## **Equality Impact Assessment** Ref. Number 1480

**Start date** 23/02/23

#### Part A

### **Initial Impact Assessment**

**Proposal name** 

**PSR Housing Project** 

#### Brief aim(s) of the proposal and the outcome(s) you want to achieve

The PSR Housing Project will permit Housing & Neighbourhoods to:

- enable foundational information and system elements required to implement their strategies and those of the Operational Services portfolio;
- transform their customer experience;
- create efficiencies through improvements to their digital applications and practice models helping to achieve the HRA 30 Year Plan.

The project brings together 8 key housing systems into one - NEC Housing. The new

system is highly configurable and will provide a single view of Housing data.					
Proposal type  ● Budget ○ non-Budget	If Budget, entered on Q	Tier? ●	Yes O	No	
	Q Tier reference	0014068	700001		
Year of proposal (s)	L				
○ 21/22 ○ 22/23 ● 23/24 ○ 24	/25 O other				
Decision Type					
O Committee (select below)					
O Adult Health and Social Care Policy C	ommittee				
O Communities, Parks and Leisure Police	cy Committee				
O Economic Development and Skills Po	Economic Development and Skills Policy Committee				
O Education, Children and Families Poli	O Education, Children and Families Policy Committee				
O Housing Policy Committee	O Housing Policy Committee				
<ul> <li>Strategy and Resources Policy Comm</li> </ul>	○ Strategy and Resources Policy Committee				
<ul> <li>Transport, Regeneration and Climate</li> </ul>	Transport, Regeneration and Climate Policy Committee				
<ul> <li>Waste and Street Scene Policy Comm</li> </ul>	Waste and Street Scene Policy Committee				
O Regulatory Committees (e.g. Licensin	Regulatory Committees (e.g. Licensing Committee)				
Other Policy Committee or sub-Committee					
Local Area Committees					
○ Leader					
Executive Director					
● Officer Decisions (Non-Key)					

**Lead Committee Member** Douglas Johnson **Lead Director for Proposal** Ajman Ali

O Council (e.g. Budget and Housing Revenue Account)

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Person filling in	this EIA form	Helen Wallis		
Equality Lead O	fficer	Louise Nunn		
Lead Equality O	bjective			
<ul><li>Understandin Communities</li></ul>	O Workforce Diversity	O Leading t celebrating promoting		O Break the cycle and improve life chances
Portfolio, S	ervice and T	eam		
Lead Portfolio	Operational Service	ces	Is this (	Cross-Portfolio?
	оролина остан		O Yes	
Consultation  Is consultation  Yes				
If consultation	n is not required	please state w	/hv	
The proposal w	vill have no major imp	act on equality – it	t will enable the	_
Are Staff who	o may be affected O No	by these prop	osals aware	of them?
Are Customer O Yes	rs who may be aff ● No	fected by these	e proposals a	aware of them?
If you have s	aid no to either p	lease say why		
- Report - Report - Focus § - Recipie	en to customer repress s to the Housing and N to Housing and Neigh groups with tenant rep ents of the Tenant New ers of the Housing & N	Neighbourhoods Anbourhood Partner presentatives and wsletter	dvisory Panel rship Group people request	-
customers clos	facing elements of the er to implementation expectations and encou	of Phase 1 once th	ne design has b	l be publicised to all een finalised in order to

## **Initial Impact**

Under the <u>Public Sector Equality Duty</u> we have to pay due regard to the need to:

- eliminate discrimination, harassment and victimisation
- advance equality of opportunity
- foster good relations

For a range of people who share protected characteristics, more information is available on the <u>Council website</u> including the <u>Community Knowledge Profiles</u>.

### **Identify Impacts**

#### Identify which characteristic the proposal has an impact on tick all that apply

○ Health	○ Transgender
○ Age	O Carers
<ul><li>Disability</li></ul>	<ul> <li>Voluntary/Community &amp; Faith Sectors</li> </ul>
<ul> <li>Pregnancy/Maternity</li> </ul>	O Partners
○ Race	○ Cohesion
O Religion/Belief	Poverty & Financial Inclusion
○ Sex	O Armed Forces
<ul> <li>Sexual Orientation</li> </ul>	● Other

Cumulative Impact			
tive impact?			
a Community of Identity/Interest			
phical impact across Sheffield?			
t across Sheffield			
pacted			
Area(s) impacted			

#### **Initial Impact Overview**

Based on the information about the proposal what will the overall equality impact?

