%) and young people (22%) as the most frequent responses.
- Beneficiaries often benefit from the same TSO more than once and from more than one TSO. It is therefore very easy to 'double count' and even 'triple count' beneficiaries – there are over 186,000 beneficiaries counted from our survey responses alone. Responses to our survey should therefore be interpreted with caution. When extrapolating the total number of beneficiaries from our sample, taking outliers out of calculations, estimates suggests that around 60% of Haringey's population – around 135,000 people – have benefited directly from Third Sector activity. Whilst it is difficult to arrive at an exact figure, it is clear to see the enormous scale and reach of the sector and it is reasonable to assume that a sizeable proportion of Haringey residents have benefited from TSO intervention.

*Source: HAVCO TSO mapping, 2009, p19*

## 2.2 Other sources of information

Other sources of information have been used including Haringey's standard population profile which is based on the Office of National Statistics estimates. Some data information has been accessed from the [Projecting Older People Population Information System](#) (POPPI) and [Projecting Adult Needs and Service Information](#) (PANSI)

According to [Office for National Statistics \(ONS\) estimates](#), Haringey's population in 2010 was 225,000. This makes Haringey the 23<sup>rd</sup> most populated borough in London (out of 33 boroughs) and accounts for 2.9 per cent of the London population.

There are other population projections estimates produced by the Greater London Authority (GLA) which estimates the population of Haringey as

238,470, however for the purposes of this document the ONS estimates will be used throughout.

## 2.3 Funding of the voluntary sector

The Third Sector mapping (TSO) mapping looked at income sources for the sector, this is shown on the table below:

Table 2 - Income sources of voluntary sector organisations 2009

Income Source	Percentage of respondents receiving some funding from this source
Local Government (e.g. LB Haringey)	36%
Other fundraising activities	24%
Individual Donations	23%
Membership income	21%
Trading income	18%
Charitable trusts	14%
National Lottery Funding such as Big Lottery	12%
Public Donations	11%
Central Government	8%
Sponsorship	5%

*Source: HAVCO, 2009, p31*

It is acknowledged that public sector funding cuts have impacted on the amount of available funding from the Council, with reductions implemented in early 2011 across all Council Directorates, however the table still gives a flavour of the level of financial support organisations receive from the Council.

The Council recognises that it needs to do more to ensure equity of access to as many voluntary organisations as possible, with only a small proportion of the 1600 groups in Haringey accessing Council funding.

In 2010/11 the Council funded approximately 250 voluntary sector groups, with many having been in receipt of Council funding year on year for a long period of time. This figure also includes funding that was available in 2010/11 through the Area Based Grant funded 'Making The Difference' fund which ceased on 31<sup>st</sup> March 2011. In 2010/11, from this fund, 126 awards were made to community groups, including tenants associations and neighbourhood groups, of generally between £200 and £5,000. The 250 groups funded in 2010/11 represented just under 16% of the 1600 groups in the borough. Analysis of funding to voluntary sector partners in 2011/12 is presently ongoing, and is a key activity in this EQiA action plan

## 2.4 Age

Haringey's age profile can be seen in the table below and is compared to London:

Table 3

Age Group	Haringey	%	London	%
<b>All Ages</b>	225000		7825200	
<b>0</b>	4100	1.8	127900	1.6
<b>1-4</b>	14200	6.3	458500	5.9
<b>5-9</b>	13900	6.2	456900	5.8
<b>10-14</b>	10600	4.7	406800	5.2
<b>15-19</b>	11000	4.9	418500	5.3
<b>20-24</b>	15300	6.8	556300	7.1
<b>25-29</b>	22300	9.9	744000	9.5
<b>30-34</b>	24400	10.8	756800	9.7
<b>35-39</b>	21400	9.5	677900	8.7
<b>40-44</b>	19700	8.8	631100	8.1
<b>45-49</b>	16800	7.5	553100	7.1
<b>50-54</b>	12300	5.5	443100	5.7
<b>55-59</b>	9300	4.1	357800	4.6
<b>60-64</b>	8300	3.7	334100	4.3
<b>65-69</b>	6100	2.7	244200	3.1
<b>70-74</b>	5600	2.5	215900	2.8
<b>75-79</b>	4500	2.0	177200	2.3
<b>80-84</b>	2700	1.2	133400	1.7
<b>85-89 / 85+</b>	1600	0.7	85200	1.1
<b>90+</b>	1000	0.4	46400	0.6

*Source: ONS 2010 mid year estimates*

According to the 2010 ONS Mid Year Estimates, Haringey has a slightly younger age profile to London as a whole. Those aged 25-29 and 30-34 form the two largest groups in the borough, 9.9% and 10.8% respectively.

### Younger people

According to the 2010 MYE, there were 53,800 children aged between 0 and 19 living in Haringey, which is 24% of the Haringey population, the same proportion as London and England and Wales. Children aged 0-4 are the largest age group in 0-19 year olds, 8.1% of the Haringey population.

### Older people

According to the 2010 MYE, there were 21,500 adults aged 65 years and over, which is 9.6% of the Haringey population, slightly less than London (11.5%) and much less than England & Wales (16.2%). Those aged 75+ make up 4.4% of the Haringey population.

**HAVCO TSO mapping**

The TSO mapping demonstrated (refer table 1 on page) that the main beneficiaries of voluntary sector activity includes – note groups were able to select more than one ‘beneficiary’ grouping:

- Children (aged 15 or under) with 41% of groups considering this age group to be a key beneficiary
- Young people (aged 16-24 ) with 37% of groups considering this age group to be a key beneficiary
- Older people (aged 60+) with 30 % of groups considering this age group to be a beneficiary

From this available information therefore, it can be seen that whilst the population of children, young people and older people are respectively, 1.8%, 4.9% and 13%, the proportion of voluntary sector groups who say they work specifically with these groups is significantly more than this.

Table 4

<b>Age bands</b>	<b>Numbers of residents in these age bands</b>	<b>percentage of <u>total</u> population</b>	<b>% of responding groups that consider these age groups a beneficiary</b>
0-14	42800	19.0	41%
15-24	26300	11.7	37%
60+	29800	13.0	30%

- *Notes – the number of groups that responded was 1043 groups, and groups could select more than one beneficiary group – refer 1 on page*
- *Source, HAVCO TSO mapping, 2009*

It is also clear that people from these age bands are likely accessing groups because they have another need that is not specific to their age, for example older people may be on tenants associations, and children and young people may access groups that offer support to Parents and Families.

It is therefore concluded that there is no evidence of disproportionate impact based on ‘age’. There is positive impact evident with the number of groups working with age specific.

## 2.5 Sex

The male-female ratio in Haringey is very even with the ONS (2010) figures split at 50.7% for males and 49.3% for female.

