

Full equalities impact assessment

Directorate: **Public Health** Service:

Piece of work being assessed: **First Step Trust**

Aims of this piece of work: **Deliver contracted employment project**

Name of lead person: **Karl Newell** Other partners/stakeholders involved:

Date of assessment: **4/2/2010**

Who is intended to benefit from this piece of work? **People with health and other barriers to work wishing to gain employment.**

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? If 'yes', is that impact direct or indirect discrimination?
Gender	The work available has no particular traditional gender bias. The gender split in the last three years has always been around 33% women to 67% men. This is considered to be largely due to the nature of the work we have previously undertaken (gardening, decorating, removals) and a motivation in the change of trading activity is to involve more women in the coffee shop and in administration.	Yes, indirect
Race	Sheffield City Council figures show that the population in Sheffield is 86% White British. Of the remaining 14%, 3% are Pakistani, 2% are Eastern European (mainly Polish and Slovak). Other minority populations are 1% or less each. BME representation over the last three years has been 11% (2006/07); 20% (2007/2008) and 32% (so far in 2008/09). Again the nature of the work has been thought to deter some BME community interest and the change is expected to help in improving this.	Possibly
Disability	People joining the workforce may have visual impairments, hearing impairments,	No

	learning difficulties or dexterity/co-ordination problems. As almost all workforce members have a diagnosed mental health condition, many will have problems with eg poor concentration and motivation.											
Sexual orientation	People of any sexual orientation are expected to become workforce members.	No										
Age	<p>The project is open to people of working age, classed as 18-65. In 2007/08 the age ranges were represented as follows</p> <table border="0"> <tr> <td>18-25</td> <td>7%</td> </tr> <tr> <td>26-35</td> <td>27%</td> </tr> <tr> <td>36-45</td> <td>33%</td> </tr> <tr> <td>46-55</td> <td>28%</td> </tr> <tr> <td>56-65</td> <td>5%</td> </tr> </table> <p>It is possible that the change in work will attract more younger and older people.</p>	18-25	7%	26-35	27%	36-45	33%	46-55	28%	56-65	5%	Possibly
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Religion/belief	People of any religion or belief are expected to become workforce members.	No										
Human Rights	Increasing access of work and consequent impact on decreased social and economic exclusion and improved health prospects are the aims of this project. Increase in quality of work experience is intended in the changes to service implemented. Whether this has a quantitative impact on employment outcomes will be seen.	Possibly										

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead
Gender	Historically lower numbers of women involved.	Change in type of work offered. Target women in recruitment campaign.	Recruitment data.	Immediate and ongoing	KN
Race	Although the proportion of recent BME workforce may suggest reasonable reach into these communities, the change of work may make this more accessible?	Change in type of work offered. Ensure BME groups contacted in recruitment campaign.	Recruitment data.	Immediate and ongoing	KN
Age	Change in type of work (less physical) may attract younger and older people to the workforce?	Change in type of work offered.	Recruitment data.	Immediate and ongoing	KN