

Equality & Human Rights Impact Assessment (EHRIA)

This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA [guidance](#), for further information about undertaking and completing the assessment. For further advice and guidance, please contact your [Departmental Equalities Group](#) or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Prevention Services – Other Vulnerable People – Homelessness
Department and section:	Strategic Planning & Commissioning
Name of lead officer/ job title and others completing this assessment:	Amanda Price Ian Mellor
Contact telephone numbers:	0116 3057364 / 0116 3059419
Name of officer/s responsible for implementing this policy:	Strategic Planning & Commissioning Officers; Ian Mellor, Carin Davies, Louise Melbourne, Martin Hall and Amisha Chauhan
Date EHRIA assessment started:	EHRIA process started: 26th February 2014 Reviewed following consultation: 14th July 2014
Date EHRIA assessment completed:	5 th August 2014

Section 1: Defining the policy

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You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1	<p>What is new or changed in this policy? <i>What has changed and why?</i></p> <p><i>Background</i></p> <p>The Strategic Planning and Commissioning Team has led on a review of the Adults and Communities Department's prevention services, with assistance from the Department's Market Development and Compliance teams (henceforth known as 'the review team'). Services included in the review were defined as 'early intervention and prevention services' in a report to Cabinet in June 2013. All of the contracts for these services were extended up to a maximum of 30th September 2015 in order to allow sufficient time for the prevention review and to ensure an overarching 'prevention offer'. Delivery of this prevention model is also set against savings targets set in the Medium Term Financial Strategy (MTFS) 2014-2018. It is important to note that current service provision under these contracts will cease in 2015 and be replaced by a new prevention offer (as described below).</p> <p>Details of the proposed prevention offer were submitted to Cabinet in April 2014 and permission granted by Cabinet to consult on future commissioning options. Accordingly, a formal public consultation exercise on this prevention offer was carried out 14th April – 13th July 2014. The findings of the consultation have been used to further inform the prevention offer and specific commissioning options for individual service groupings that fall within this wider prevention offer. This EHRIA forms one of a series, each dealing with the impacts of these individual service groupings (e.g. older people, other vulnerable people and so on). Each EHRIA will provide detail on proposed changes to service delivery for each of the main service groups included within the review and will explore the impacts of these changes in relation to the Human Rights Act and Equalities Act. They will also reflect on how proposed elements of service delivery will contribute to the overall prevention model. All of the EHRIsAs will be published in conjunction with a further Cabinet report in September 2014 which will provide members with the findings of the prevention review and public consultation and will make recommendations about the future of the prevention offer.</p> <p>This EHRIA is concerned with the following service grouping – 'other vulnerable people' and, specifically, proposed commissioning for homelessness support.. A separate EHRIA has been completed for proposed commissioning for 'other vulnerable people', specifically victims of domestic abuse (i.e. single women or women with children). It is envisaged that the proposals for homelessness support will provide support for those who are homeless or at risk of homelessness; substance misusers, ex-offenders or those at risk of re-offending, and members of the gypsy and traveller community. In other words, there is to be a shift from specialist support services for each of these groups to a generic provision with an emphasis on addressing the needs of those who are homeless or at risk of becoming homeless. x</p> <p>As part of the prevention review it was found that commissioning for other vulnerable people would not necessarily 'fit' with the proposed overarching secondary prevention model. However, an analysis of the risks associated with not commissioning any support for</p>
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this group informed the decision to investigate future commissioning options for other vulnerable people (as set out below). Without any form of support, these individuals might come back to the Department at a later date with far greater need requiring a more costly and time-intensive support.