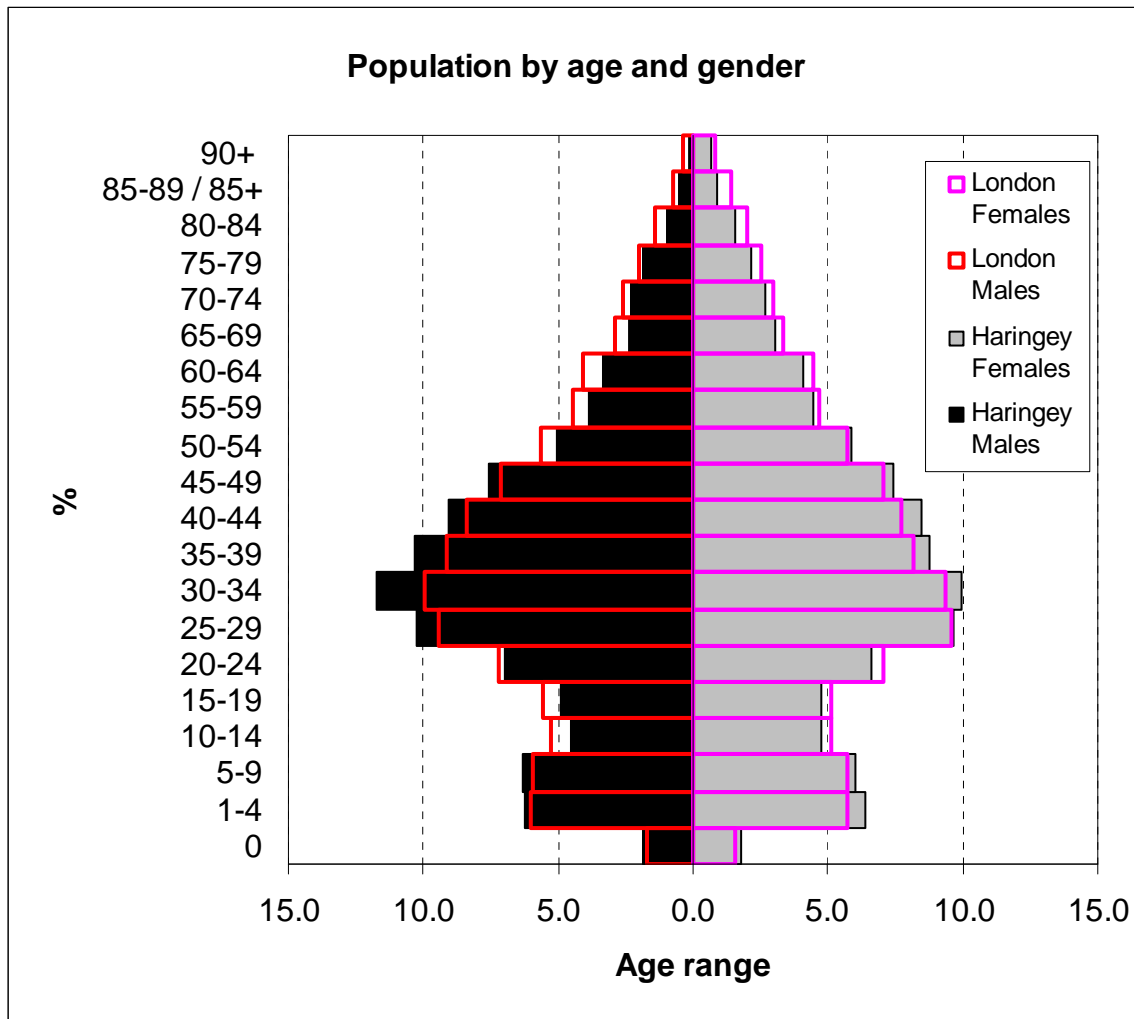
Table 5

Age Group	Haringey Male	Male %	Haringey Female	Female %
<b>All Ages</b>	114100		110900	
0	2100	1.8	2000	1.8
1-4	7100	6.2	7100	6.4
5-9	7200	6.3	6700	6.0
10-14	5200	4.6	5300	4.8
15-19	5600	4.9	5300	4.8
20-24	8000	7.0	7300	6.6
25-29	11700	10.3	10700	9.6
30-34	13400	11.7	11000	9.9
35-39	11800	10.3	9700	8.7
40-44	10300	9.0	9400	8.5
45-49	8600	7.5	8200	7.4
50-54	5800	5.1	6500	5.9
55-59	4400	3.9	4900	4.4
60-64	3800	3.3	4500	4.1
65-69	2700	2.4	3400	3.1
70-74	2600	2.3	3000	2.7
75-79	2100	1.8	2400	2.2
80-84	1100	1.0	1700	1.5
85-89 / 85+	600	0.5	1000	0.9
90+	200	0.2	700	0.6

*Source: ONS 2010 mid year estimates*

This data can also be represented as a chart (see below), which should the most populace age group in Haringey is 30-34

Chart 1



Source: ONS 2010 mid year estimates

The HAVCO TSO mapping demonstrated (refer table 1, page 6) that the main beneficiaries of voluntary sector group activity includes – note groups were able to select more than one ‘beneficiary’ grouping :

- Services specifically for Women, with 7.9% of groups considering this group to be a main beneficiary.
- Services specifically for Men, with 4.9% of groups considering this group to be a main beneficiary.

The table below shows the percentage of Haringey population who are male or female, and the number of groups who say they provide a service to specifically men or women

Table 6

Gender	Borough profile	Percentage of total population	Number of groups who responded	percentage of total respondents
Male	114100	50.7	51	4.89%

Female	110900	49.3	82	7.86%
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- *Notes – the number of groups that responded was 1043 groups, and groups could select more than one beneficiary group – refer 1 on page*
- *Source, HAVCO TSO mapping, 2009*

Whilst the proportion of groups who say they provide a service specifically based on gender is low, it is also assumed that across the other main activity areas offered by the voluntary sector, both men and women would clearly access the range of other services available from the voluntary sector, as per the list of categories in table 1 on page 6.

There is therefore no evidence to suggest any disproportionate impact.

## 2.4 Race

According to the 2009 ONS experimental mid year estimates, 48.7% of Haringey's population are from Black or Minority Ethnic groups (i.e. non White British), the top 3 BME are ; Other White 11.9%, Black African 8.1% and Black Caribbean 6.6%.

The ethnic diversity of an area can be measured using Simpson's Index. It takes into account the number of individuals in categories present, as well as the number of categories. London boroughs dominate this index with Slough in nineteenth; the only non – London borough in the top twenty. Applying the Simpson's Diversity Index to the 2001 Census, Haringey ranks as the 5th most diverse borough in London (behind Brent, Newham, Hackney and Ealing) and the country with a score of 3.95, considerably higher than the London average of 2.66.

The table below show shows the ethnic breakdown of Haringey compared to London

Table 7

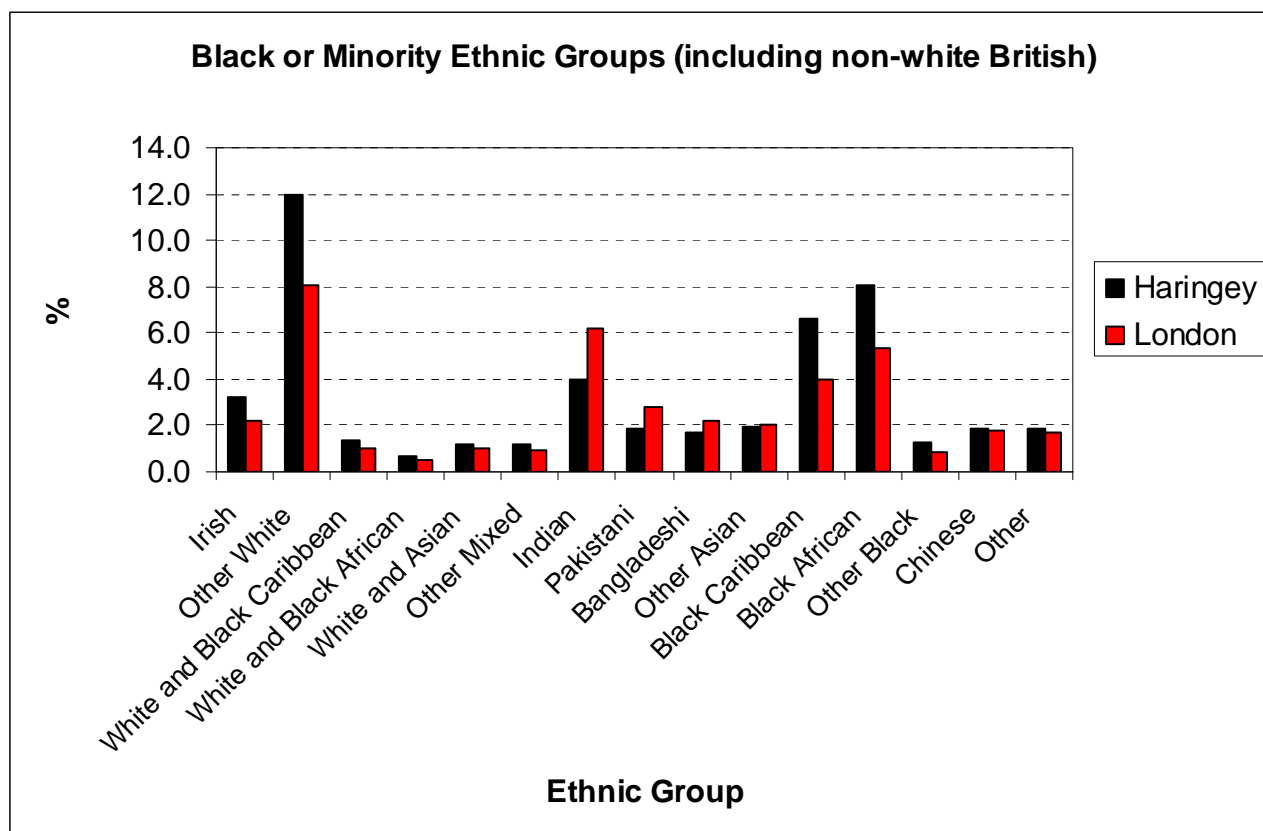


2009 Mid Year Ethnicity Estimates					
5 Ehtnic Groups	16 Ethnic Group	Haringey		London	
		Total	%	Total	%
Total	Total	225500		7753600	
White	British	115600	51.3	4614600	59.5
	Irish	7300	3.2	169100	2.2
	Other White	26900	11.9	622300	8.0
Mixed	White and Black Caribbean	3000	1.3	78800	1.0
	White and Black African	1500	0.7	42200	0.5
	White and Asian	2700	1.2	79400	1.0
	Other Mixed	2700	1.2	73900	1.0
Asian or Asian British	Indian	9000	4.0	480000	6.2
	Pakistani	4300	1.9	215100	2.8
	Bangladeshi	3800	1.7	168000	2.2
	Other Asian	4400	2.0	157400	2.0
Black or Black British	Black Caribbean	14900	6.6	308200	4.0
	Black African	18200	8.1	412300	5.3
	Other Black	2800	1.2	64000	0.8
Chinese or Other Ethnic Group	Chinese	4200	1.9	137600	1.8
	Other	4300	1.9	130700	1.7

Source: 2009, Experimental Ethnicity Mid Year Estimates, ONS

The Chart below is shows the percentage of Black or Minority Ethnic groups living in Haringey

Chart 2



Source: 2009, Experimental Ethnicity Mid Year Estimates, ONS

The TSO mapping demonstrated (refer table 1, page 6) that the main beneficiaries of activity by groups includes – note groups were able to select more than one ‘beneficiary’ grouping:

- People from BME communities, with 25% of groups considering BME groups to be a key beneficiary
- Socially excluded people, with 22% of groups considering this group to be a main beneficiary. There is no particular definition given on what this might mean, therefore it is not known whether this includes specific work with this equality strand.
- Migrants, with 5.7% of groups considering people who move to the UK to be a main beneficiary. It is not clear on where people (who have migrated to the UK and live in Haringey) originate from and therefore what their race is.
- Refugees and asylum seekers, with 4.3% of groups considering people who are in the UK as a refugee or asylum seeker to be a main beneficiary. It is not clear the where people (who have migrated to the UK and live in Haringey) originate from and therefore what their race is.