The project has identified only minor impacts on equality in the following areas:

Disability – the new system is browser-based allowing for the use of a variety of assistive technologies; it is also highly configurable which will support continuous improvement during the lifetime of the system to keep the user interface elements aligned with the latest guidance on accessibility.

Poverty & Financial Inclusion – the new system will provide customers with a single view of their housing-related financial obligations; this improved transparency will also streamline the pathways to the financial support offered by the Council.

Other – the configurability of the system and the 'data quality by design' approach means that we can ensure customers are accurately represented with respect to various equality characteristics (age, race, religion/belief, sex, sexual orientation) as required by government returns.

**Is a Full impact Assessment required at this stage?** ○ Yes

No

If the impact is more than minor, in that it will impact on a particular protected characteristic you must complete a full impact assessment below.

### **Initial Impact Sign Off**

EIAs must be agreed and signed off by an Equality lead Officer. Has this been signed off?

lacktriangle	Yes	0	No

Date agreed

28/02/2023

Name of EIA lead officer

Louise Nunn

# Part B

# **Full Impact Assessment**

Health					
		ave a significant the wider deter			l-being
○ Yes	O No	if Yes, comple	ete section be	low	
<b>Staff</b> O Yes	O No	Customers O Yes	O No		
Details of	impact				
Compreh	ensive Heal	th Impact Asses	sment bein	g completed	
○ Yes	○ No				
Please atta	ach health im	pact assessment	as a supporti	ng document be	elow.
Public He	alth Leads	has signed off th	ne health im	pact(s) of this	EIA
○ Yes ○	No				
Name of Lead Office					
Age					
Impact or O	n <b>Staff</b> ○ No	Imp O Y	act on Custo	omers No	
Details of	impact				

Disability	
Impact on Staff  O Yes  O No	Impact on Customers  ○ Yes ○ No
Details of impact	
Pregnancy/Materni	ity
Impact on Staff O Yes O No	Impact on Customers  ○ Yes ○ No
Details of impact	
Race	
Impact on Staff	Impact on Customers
O Yes O No	○ Yes ○ No
Details of impact	
Religion/Belief	
Impact on Staff	Impact on Customers  ○ Yes ○ No
O Yes O No	O IES O INU
Details of impact	
Sex	
Impact on Staff	<b>Impaြာနှာင်ပုန်းတုံmers</b> O Yes O No
O Yes O No	∪ res ∪ ino

Details of impact	
<b>Sexual Orientation</b>	
Impact on Staff  O Yes  O No	Impact on Customers  ○ Yes ○ No
Details of impact	
C	A (Turn a read an)
Gender Reassignmen	it (Transgender)
Impact on Staff ○ Yes ○ No	Impact on Customers  O Yes O No
Details of impact	
- Country or impact	
Carers	
Impact on Staff ○ Yes ○ No	Impact on Customers  ○ Yes ○ No
Details of impact	
- -	

Voluntary, Communit	y & Faith sectors
Impact on Staff  O Yes  O No	Impact on Customers  ○ Yes ○ No
Details of impact	
Partners	
Impact on Staff ○ Yes ○ No	Impact on Customers  ○ Yes ○ No
Details of impact	
Jeans of impact	
Cahadan	
Cohesion	
Staff ○ Yes ○ No	Customers O Yes O No
Details of impact	
Poverty & Financial I	nclusion
Impact on Staff	Impact on Customers
○ Yes ○ No	○ Yes ○ No
Please explain the impac	ct Control of the Con

Impact on Staff	Impact on Customers
O Yes O No	○ Yes ○ No
Details of impact	
Other	
Please specify	
Impact on Staff	Impact on Customers
O Yes O No	○ Yes ○ No
Details of impact	
•	
Action Plan and S	upporting Evidence
What actions do you ne	ed to take following this EIA?
What evidence have yo	u used to support the info in the EIA?
B 1 11 1	
Detail any changes	made as a result of the EIA

Following mitigation is there still significant risk of impact on a protected characteristic.  $\bigcirc$  Yes  $\bigcirc$  No

If yes, the B	EIA Will need corp	orate escalation? Please	e explain below
C' Off			
Sign Off			
EIAs must been signe	_	gned off by an Equality lo	ead Officer. Has this
○ Yes	O No		
Date agreed	DD/MM/YYYY	Name of EIA lead officer	

**Review Date** 

DD/MM/YYYY