The development of a new prevention offer reflects a longer-term strategic vision, with an emphasis upon aligning services to need and a move towards a robust outcomes framework underlying all commissioning activity. It also reflects savings required against prevention services as set out in the MTFs, 2014-2018. The main focus of the prevention offer is 'secondary prevention' as defined by Public Health (2012): "aimed at identifying people at risk and halting or slowing down any deterioration. Interventions are aimed at identifying people at risk of specific health conditions or events (such as strokes or falls) or those that have existing low level social care needs". Full details of the prevention offer can be found in the April Cabinet report –

<http://politics.leics.gov.uk/ieListDocuments.aspx?CId=135&MId=3989&Ver=4>

Proposed Changes

As stated above, this EHRIA is concerned with commissioning proposals for 'other vulnerable people', specifically those who are homeless or at risk of becoming homeless (including the homeless, substance misusers, offenders or those at risk of re-offending, and members of the gypsy and traveller community. Current service provision for these groups comprises a mixture of accommodation-based support and floating support services, as follows:

Service Group	Service Name	Provider	Type of Support	2013/14 Contract Value
Substance Misuse	Countywide floating support for substance misuse	Nacro	Floating Support	£29,368.78
Offenders	Short-term floating support for offenders (including high risk offenders)	Nacro	Floating Support	£111,313.11
	Countywide short-term accommodation linked floating support for offenders	Adullam	Accommodation-linked floating support	£92,171.38
Gypsy and Traveller	Countywide short-term floating support for gypsies and travellers	STAR (currently no service provision)	Floating Support	£29,261.28
Homelessness Prevention (North)	Homelessness prevention – floating support north	NCHA	Floating Support	£302,001.00
Homelessness Prevention (South)	Homelessness prevention – floating support south	NCHA	Floating Support	£159,705.00
Homelessness	Melton short-term 24 hr hour supported accommodation for homeless families and young people	EMHA	Accommodation-based	£97,950.00
	Homelessness hostel (Kennedy House)	The Shaw	Accommodation-based	£374,406.29
	Leicestershire north supported	Youth Shelter	Accommodation-based	£165,000.00

	accommodation scheme			
	Charnwood short term floating support for homeless people with support needs	Youth Shelter	Floating Support	£24,586.00

The total combined spend on these services in 2013/14 was: £1,385,762.84. All but one of these contracts have been extended until 30th September 2015. The only exception is the Youth Shelter contract for the Falcon Centre (accommodation-based support) which only commenced in April 2013 and has a contractual end date of 31 March 2016. It is likely, however, that this contract will be terminated early (under contract rules and to end it in line with the other services at the end of September 2015).

Although these services have a range of different support tasks, there is nonetheless a lot of cross-over and similarities in the support provided. For example:

- Support is focussed on a range of eligible support tasks, including:
- Direct/quick access provision and possible links to move on accommodation (accommodation based services only)
- Help to live independently with risks assessed, managed and supported correctly
- Help setting up a home or a tenancy or help finding other accommodation
- Advice, advocacy and liaison
- Engaging with and accessing other agencies and specialist support
- Developing domestic skills, managing finances and benefit claims
- Help establishing personal safety and security, social contacts and activities.
- Help to access employment, education and training opportunities
- Support for families in their interaction with housing options (Charnwood short-term supported accommodation for young homeless people only)
- Preparing young people at risk for move on to a less intensive support environment or other suitable independent living arrangements (Melton Short Term 24 Hour Supported Accommodation for Homeless Families and Young People).

The most recent contract monitoring data received by the Department for these services indicates that a total of 1,762 customers accessed these services during 2013-14. Broken down by quarter, numbers of customers accessing current provision was as follows: Quarter 1: 114 customers; Quarter 2: 265 customers; Quarter 3: 594 customers; and, Quarter 4: 789 customers). It should be noted that some contract monitoring is missing for some services for some quarters. The total number of customers accessing current provision during 2013/14 may therefore have been greater – this inconsistency in the contract monitoring data means that all local data present here and in the remainder of this report is indicative only.. Variation across the year may reflect seasonal change (there appears to be a trend for greater numbers of people accessing housing related support services during the Autumn and Winter months when compared with data from other years) but it may also partly reflect the start-up of the Falcon Centre in April 2013. Current providers indicate that all services are running at or over capacity, with some waiting lists known. This indicates on-going local demand for these support services.