The table below summarises BME groups population profile:

Table 8

BME group	Haringey	
	Total	%
Non white British (Irish, and other white)	34200	15.2
Mixed	9900	4.4
Asian or Asian British	21500	9.5
Black or Black British	35900	15.9
Chinese or other	8500	3.8
TOTAL	110000	48.8

*Source: 2009, Experimental Ethnicity Mid Year Estimates, ONS*

There appears to be some inequality of access to voluntary sector services by BME groups. Whilst it is recognised that people from BME groups are very likely to access voluntary sector services from other categories, from the evidence available, there appears to be a need to ensure promotion of equality of access, and targeted Council support to organisations that work with BME groups, as only 25% of groups have specifically identified that one of their key beneficiary groups are people from BME communities.

## 2.5 Disability

### 2.5.1 Children

According to the Borough profile 23.9% (53,800) of Haringey's population are children up to the age of 16. The Children and Young People's plan in 2009, identified that it is projected that approximately 3100 of these have a disability, with around 700 of these children having complex disabilities. The Children and Young People's Service in Haringey supports 225 children with disabilities (including learning disabilities) or 7.3% of all children thought to have disabilities in the borough and 0.4% of all children in the borough. This is shown on the table below.

Table 9

	Total population of children in Haringey	53800				proportion of children with disabilities supported by CYPS against the projected numbers of children with a disability in the borough	proportion of children with disabilities supported by CYPS against the total population of children	
	projected numbers of children with disabilities in Haringey	proportion of total population of children		numbers of children with disabilities supported by CYPS as at December 2011				
Projected numbers of children with disabilities in the borough	3100	5.8%	Children	225		7.3%	0.4%	
of which, projected	700	1.3%						

numbers of children with complex disabilities						
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*Children  
Source and Borough  
Young Profile  
People's  
Plan 2009*

*framework-i*

The TSO mapping demonstrated (refer table 1 on page 6) that the main beneficiaries of activity by groups includes – note groups were able to select more than one ‘beneficiary’ grouping :

- ‘Disabilities and Special needs’, with 20% of voluntary sector organisations considering this group to be a main beneficiary.
- ‘Children’, with 41% of voluntary sector organisations considering this group to be a main beneficiary
- ‘Parents or families’, with 8.8% of voluntary sector organisations considering this group to be a main beneficiary
- Learning Disabilities, with 3.5% of voluntary sector organisations considering this group to be a main beneficiary.

On review of the base data, the voluntary sector organisations who selected Disabilities and Special Needs or Learning Disabilities, some are known to work primarily with adults and some with children (or both); therefore it is not possible to ascertain the exact proportion of groups that work specifically with children with disabilities. This is more apparent when looking at groups whose primary beneficiary is identified to be ‘Children’ or ‘Parents or Families’.

However on the basis of the evidence that is available there does not appear to be evidence to suggest any disproportionate impact. An estimated 5.8% of children in the borough are thought to have a disability, of which 1.3% of are thought to have a complex disability. The proportion of voluntary sector groups who have identified their main beneficiary as working with either children, parents or families or people with disabilities would suggest that there is a positive amount of provision of services from the voluntary sector.

### 2.5.2 Adults 18-64

According to the borough profile the population of adults aged 18-64 is projected to be a total of 149,800 or 66.5% of the total population and 87.4% of the total adult population over the age of 18. The number of adults 18-64 with disabilities in the borough is estimated to be about 7.8%,

including learning disabilities, physical disabilities and mental health issues (excluding 'common mental health disorders, such as low level depression and anxiety), This is shown on the table below.

Adults with disabilities who receive social care represent 12.4% of the total population of all adults projected to have a disability. Adult social care provided services to 2390 adults aged 18-64 in 2010/11.

Table 10

Number s of adults aged 18-64 predicte d to have:	projec ted numb er of adults 18-64 expec ted to have a disabil ity	Prop or- tion of total popn of adult s 18- 64	Propo rt-ion of total of all adults 18 and over		numbe rs of adults 18-64 suppor ted by ASC at some point in 2010/1 1	proport ion of adults 18-64 (again st the total numbe r of adults who used service s) suppor ted by ASC in 2010/1 1	Propo r- tion of adults 18-64 again st the total numb er of adults 18- and over projec t-ed to have a disabil ity) suppo rt-ed by ASC 2010/ 11	Harin -gey popn profil e	Harin -gey popn profil e (adult s over 18 only)
a psychoti c disorder	3230	2.2%	1.9%	Adults 18- 64	2390	44.8%	6.9%	66.5 %	87.4 %
a depressi on	14,06 7	9.4%	8.2%						
moderat e physical disabilit y	10,64 3	7.1%	6.2%						
a serious physical disabilit y	2,852	1.9%	1.7%						
a	3,871	2.6%	2.3%						

learning disabilities										
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*JSNA 2009 (MH) PANSI (LD and PD)* *Borough Profile* *framework-i* *framework-i*

The TSO mapping demonstrated (refer table 1, page 6) that the main beneficiaries of activity by groups includes – note groups were able to select more than one ‘beneficiary’ grouping :

- Disabilities and Special needs, with 20% of groups considering this group to be a main beneficiary.
- Learning Disabilities, with 3.5% of groups considering this group to be a main beneficiary.
- Mental Health, with 4.5% of groups considering this group to be a main beneficiary.

There are also some groups that say one of their main beneficiary groups includes people who care informally for relatives who for example have disabilities or are physically frail.

- Informal carers, with 2.8% of groups considering this group to be a main beneficiary

As noted under the section on Children with Disabilities, on review of the base data, the voluntary sector organisations who selected Disabilities and Special Needs or Learning Disabilities, some are known to work primarily with adults and some with children (or both); therefore it is not possible to ascertain the exact proportion of groups that work specifically with adults with disabilities.

As with the previous equalities strands, it is likely that adults with disabilities access a range of services from voluntary sector organisations, that have not specified people with disabilities as a key beneficiary of their services.

However on the basis of the evidence that is available there does not appear to be evidence to suggest any disproportionate impact on people with either learning disabilities or physical disabilities. However there may be insufficient groups targeting people with mental health issues. This may result in there be a disproportionate impact on this protected group.

### 2.5.3 Older people 65+



The population of older people (aged 65+) in Haringey is 21,500, representing about 9.6% of the total population or 12.6% of the adult (aged 18+) population. The table below sets out projected numbers of older people who may have disabilities – note some people may experience more than one disability or condition. Older people projected to have a long term condition in the borough is just over 10,500 people, accounting for about half the population of the older people

Table 11

Numbers of older people predicted to have a:	Project-ed number of older people expected to have a disability	Proportion of total popn of older people	Proportion of total of all adults 18 and over	Number of older people supported by ASC in 2010/11	Proportion of older people (against the total number of adults who used a service ) supported by ASC 2010/11	Proportion of older people (against the total number of older people projected to have a limiting long term illness) supported by ASC 2010/11	Haringey popn profile	Haringey popn profile (adults only)
learning disability	436	2.0%	0.3%	2984	56.0%	28.3%	9.6%	12.6%
depression	1,833	8.5%	1.1%					
severe depression	568	2.6%	0.3%					
dementia	1,398	6.5%	0.8%					
longstanding health condition caused by a stroke	478	2.2%	0.3%					
longstanding	1,017	4.7%	0.6%					

health condition caused by a heart attack								
be unable to manage at least one 'mobility' activity on their own	3,769	17.5%	2.2%					
limiting long-term illness	10,530	49.0%	6.1%					

*Sources POPPI* *Borough Profile* *framework-i* *framework-i*

The TSO mapping demonstrated (refer table 1, page 6) that the main beneficiaries of activity by groups includes – note groups were able to select more than one ‘beneficiary’ grouping :

- Older people, with 21% of groups considering this group to be a main beneficiary. There is no particular definition given on what this might mean, therefore it is not known whether this includes specific work with this equality strand.
- Disabilities and Special needs, with 20% of groups considering this group to be a main beneficiary.
- Informal carers, with 2.8% of groups considering this group to be a main beneficiary

As with the previous equalities strands, it is likely that older people with disabilities access a range of services from voluntary sector organisations, that have not specified people with disabilities or older people as a key beneficiary of their services.

Older people, as a proportion of the total population (9.6%) or total adult population (12.6%), have benefit of groups considering older people to be a key beneficiary of service in 21% of groups. There is on balance no evidence of any disproportionate impact for older people with disabilities.

## 2.6 Religion

According to the 2001 Census 50.1% of Haringey state their religion as Christian. This is lower than the London figure of 58.2%.

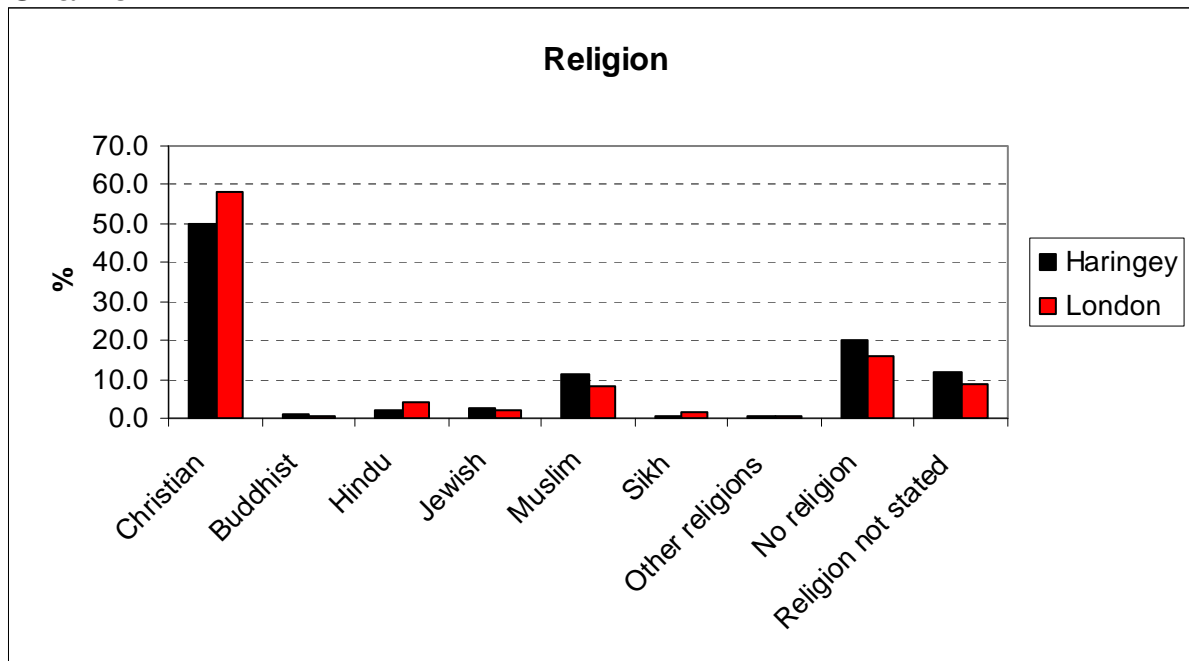
12.1% of Haringey ticked the 'religion not stated' box. This was the highest proportion in the country.

Table 12

Religion	Haringey	%	London	%
All people	216507		7172091	
Christian	108404	50.1	4176175	58.2
Buddhist	2283	1.1	54297	0.8
Hindu	4432	2.0	291977	4.1
Jewish	5724	2.6	149789	2.1
Muslim	24371	11.3	607083	8.5
Sikh	725	0.3	104230	1.5
Other religions	1135	0.5	36558	0.5
No religion	43249	20.0	1130616	15.8
Religion not stated	26184	12.1	621366	8.7

*Source, 2001 Census*

Chart 3



Source, 2001 Census

The TSO mapping (refer table 1, page 6) did show 21.6% of voluntary sector groups considered one of their main beneficiary groups to be 'Faith Communities'. Details on what activity/services are provided to this protected group are not known. Minority religions (non-Christian) represent about 36.3% of the population.

On the basis of the evidence that is available there does not appear to be evidence to suggest any disproportionate impact on religion.

## 2.7 Gender reassignment

It is not known how many people in Haringey are currently undergoing or have undergone gender reassignment.

The TSO mapping did show 2.11% of voluntary sector groups considered one of their main beneficiary groups to be 'LGBT' (Lesbian Gay Bisexual or Transgender). Details on what activity/services are provided to this protected group are not known.

It is therefore a recommendation that further work is undertaken with voluntary sector partners in how they are or can support access to their services.

## 2.8 Sexual orientation

The Office for National Statistics conducted an ‘Integrated Household Survey’ in September 2010, which provided a national profile of sexual orientation. This can be extrapolated to Haringey’s population.

Table 13

	National profile	Projected Haringey profile
Lesbian	0.5%	1125
Gay	1.0%	2250
Bisexual	0.5%	1125
Heterosexual	94.5%	212625
Other	0.5%	1125
Unknown	3.0%	6750
<b>TOTAL</b>	<b>100.0%</b>	<b>225000</b>

*Source: ONS, integrated Housing Survey, September 2010*

The TSO mapping did show 2.11% of voluntary sector groups considered one of their main beneficiary groups to be ‘LGBT’ (Lesbian Gay Bisexual or Transgender). Details on what activity/services are provided to this protected group are not known.

The total number of projected individuals to be LBGT is 2.0% or 2.5% if the category of ‘other’ is included. On the basis of the evidence that is available there does not appear to be evidence to suggest any disproportionate impact on LGBT.

## 2.9 Marriage and Civil Partnership

The TSO mapping did not specifically identify any voluntary sector organisations that work with ‘marriage and civil partnership’. However disproportionate impact has been identified for this equalities strand.

## 2.10 Maternity and Pregnancy

In 2009/2010 there were 4356 births in Haringey.

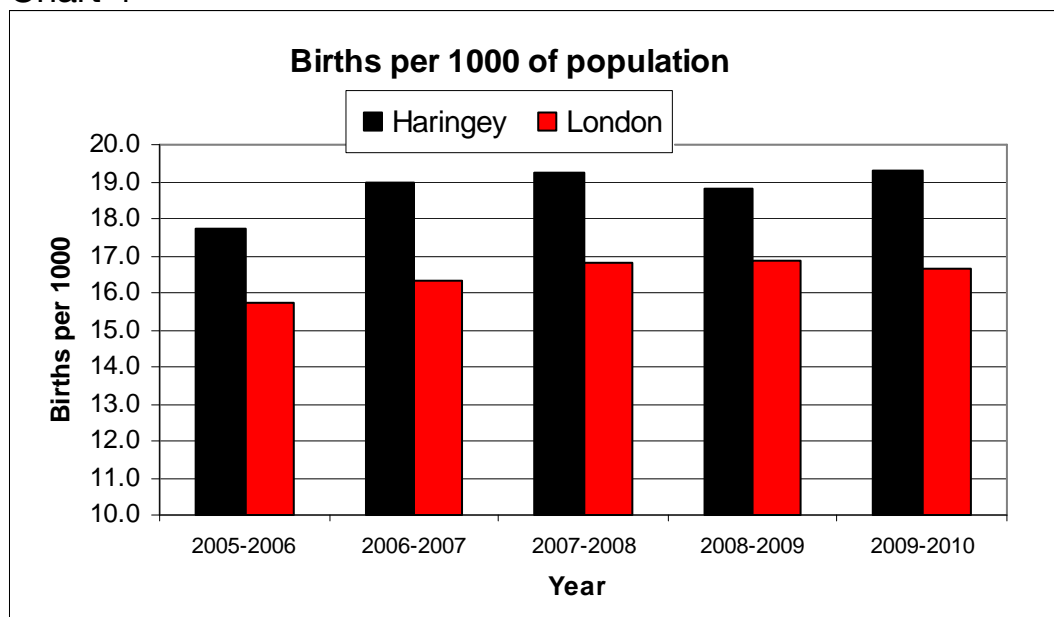
Total births in Haringey have been steadily increasing since 2005 (with the exception of 2008/2009). The birth rate (births per 1000 of the population) in Haringey has been consistently higher than London in this period.

Table 14

Year	Haringey Births	London Births
2005-2006	3980	117927
2006-2007	4275	123341
2007-2008	4325	127640
2008-2009	4234	130840
2009-2010	4356	127729

Source: 2005-2010 Mid Year Estimates, ONS

Chart 4



Source: 2005-2010 Mid Year Estimates, ONS

The number of babies born (as at 2009-2010) as a proportion of the total population (225,100) is about 1.9%

The TSO mapping did not specifically identify any voluntary sector organisations that work with maternity and pregnancy. The mapping (refer table 1, page 6) showed that voluntary sector groups considered around 8.82% of their beneficiary group to be ‘parents and families’. There is no

particular definition given on what this might mean, therefore it is not known whether this includes specific work with this equality strand.

On the basis of the evidence that is available there does not appear to be evidence to suggest any disproportionate impact on maternity and pregnancy.

## *2 b) What factors (barriers) might account for this under/over representation?*

It is difficult to assess whether the voluntary sector strategy and commissioning and funding framework will have any disproportionate impact against each of the equalities strands.

### **2.3.1 Age**

There was no evidence found of under-representation

### **2.3.2 Sex**

There was no evidence found of under-representation

### **2.3.3 Race**

It has been identified that there may be some inequality of access to voluntary sector services by BME groups. However it is likely that people from BME groups are access other services from the voluntary sector. Further work is needed to fully understand what, if any disproportionate impact there may be.