As part of the prevention review and public consultation exercise, interested parties were asked to consider two main issues in relation to future commissioning for other vulnerable people:

- Is it considered appropriate for the Department to commission services to support other vulnerable people, including victims of domestic abuse?
- Is a proposed re-investment of £300,000 for a generic service provision (focussed on homelessness and supporting independent living) appropriate?

In addition, at service user and provider workshops and stakeholder meetings held during the consultation period, interested parties were asked to comment on how the proposed £300,000 for other vulnerable people should be used. Two main proposals were suggested – either a generic countywide floating support service OR a generic countywide floating support service with an element of accommodation-based support.

Commissioning options for ‘other vulnerable people’ were also been informed by responses from the formal consultation exercise, which included comments from service users, providers, stakeholders and the general public. The following key points arising from the consultation exercise are relevant:

- There was a broad consensus that the Department should commission some form of support for other vulnerable people
- There was a general concern that the proposed level of investment was insufficient, in particular the £300,000 proposed for a generic countywide service to support other vulnerable people
- Service users, providers and stakeholders indicated that it was important to have floating support and some form of accommodation-based support for other vulnerable people. The two forms of support are considered very different but essential to support this cohort of customers.

The formal consultation exercise has therefore informed the following proposals for future commissioning of services for other vulnerable people. Although, as stated above, these commissioning options are separate from the Departments new prevention offer, it is considered that other vulnerable people should also be able to benefit from that offer in terms of accessing support from universal support and support within their own communities. The proposals have also been informed by evidence produced by the Joseph Rowntree Foundation and Crisis that suggests that homelessness has increased for three consecutive years, partly because of housing shortages and cuts to benefits, with an estimated 185,000 people a year now affected in England (see <http://www.theguardian.com/society/2013/dec/13/homeless-numbers-increase-three-years-england>). . Whilst it is recognised that addressing homelessness is not a statutory responsibility for the Council, the Department recognizes the risks in not playing a role in providing some form of support to those affected by homelessness, both in terms of individuals requiring more intensive and costly social care services in the long-run and by not supporting the work of partners to address homelessness.

Proposed commissioning for other vulnerable people is therefore as follows (levels of proposed investment are also indicated):

- A reinvestment of £500,000 (an increase of £200,000 from original proposals) to support commissioning of a generic floating outreach service for those at risk of homelessness with hostel accommodation for homeless people. This will be awarded as a single contract. Additional money will be identified to support transitional costs, which will be available during the first year of the contract (2015/16).
 - The purpose of the outreach support and hostel service will be to support people to establish independent living in their own home. It will therefore be a generic service provision, providing support for all those groups which fall within the wider other vulnerable people grouping. Customers may access the floating outreach support element of the service after accessing the hostel or as stand alone support.
 - It is anticipated that the hostel accommodation will comprise 28 units and the normal maximum length of stay will be between 6-9 months. The floating outreach support will be accessible for a normal maximum length of

9 months.

The proposed reinvestment in generic service provision for other vulnerable people (homelessness) will therefore be £500,000 which represents a 64% reduction in investment for this service group. As this clearly represents a reduced investment on current service provision, during the design of new service provision consideration will be given to the ways in which this investment can be maximised through more targeted interventions.