### **2.3.4 Disability**

It has been identified that there may be a lack of access to services from the voluntary sector for mental health users, Further work is needed to fully understand what, if any disproportionate impact there may be.

### **2.3.5 Religion**

There was no evidence found of likely under-representation

### **2.3.6 Gender Reassignment**

It has been identified that there may be a lack of access to services from the voluntary sector for mental health users, Further work is needed to fully understand what, if any disproportionate impact there may be.

### **2.3.7 Sexual Orientation**

There was no evidence found of likely under-representation

### **2.3.8 Marriage and Civil Partnership**

There was no evidence found of likely under-representation

### **2.3.9 Maternity and Pregnancy**

On the basis of the evidence that is available there does not appear to be evidence to suggest any disproportionate impact on maternity and pregnancy.



## Step 3 - Assessment of Impact

Using the information you have gathered and analysed in step 2, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

*3 a) How will your proposal affect existing barriers? (Please tick below as appropriate)*

Increase barriers?	Increase barriers?	Reduce barriers?	No change?
Age			X
Sex			X
Race		X	
Disability		X	
Gender reassignment		X	
Sexual orientation			
Marriage and Civil Partnership			X
Maternity & Pregnancy			X

**3.2.1 Impact on Age:** From the available evidence, there does not appear to be a disproportionate impact on Age.

**3.2.2 Impact on Sex:** From the available evidence, there does not appear to be a disproportionate impact on Sex.

### **3.2.3 Impact on Disability:**

Possible inequality of access has been identified for people with mental health issues, where based on the projected numbers of people with mental health issues having lower access to services from the voluntary sector, who identify mental health users as one of their main beneficiaries. However it is difficult to assess, as the numbers of people who use the services available are not known.

### **3.2.4 Impact on Race:**

Possible inequality of access has been identified for people from Black or Minority Ethnic groups, where based on the projected numbers of people from BME groups having lower access to services from the voluntary sector,

who identify BME groups as one of their main beneficiaries. However it is difficult to assess, as the numbers of people who use the services available are not known.

**3.2.5 Impact on Religion:** From the available evidence, there does not appear to be a disproportionate impact on Religion.

**3.2.6 Impact on Gender Reassignment:** Possible inequality of access has been identified for people who have are going through or have undertaken gender reassignment. However this is difficult to assess as there is no known data source of the number of people who have undergone gender reassignment.

**3.2.7 Impact on Sexual orientation:** From the available evidence, there does not appear to be a disproportionate impact on Sexual Orientation.

**3.2.8 Impact on Marriage and Civil Partnership:** From the available evidence, there does not appear to be a disproportionate impact on Marriage and Civil Partnership

**3.2.9 Impact on Maternity & Pregnancy:** From the available evidence, there does not appear to be a disproportionate impact on Maternity and Pregnancy

***3 b) What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Step 2?***

The outcome of the analysis of available evidence set out in part 2 of this EQIA, shows that certain protected areas may benefit from more targeted funding, where possible, taking into account that organisations may get funding from other sources. There are limitations to the data analysis, in that the available evidence taken from the HAVCO Third Sector Mapping report shows only the number of voluntary organisations that consider categories of users as a prime beneficiary of their service(s), not the numbers of people who actually access them.

Targeted support, including funding opportunities, may need to be directed at the protected groups of BME groups, disability (specifically mental health), as well as people who have undergone or plan to undergo gender reassignment. However more work is required to understand the level of community need and aspiration, and who currently uses existing services, particularly in respect of gender reassignment.

As Directorates implements the Funding Framework and develop/publish Commissioning briefs, all subject to equalities impact assessments, it will be appropriate to develop, for example, outcomes and scoring criteria within the briefs that target under-represented protected groups, thereby increasing the procurement opportunities for those voluntary sector groups who work with these under-represented groups, as well as improving the economy and regeneration of Haringey.

Other targeted work with such groups (outside of procurement opportunities) should be prioritised by Directorates, through ensuring appropriate 'voice' on decision making bodies, and supporting capacity building with the sector. It will be imperative that any future needs assessment of the voluntary sector continuously identifies gaps in data, so that we are able to increase our knowledge of the groups that the voluntary sector represents.

The Funding Framework aims to promote equality of opportunity. By refocusing Council support resources to key priorities areas, there is a potential for a disproportionate impact on groups who at present have contracts with the Council - we will need to continue to monitor the equalities impact to assess this. The council is under a continuing obligation to monitor the equalities impact of its practices. The Funding Framework (see pg 14) will result in commissioned organisations also being under a duty to monitor information to reflect the take up of their service and actions to address inequality and this data collection will assist the council in its monitoring going forward.

*3 c) If there are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?*

We do not envisage that there are barriers arising from the introduction of the Voluntary Sector Strategy and its Funding Framework. It is intended to ensure improved equality of access to support and funding from the Council, and enable the Council to target those groups of users (and therefore the voluntary groups that work with them) who at present are disadvantaged by current arrangements.

However, there will be continuous monitoring through contract monitoring of organisations that have a funding relationship with the Council, through ongoing consultation with service users via organisations such as the Haringey LINK and other stakeholder groups. We will use the feedback from these in the years to come to identify areas that will need market development, and where necessary, corrective measures will be put in place.

## Step 4 - Consult on the proposal

### *4 a) Who have you consulted on your proposal and what were the main issues and concerns from the consultation?*

Both the strategy and the framework were consulted on, with the strategy consultation period running from November 2010 to February 2011, and the framework consultation running from mid July to end August 2011. The development of the strategy was overseen by a Voluntary Sector Review Board which met from August 2010 to July 2011, and was chaired by the Cabinet Member for Adult Social Care and Health. Membership of the group also consisted of the Cabinet Member of Children and Young People's Services, the Cabinet Member for Resources, and representatives from voluntary and community organisations, including HAVCO, Haringey Race and Equality Council, and the Chair of the Community Link Forum. Council officers attended from Adult and Community Services, Children Services, Public Health, Corporate Policy and Performance, and Property Services.

#### **4.1 Voluntary Sector Strategy Consultation – November 2010 – February 2011**

Information about the consultation on the strategy was advertised on the Haringey Council's consultation website and through the HAVCO (Haringey Association of Voluntary and Community Organisations) website. HAVCO also advertised the consultation via an e-mail-shot, including to 550 VCS organisations via a special electronic notice dedicated to the consultation, as well as three articles about the consultation via 'e-voice', HAVCO's bi-weekly electronic bulletin.

As the main umbrella body with the borough, HAVCO also supported the Council's consultation with a number of focus groups and meetings. The meetings were held as follows:

22 <sup>nd</sup> November 2010	Presentation of the Strategy by Haringey's Commissioning and Contracts Manager at the Children and Young People's Theme Group, a VCS network.
15 <sup>th</sup> December 2010	Discussions with community representatives from Haringey Community Link Forum
13 <sup>th</sup> January 2011	Presentation of the Strategy Head of Adult Commissioning at the Wellbeing Theme Group, a VCS network.
18 <sup>th</sup> January 2011	HAVCO focus group

20 <sup>th</sup> January 2011	HAVCO focus group
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Through HAVCO's support of the consultation process, approximately 135 voluntary and community sector organisations engaged in at least one of the five meetings above.

In addition, the strategy was further discussed as follows:

6 <sup>th</sup> January 2011	Haringey Infrastructure Development Project (HIDP)
13 <sup>th</sup> January 2011	Discussions with HAVCO's Trustees at their Special Board Meeting.

#### 4.1.1 Responses

The Council received three substantive responses to the consultation, one from HAVCO (on behalf of 135 organisations who participated in their focus groups and meetings), as well as two direct responses from other organisations

#### 4.1.2 Comments on the strategy

The VCS welcomed the introduction of a strategy for the sector that sets out the Council's intentions in terms of working with the sector.

#### *Feedback about the definition of the voluntary sector definition, the purpose and scope of the strategy, the national context and the vision of the strategy*

In general, according to the HAVCO submission, organisations expressed some concern that the strategy needed more substance. Groups expressed, via HAVCO, that whilst they supported the Council's vision, it was difficult to see how the strategy could support the 1600 known organisations that exist in the borough. There were three key areas of concern:

- (a) Is the Council able to articulate its own direction within the 'new' environment
- (b) Concerns about how the strategy focused on the funding relationship between the Council and the sector, with the sector being seen as service providers.
- (c) The process of developing the strategy was seen as top-down from the Council, rather than bottom up from the sector itself.

The HAVCO submission suggested 13 recommendations for the strategy which included re-working the structure of the strategy itself. In particular the draft strategy we consulted on had 5 'outputs', VCS via HAVCO recommended changing these to strategic aims, supported by outputs, with relevant outcomes.

More general feedback included:

- Recognising the role that the voluntary sector has in promoting community cohesion and therefore ensuring this is referenced within the strategy.
- The Council should ensuring the involvement of the community in decision making and ensuring funding reflects local aspirations and needs.
- With reference to the 'National Context', some concern about national initiatives being implemented in Haringey (such as the proposed 'National Citizen Service' announced in the Comprehensive Spending Review in 2010) – what this would mean to existing groups. A view was expressed that the focus should be on supporting and capacity building of existing groups, rather than encouraging more groups to the borough.
- More emphasis was suggested on the importance of the VCS in supporting marginalised communities.
- Issues were raised pertaining to funding, and that there is a need to ensure the strategy takes account of funding changes and how this might impact on services that are provided to residents in Haringey.
- Concern was expressed about how the Council would be able to keep to principles of the Community Engagement Framework given the exacting time constraints of meeting budget reductions the Council has to make.
- Some comments were received about how some key strategic partners (such as NHS Haringey) would be able to engage with the delivery of the strategy given the significant reconfiguration requirements for organisations such as the PCT.
- Reference to the £15 million of Council funding into the voluntary sector – a breakdown was requested.
- Questions were raised about inclusion/exclusion of certain strategic documents being referenced within the strategy.
- The Local context – the summary borough profile was not thought to be helpful or did not include relevant information – for example the economic activity of older people.

### Feedback on Output One (now Outcome 2) – A strong Voluntary Sector Infrastructure

Feedback included:

- It was said that the diversity of organisations and their views on need in terms of the communities they work with, could not always be reliably expressed through a single infrastructure organisation
- An opposing view suggested that having one quality infrastructure organisation would best serve the needs of VCS organisations. This would help ensure that quality services could be developed (including appropriate governance, quality and compliance); provide quality and targeted support to small groups as well as medium/large groups; provide fund raising and tending support and other business services (such as community accountancy); and improve communication and networking between VCS organisations.
- It was also suggested that larger organisations could be identified and tasked with further developing their areas of expertise, working for example within a geographical cluster, thus supporting spread of good practice and collaboration between organisations.
- A role was identified in working with residents to develop mechanisms for evaluating services, such as peer to peer research, mystery shopping and other evaluative methods.

### Feedback on Output Two (now Outcome 4) – People and communities empowered to take control of their lives.

Feedback included:

- Promotion of volunteering was welcomed, however it was felt incentives and funding would be required.
- It was felt that strong volunteering infrastructure was needed to be maintained, with a clear point of contact.
- Along a similar theme, it was felt that investment in volunteer management to ensure good practice can be supported and promoted – a suggestion was made that a coordinating role could be looked at, working across statutory health and social care, as well as VCS organisations, building on current momentum and increasing the range of opportunities/reviewing existing schemes – eg employer supported volunteering, time-banking and so on
- It was agreed that promoting social capital, to help communities be in control of their lives was important; it was also seen as important to recognise the key role of the VCS in supporting the development of social capital through delivering high quality support and services to meet local needs.

- It was suggested that training and development could be looked at, for example, in supporting new kinds of social capital – such as co-operatives and mutuals.

*Feedback on Output Three (remains Outcome 3) – An effective Voluntary Sector Voice*

Feedback included:

- It was said that in order to ensure the diversity of the sector is recognised, the Council should do more to communicate directly with organisations, and not just rely on nominated community representatives (including umbrella organisations).
- In terms of being able to act as a reliable ‘community voice’, it was felt that VCS representatives should continue to be supported in being on key decision making groups, and include training for representatives to be able to fulfil their roles effectively. It was felt that resources should be protected to support the running of networks and forums across the borough, and that the local Compact could be supported through a Champions Network.
- It was said there is a key role for VCS organisations in supporting the development of citizen-led ‘Neighbourhood Networks’, and that the Council could promote and facilitate community leaders / champions on a geographical basis to support neighbourhoods.
- It was felt that investment should be made available for small local community groups.

*Feedback on Output Four (now Outcome 1) – A commissioning and funding framework that is needs-led and offers value for money*

Feedback included:

- Concern was expressed that the development of a commissioning and funding framework should not disadvantage the voluntary sector through loss of funding and contracts to the private sector, or to organisations that are not local.
- A commitment to consistency quality assurance processes and proportionate reporting requirements was generally welcomed.
- It was asked where ‘prevention’ would be considered, given the focus suggested around working with the most vulnerable.
- It was acknowledged that in the current financial climate, value for money must be a given, It was suggested that creatively employing new technologies could empower residents to inform commissioning discussions.



- It was felt that such a framework could be the vehicle to ‘open up public services’ ensuring a shift in power to local communities and businesses.
- It was agreed that innovative ways of funding services, supported by quality assurance and proportionate monitoring were essential. In particular, it was said, transparency in processes, developing efficient business relationships, involving residents in decision making was essential to ensure that resources are directed to areas that reflects local aspirations.
- It was felt that the Council should support increased opportunities for VCS to secure contracts to deliver goods and services to Haringey residents, including support to navigate tendering processes, as well as support residents in for example establishing social enterprises to deliver services.
- It was asked that the Council ensure consistency across Council departments, in the way that the VCS is funded and commissioned.

*Feedback on Output Five (remains Outcome 5) – Fairer Access to assets and community spaces*

Feedback included:

- Strong views were expressed about access to community buildings, with a suggestion that such access should be linked to the delivery of good outcomes that meet community need.
- It was said that some lease / tenancy arrangements prevent VCS organisations in being innovative and creative about reducing overheads and progressing shared service arrangements. For example leases may preclude sub-leasing, meaning that co-location of organisations (and achieving value for money) may not be achievable.
- It was suggested that the Council could develop a shared approach to ownership of assets, and provide opportunities for VCS organisations to own, access and/or share high quality premises.
- It was suggested that assets used by the VCS should be fit for purpose and deliver maximum benefit for the local community.
- It was said that a list should be developed of VCS property needs and ensure this is taken into consideration when planning usage. This might include buildings/facilities that may no longer be required for Council use.
- Longer term leases of community assets was supported generally to enable groups to, for example, attract capital investment.

### 4.1.3 Comments on the consultation

Some general themes emerged about the consultation itself. These are set out below:

- It was suggested that the Council should ensure that when consulting on proposals to do with the voluntary sector, that individual groups are able to comment and feel empowered to do so. It was said that the Council should not just to rely on an umbrella organisation. It was expressed this could be carried out through surveys, email shots and focus groups, but directly by the Council. It was said this would ensure community needs where most accurately reflected.
- Conversely, it was felt that an online consultation was not adequate as a means of ascertaining views.
- Personalisation in social care, both for children's and adults services, and the fact the most VCS organisations (some 80% quoted) work in the health and social care field needs to be taken account of.
- Concern expressed that due to the timing of the consultation on the strategy (and proposed funding reductions for voluntary organisations in early 2011) voluntary sector organisations may have been disadvantaged in terms of other funding opportunities (such as Big Lottery Transition Fund).
- General wording changes were suggested and these were accepted as improving the content of the strategy.

## 4.2. Funding Framework Consultation – July to end August 2011

Information about the consultation on the Commissioning and Funding Framework was advertised on the Haringey Council's consultation website and the HAVCO (Haringey Association of Voluntary and Community Organisations) website, including through HAVCO's bi-weekly electronic bulletin.

### 4.2.1 Responses

We received eight substantive responses from organisations, including HAVCO. We asked groups to comment on the framework, both in terms of structure and content.

### 4.2.2 Comments on the framework

The majority of respondents welcomed the Funding Framework, in particular that the Council was committed to a more transparent way of working with the sector, where delivery of good outcomes for Haringey residents was promoted.

### General comments on the Content of the framework

It was felt that the timescales for implementation of the framework were too fast (originally scheduled for implementation from autumn 2011), and that where appropriate (depending on the funding stream), transition arrangements would need to be considered carefully.

There was concern that Haringey based VCS organisations already have experience of losing work to larger regional or national organisations and wanted commitment to supporting voluntary organisations with a substantial presence in Haringey.

### Feedback on the statement of strategic intent, introduction, purpose and scope of the framework, modernising our approach to commissioning, and underlying principles

Feedback included the following:

- It was noted and welcomed that all commissioning should be driven by the principles of being needs led and offer value for money.
- The principles of improved consistency and equity were generally welcomed, in particular that these would promote equity of access to financial resources and contribute to the effective and efficient use of those resources.
- The Joint Strategic Needs Assessment must inform how commissioning opportunities for the sector is arranged.
- Some concern was expressed about ensuring appropriate risk assessments are undertaken (where organisations may be at risk of losing funding), including how the Council proposes to mitigate these risks.
- Concern was expressed about ensuring the independence and autonomy of the sector would be maintained.
- It was said that consultation should be supported and underpinned by appropriate research.
- Questions were asked about the tension between EU procurement law (where no distinction is made between sectors such as private versus voluntary) and how this sits the Council's explicit intention to support the voluntary sector. There were queries about how the Compact fits in.
- It was felt that confusion was created with references to funding of *organisations* where as commissioning is about funding services to meet needs.
- It was felt that references to commissioning being proportionate to size of any contract with the Council, was confusing, as commissioning is a cycle. It was felt that proportionate

arrangements should be applied to the procurement and performance management arrangements.