It is also important to note that the move towards a more generic provision focussing on homelessness reflects the fact that the strategic review identified that the primary reason why 'other vulnerable people' may need adult social care services is related to their living environment (or lack of a living environment). Therefore, across all of the groups included under 'other vulnerable people' (homelessness; domestic abuse; offenders (including ex-offenders and those at risk of offending); substance misusers; and, gypsy, Roma and traveller communities) it is the living environment – in particular being without or at risk of being without somewhere to live – that is central to their support needs. The service provision will therefore comprise eligible tasks associated with maintaining or enabling independent living. The reason for someone becoming homeless or at risk of homelessness (i.e. being an ex-offender, or a substance misuser or a member of the gypsy and traveller community) is considered a secondary factor in relation to the proposed service provision. Whilst the service will seek to address such factors (e.g. through signposting to specialist support) and a new provider will be expected to demonstrate an understanding of the needs of people with such secondary needs, the primary focus is related to homelessness and the need to support people to live independently in their own homes. Accordingly, this EHRIA is written predominantly with a focus on homelessness and enabling independent living.

Future service delivery for 'other vulnerable people' will differ, therefore, from existing provision in a number of key ways:

- Generic rather than specific floating support (i.e. loss of specialist services) and reduction in number of units available
- Reduced number of accommodation-based support units (due to reduced investment)
- Commissioning of a service with accommodation-based and floating support potential provided by a single organisation (or consortia of providers)

However, the new provision will be similar to existing service provision in the following ways:

- Continued availability of floating based support for homelessness, offenders, substance misusers and members of the gypsy, Roma and traveller community.
- Continued availability of accommodation-based support for homeless (hostel provision)

It is noted that a lot of the detail around how exactly these services will be delivered is yet to be determined and further work with interested parties and stakeholders will take place as part of the service design phase and development of a service specification.

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	therefore comprise eligible tasks associated with maintaining or enabling independent living.
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The development of the Adults and Communities Prevention offer forms part of a wider unified prevention offer for Leicestershire's Communities that has been developed as part of the Better Care Fund. The Better Care Fund (formerly the Integration Transformation Fund) is a single pooled budget to support health and social care services to work more closely together in local areas. It forms an important element of strategic planning in both health and social care. In Leicestershire part of the Better Care Fund will be invested in a unified prevention offer, including funding for Local Area Coordination. The intention is that by 2018 there will be a comprehensive offer for community-based prevention for the citizens of Leicestershire, bringing together all the resources available to Local Councils and the NHS. Commissioning options arising out of the prevention review and departmental prevention offer have been developed to be aligned with and form part of this unified prevention offer, in particular Local Area Coordination.</p> <p>Throughout the review process it has been recognised that the scale of the proposed changes has the potential to impact on a range of services commissioned or offered by the department (both adult social care and communities and wellbeing). These impacts could be varied, including:</p> <ul style="list-style-type: none"> • If successful, the prevention offer could lead to a reduction in demand and future pressure on budgets and services such as residential and domiciliary care and carer's services. • It has been identified that a number of existing housing related support services need to be aligned with the care pathway as the individuals currently accessing the services are eligible for adult social care support. <p>The development of a new prevention offer is also accepted to have implications for partners. Indeed, the contribution of partner agencies and organisations, either directly or indirectly through their own commissioning activity is considered essential to the success of the Departmental and wider unified prevention offer. Discussions with partner organisations have therefore been essential during the review process and public consultation to establish a partnership approach to the development of commissioning options for the Departmental prevention offer.</p>
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The prevention review and commissioning options for the Departmental prevention offer have the potential to affect anybody living in Leicestershire aged 18 years or over (i.e. of adult age). This is true of the whole review and specific options for other vulnerable people (including those who are homeless or at risk of homelessness, victims of domestic abuse, offenders (including ex-offenders and those at risk of re-offending), substance misusers and members of the gypsy, Roma and traveller community).</p> <p>As described above, the purpose of the review was to develop a Departmental prevention</p>