- It was felt that references to value for money, should refer to 'added value' it was also suggested that quality and effectiveness should be a key principle, that are outcome based and supported by evidence.
- It was said that local people and local organisations should be supported to have the best possible chance of securing funding.
- Concern was expressed about what, if any, the mechanisms would be in dealing with external to the borough organisations, without local connection or long term commitment to engagement with local people.
- It was thought to be essential for the framework to be clear how it underpins and links to other Council strategies.
- The principle of full cost recovery was generally supported as a principle, however concern was expressed by some respondents about what this would mean in respect of current funding (mainly core grants funding). The key concern was that other sources of funding, whether Council or external, had been secured by organisations without core costs included. It was suggested that supporting organisations through a transition would be essential.
- Whilst welcomed, in respect of Council commitments to 'prompt payments', some respondents pointed to mixed experience with the Council, with the potential problems of instability and uncertainty for some groups.
- It was said that the Council should be more explicit about what is meant by 'social enterprise', due to a lack of national definition. The question was asked about whether this does or should include community interest companies, consortia etc. A working definition was welcomed.

### *Feedback on the commissioning process, 'small grants scheme' and market development*

Feedback included the following:

- Organisations were generally pleased that the Council would use 'simple clear and efficient' template documents.
- The introduction of 'commissioning briefs' was thought to be positive
- It was thought that regardless of size of funding available, a consistent approach (in terms of process) should be followed, which would support organisations in building the capacity in developing as sustainable organisations.
- It was said that more emphasis should be made on how residents of the borough would be involved in commissioning decisions.

- There was concern about the ‘competition’ for available funding between organisations within the borough, but also outside organisations, and the risk of closure of Haringey based organisations.
- Conversely, it was welcomed that the Council was committed to opening up competition for available funding, where maintaining ‘failing’ or ‘ineffective’ organisations on a long term basis was not in the best interests of residents.
- It was felt there should be more information about what is meant by effective monitoring a review, including being clearer about monitoring arrangements at the beginning of the funding cycle, and where information is required in the life of the contract, such requests would be reasonable and sufficient time respond.
- In addition it was felt that where a funding is awarded for an agreed period (such as two or three years), that this should not be changed. Some concern was about what might be meant by early notice being given because of ‘exceptional circumstances’.
- It was said that it help for Council departments to coordinate their performance management approach, including joint monitoring where appropriate.
- In regards the small grants scheme, it was suggested that a minimum level of funding (as well as the maximum level already stated) be set out, and that the timescales proposed within the draft were too short and therefore unrealistic.
- It was said that ‘decommissioning’ should be explicitly stated to ensure organisations are clear that funding may not be ‘for life’.
- It was recommended that transparency at the needs assessment and provider market review stage of the process should be paramount, including publishing details of individuals and organisations who participated and contributed to the process. It was said this would help breakdown perceptions by some organisations that it was a ‘closed shop’.
- It was queried how the framework would be practically applied to areas where joint commissioning (eg between health and social care) are appropriate, and could be used to support the work of the shadow Health and Well-Being Board.

### Feedback on timescales

Feedback included the following:

- There was general concern expressed by organisations about the speed of implementation proposed within the draft framework, and the risk of destabilising the sector.
- There was a suggestion that phasing the implementation over a period of time (three years was suggested) to allow time for

organisations who may be decommissioned through this process to identify alternative funding sources.

### *Feedback on the structure of the framework*

Feedback included the following:

- It was generally felt that the framework was too long, and it was many pages in before it was clear what document intended to do.
- It was felt by some respondents that the framework was perhaps too wordy, with too much 'jargon' which may be difficult for smaller or newer voluntary sector organisations to understand.

#### 4.2.3 Comments on the consultation

There was general concern expressed by organisations about the consultation period being six weeks, and its timing over the summer

*4 b) How, in your proposal have you responded to the issues and concerns from consultation?*

Summary of themed findings from the consultation on the strategy and framework	Local Authority Response
<p>Proposed changes to the structure of the strategy document, to set out strategic aims, with outputs and outcomes – HAVCO consultation report made 13 recommendations for change, including six that related to changing the structure of the strategy.</p>	<p>Preparation of the draft strategy was discussed at the Voluntary Sector Review Board, which included voluntary sector representation. It was felt that changing the structure may complicate the strategy with a level of detail that was not required for the strategy itself. However we made amendments to many aspects of the strategy as a result of the feedback from groups VIA HAVCO.</p> <p>The final draft of the strategy was agreed in July 2011 at the Board, at which VCS representatives were present, and agreed the final draft of the strategy.</p>
<p>Within both the strategy and the framework, there was general concern to ensure that resident involvement and engagement was essential, particularly to ensure community cohesion was promoted. It was noted that the VCS has a critical role to play in supporting marginalised communities</p>	<p>Agreed – the Council wishes to promote social inclusion to support community engagement and cohesion (including targeted support for marginalised communities) and is working with partners to develop a set of principles to guide our work.</p>
<p>The practicalities of working with other strategic partners such as health, in a period of huge change, including delivering on joint commissioning priorities.</p>	<p>This is acknowledged. In the case of NHS Haringey, they have supported the development of the strategy and framework, and are also committed to its principles. Delivery of the strategy will be monitored through for example, the shadow Health and Well-being Board, as this is the key partnership</p>

Summary of themed findings from the consultation on the strategy and framework	Local Authority Response
	arena for health and social care, including the GP Clinical Commissioning Group.
<p>Comments about a key focus in the strategy being about the Council's funding of the VCS, and the impact of working in a constrained funding environment.</p>	<p>The Council feels this emphasis is important in the current budgetary climate. It is recognised that funding from the Council has been reduced (particularly with the ceasing of the Area Based Grant by central government as at 31<sup>st</sup> March 2011), so it is important for the Council to be clear about how it will plan to spend its money in the future, including what will be available in the future.</p> <p>It is also recognised that voluntary sector organisations have had and will continue to have access to other sources of funding directly (i.e. not via the Council), and organisations need to be geared up to be able to access these when opportunities arise.</p>
<p>Links to other strategies across the Council, including the community engagement framework the Compact, and the inclusion/exclusion of other strategies within the Voluntary Sector Strategy itself.</p>	<p>The Council is committed to the principles of the Community Engagement. It is recognised that there are key stages within the commissioning cycle where this is more critical (such as in completing needs assessments and planning priorities).</p> <p>The Council is also committed to adhering to the Compact, however it is acknowledged that this was not possible, for example, following the Government's release of the Comprehensive Spending Review detail in mid December 2010, and the level of budget reduction that had to be achieved by 31<sup>st</sup> March 2011.</p>



Summary of themed findings from the consultation on the strategy and framework	Local Authority Response
	<p>Within the voluntary sector strategy itself, it was felt not necessary to list every strategy across the Council, overarching strategic documents only were listed. However the Council is clear, that more detailed client or department specific strategies are recognised, especially where the voluntary sector is integral to the delivery of these.</p>
<p><b>Outcome 1 – commissioning and funding framework</b></p> <p>There was concern about how the strategy and framework will ensure local organisations are sustained where ‘competition’ for resources is introduced. A general theme in responses to both the strategy and the framework was that a focus should be on promoting local organisations, not encouraging other organisations to the borough.</p> <p>There was also concern about potential loss of funding and contracts to the private sector, and that the Council should support increased opportunities for voluntary sector organisations to deliver goods and services to residents.</p> <p>Encouraging innovation, and having robust quality assurance and proportionate monitoring was welcomed by respondents , in particular to focus resources on areas of need that directed to</p>	<p>The Council acknowledges these concerns from the sector, and is committed to supporting local organisations in Haringey, however local groups must be able to demonstrate they are fit for purpose and able to deliver good outcomes for residents, as well as offer value for money, including added value.</p> <p>The Council welcomes and encourages voluntary sector organisations becoming serious service delivery partners and steps up to be more involved in the delivery of services, and recognises that local organisations are often best placed to deliver goods and services to residents, more so that the independent sector, because they understand and are committed to the communities they work with.</p> <p>The Council agrees, and critical to the success of the framework will be ensuring that commissioning briefs taken full account of local need (i.e. the joint strategic needs assessment) and community aspirations.</p>

Summary of themed findings from the consultation on the strategy and framework	Local Authority Response
areas that reflect local aspirations	
<p>Outcome 2 – Voluntary sector infrastructure – there were divergent views on having a single infrastructure organisation acting as the ‘voice’ of the sector. For example some organisations felt that the Council should not solely rely on an umbrella organisation when seeking views from the sector, including consultation.</p> <p>The importance of the voluntary sector involvement in decision making bodies (whether via an umbrella organisation or otherwise) was made.</p> <p>Suggestions were made about utilising the expertise of existing organisations in supporting the development of the sector.</p> <p>The function of an infrastructure organisation was considered important in terms of the support the sector is provided to ensure quality services are provided to residents.</p>	<p>The Council has commissioned an independent review of the infrastructure needs of the sector which is due to be completed in late December 2011. It is recognised that Haringey is a diverse borough and this is reflected in the make up of voluntary groups.</p> <p>The Council acknowledges this. Voluntary sector organisations are, and will continue to be involved in for example, adult social care partnership boards, as their input is valued.</p> <p>The Council welcomes this.</p> <p>The Council agrees, and this aspect is being considered as part of the review</p>
<p>Outcome 3 – an effective voluntary sector voice – it was generally felt that more direct communication with groups from the Council should be standard, as well as ensuring there is a role for groups on key decision making groups.</p> <p>It was also felt that investment should be made available for small groups.</p>	<p>The Council recognises the key role for voluntary sector groups in supporting and influencing decision makers, and this will be promoted, whilst acknowledging the diversity of the sector and therefore the diversity of views on community need.</p> <p>The commissioning and funding framework includes a ‘small grants scheme’</p>

Summary of themed findings from the consultation on the strategy and framework	Local Authority Response
<p>Outcome 4 – People and communities empowered to take control of their lives – it was generally thought that appropriate support and investment in volunteering infrastructure and management should be promoted, and that the role of the voluntary sector in supporting the development of social capital should be recognised.</p>	<p>The Council accepts and welcomes voluntary sector involvement in supporting the development of social capital as well as volunteering.</p>
<p>Outcome 5 – Fairer access to assets and community spaces – strong views were expressed about equality of access to community buildings, including where current lease arrangements may preclude for example, shared services.</p>	<p>The Council is undertaking a separate review of Council property assets (including community buildings) which is currently expected to be completed in Summer 2012. Comments from VCS have been provided to the relevant department.</p>
<p>Some comments were made on the consultation of the strategy. In particular that the consultation timing, and other consultations around specific funding of the voluntary sector in 2011, may have impacted on organisations securing funding from alternative bodies.</p>	<p>This is acknowledged.</p> <p>The strategy consultation (in terms of its timing) did start just prior to the government’s announcement of the Comprehensive Spending review in December 2010. The announcements made in the CSR, had to be addressed by the end of that financial year. The impact on opportunities for other funding is regrettable, and we will work to avoid this happening in the future.</p>
<p>General comments about the commissioning and funding framework (not noted above under outcome 1):</p> <p>Timescales for implementation were thought to be too short.</p> <p>Full cost recovery – many</p>	<p>It is acknowledged that the introduction of full cost recovery represents many challenges to organisations.</p> <p>We recognise that organisations currently in receipt of core funding</p>

Summary of themed findings from the consultation on the strategy and framework	Local Authority Response
<p>organisations concerned about how this will work in practice, the timing (and speed) of its introduction, particularly where organisations have been in receipt of 'core funding' and rely on this to sustain their organisation. Concern expressed that other sources of funding, including from the Council, have been secured on the basis that core costs are funded separately.</p> <p>Commitment to consistency of process, both in terms of the procurement methodology and the approach to contract monitoring were welcomed.</p> <p>The framework was generally thought to be too long, and too wordy</p>	<p>require a reasonable timescale to adjust to the proposed change.</p> <p>To mitigate against the uncertainty caused by the introduction of full cost recovery for those in receipt of core funding, the Council has delayed the introduction to Summer 2012, to allow for more work with groups to be undertaken. A separate Equalities Impact Assessment will also be undertaken specifically on organisations currently receiving this funding.</p> <p>Procurement methodologies will be confirmed with the publication of commissioning briefs, and will include how the performance management will be undertaken. As per the framework, the Council is committed to ensuring all arrangements are proportionate. The principles of the Compact will apply.</p> <p>The final draft of the framework has been condensed, particularly where duplication or wording confusion was identified through the consultation process.</p>

*4 c) How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?*

The final draft Voluntary Sector Strategy was considered by the Voluntary Sector Review Board in July 2011. Membership of the Review Board is noted the beginning of this section, and included sector representatives. The Review Board agreed the final draft of the strategy, and it has been available on the Council's website.

This EIA along with the Cabinet Report detailing final proposals and the Council's response to the issues raised through the consultation will be made publicly available on the Council's website.

#### Step 5 - Addressing Training

*Do you envisage the need to train staff or raise awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?*

It is important that all Officers involved in commissioning of services directly and, where appropriate, voluntary sector organisations, must have received up to date, full, equalities training. This will be identified as a key action in section 8.

## Step 6 - Monitoring Arrangements

*What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how your proposal is working and whether or not it is producing the intended equalities outcomes?*

We will be using the Council's equalities monitoring form and reporting procedures to track the actual effects of the new delivery model when implemented and where adverse impacts are identified steps will be taken to address them. The form has been recently updated to include the new equalities protected characteristics identified by the Equality Act 2010.

Monitoring arrangements will include:

- Formal contract monitoring (as now), where formal contracts are in place.
- Quality assurance by Directorates
- Analysis of complaints

Engagement with providers will include:

- Monthly provider forums
- Ongoing work by Commissioners.

▪ *Who will be responsible for monitoring?*

The relevant Directorate leads will be responsible for monitoring the equalities impacts of the proposals. Commissioners will need to continue to ensure that voluntary sector providers are meeting the needs of their users, including those protected groups highlighted through this Equalities Impact Assessment are protected from any potential discriminatory practice, including ensuring an appropriately balanced staff group in terms of equalities strands.

▪ *What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?*

Standard equalities monitoring documentation already exists and will be used. This includes contract monitoring and performance management arrangements of external organisations.

Contracts with providers will need to be strengthened to ensure that improved equalities information is provided by organisations so that the Council can be confident that voluntary sector organisations are delivering good outcomes to residents in Haringey, and value for money services.

- *Are there monitoring procedures already in place which will generate this information?*

Standard equalities monitoring documentation already exists and will be used. This includes contract monitoring and performance management arrangements of external organisations

- *Where will this information be reported and how often?*

This information will be reported at least annually to Directorates management teams.

## Step 7 - Summarise impacts identified

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

Age	Disability	Race	Sex	Religion or Belief	Sexual Orientation	Gender Reassignment	Marriage and Civil Partnership	Pregnancy and Maternity
No evidence of likely under-representation	It has been identified that there may be a lack of access to services from the voluntary sector by people with mental health issues	It has been identified that there may be a lack of access to services from the voluntary sector by people from BME groups	No evidence of likely under-representation	No evidence of likely under-representation	No evidence of likely under-representation	It has been identified that there may be a lack of access to services from the voluntary sector by this group	No evidence of likely under-representation	No evidence of likely under-representation



## Step 8 - Summarise the actions to be implemented

Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Issue	Action required	Lead person	Timescale	Resource implications
Ensure that disadvantaged and marginalised groups are appropriately targeted with appropriate support and resources to voluntary sector organisations.	Review third sector mapping – and re-map existing local voluntary sector provision of BME services, mental health services, and groups that work with people who have undergone gender reassignment	Head of Adult Commissioning, ACS	Summer 2012	Within existing resources.
	When developing commissioning briefs, Directorates to pay due regard to equalities implications and ensure appropriate targeting of resources.	Directorates	Ongoing	Within existing resources.
Maximise opportunities for	Ensure commissioning briefs	Directorates	Ongoing	Within existing resources

Issue	Action required	Lead person	Timescale	Resource implications
voluntary sector organisations to deliver goods and services to residents – to become serious delivery partners	use procurement methodology that are accessible to voluntary sector organisations			
Risk of non-voluntary sector organisations or organisations outside Haringey getting contract awards	Ensure support to the local voluntary sector to maximise their skills in producing successful funding applications and tenders; as well as to secure funding available from other sources.	Commissioners – Adult Services (including voluntary sector)	Ongoing	Existing resources
Impact on voluntary sector groups on funding as/when Council priorities change, in terms of ongoing funding arrangements	Ensure commissioning briefs are mindful of the equalities impact of proposals, and mitigate where ever possible against any disproportionate impact.	Directorates	Ongoing	Existing resources

Issue	Action required	Lead person	Timescale	Resource implications
<p>Improve equality monitoring in relation to voluntary sector services</p>	<ul style="list-style-type: none"> <li>• Work with Voluntary sector partners to ensure assist the council with the collection of robust equalities monitoring information, to ensure that resources are appropriately targeted at those protected groups that are underrepresented.</li> <li>• Where the Council has contracts in place, this will be done through contract monitoring framework.</li> </ul>	<p>Commissioners – Adult Services (including voluntary sector)</p>	<p>Ongoing</p>	<p>Existing resources</p>
<p>Training</p>	<p>All Officers involved in creating future funding proposals to VCS and, where</p>	<p>Deputy Director, Adult and Community Services.</p>	<p>Ongoing</p>	<p>Within existing resources.</p>

Issue	Action required	Lead person	Timescale	Resource implications
	appropriate, some external organisations, to receive up to date, full, equalities training.			

## Step 9 - Publication and sign off

*There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.*

*When and where do you intend to publish the results of your assessment, and in what formats?*

### Assessed by (Author of the proposal):

Name: Barbara Nicholls

Designation: Head of Adult Commissioning

Signature:



Date: 12<sup>th</sup> December 2011

### Quality checked by (Equality Team):

Name: Arleen Brown

Designation: Senior Policy Officer

Signature: *A. J. Brown*

Date: 12<sup>th</sup> December 2011

### Sign off by Directorate Management Team:

Name: Lisa Redfern

Designation: Deputy Director, Adult and Community Services

**Signature:**

LISA MEDFORD

**Date:**

12<sup>th</sup> December 2011