	<p>offer with an emphasis upon aligning services to need and a move towards a robust outcomes framework for all commissioning activity. This strategic shift is also set against the MTFS – the scale of required savings means that commissioning in a different way and at a reduced level of investment. Inevitably, this has the potential to impact upon on all individuals who currently access or would potential access prevention services.</p> <p>As described above, the prevention review and public consultation has led to specific commissioning options for different service groups that fall within the prevention review. In terms of other vulnerable people, the impact of the proposed commissioning of a generic service may be summarised as follows:</p> <ul style="list-style-type: none"> • Generic rather than specific floating support (i.e. loss of specialist services) and reduction in number of units available • Reduced number of accommodation-based support units (in both homeless hostel provision due to reduced investment). <p>Full details of how the commissioning options have been developed will be set out in a report which will go to Cabinet in September 2014.</p>																		
4	<p>Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)</p> <table> <tr> <th></th><th>Yes</th><th>No</th><th>How?</th></tr> <tr> <td>Eliminate unlawful discrimination, harassment and victimisation</td><td>X</td><td></td><td>The review process (including the strategic review of existing service provision, formal public consultation and discussions with stakeholders and partner organisations) has enabled a good overview of preventative services – in terms of determinants, interventions that help aid recovery, and to establish what service provision is most likely to benefit the people of Leicestershire in a way that is cost-effective to the department. It has also enabled identification of those groups and individuals who are likely to benefit from the proposed commissioning intentions. Conversely, it has also allowed consideration of any groups or individuals who might be adversely affected by the proposals and to establish what mitigating actions are required to enable them to access other support and services.</td></tr> <tr> <td>Advance equality of opportunity between different groups</td><td>X</td><td></td><td>As above.</td></tr> <tr> <td>Foster good relations between different groups</td><td>X</td><td></td><td>As above. In addition, the review process has also sought to establish community opportunities for those experiencing problems and using the services to access preventative services alongside other community-based/universal services. This has the potential to encourage community cohesion and develop relations between different groups.</td></tr> </table>				Yes	No	How?	Eliminate unlawful discrimination, harassment and victimisation	X		The review process (including the strategic review of existing service provision, formal public consultation and discussions with stakeholders and partner organisations) has enabled a good overview of preventative services – in terms of determinants, interventions that help aid recovery, and to establish what service provision is most likely to benefit the people of Leicestershire in a way that is cost-effective to the department. It has also enabled identification of those groups and individuals who are likely to benefit from the proposed commissioning intentions. Conversely, it has also allowed consideration of any groups or individuals who might be adversely affected by the proposals and to establish what mitigating actions are required to enable them to access other support and services.	Advance equality of opportunity between different groups	X		As above.	Foster good relations between different groups	X		As above. In addition, the review process has also sought to establish community opportunities for those experiencing problems and using the services to access preventative services alongside other community-based/universal services. This has the potential to encourage community cohesion and develop relations between different groups.
	Yes	No	How?																
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Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

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The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to [Section 3](#) on Page 7 of this document.

Section 2

A: Research and Consultation

5.	Have the target groups been consulted about the following?	Yes	No*
	a) their current needs and aspirations and what is important to them;	X	
	b) any potential impact of this change on them (positive and negative, intended and unintended);	X	
	c) potential barriers they may face	X	
6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	<p>A formal public consultation exercise was conducted (April to July 2014). The consultation documents (including information sheet and questionnaire) were accessible to the target groups (including current customers), the general public, providers and stakeholders. Specific events were also held with customers, providers and stakeholders as part of the review process and the consultation period. In addition, research into prevention services and the role of preventative services has been undertaken throughout the review process to inform decision making and commissioning proposals.</p> <p>The consultation process was subject to the Department's Research Governance Framework (RGF) to ensure that the process was carried out to high standards in line with national guidance on health and social care research as set out by the Department of Health (2010)</p>	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service	X	

	users) been explored in terms of potential unintended impacts?		
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		

Section 2

B: Monitoring Impact

8.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups; b) enable open feedback and suggestions from different communities	Standard contract monitoring procedures (including annual and quarterly monitoring) are in place and will exist for any new service provision. It is (and will continue to be) a contractual obligation for services to receive complaints and commendations. In addition, the Department will seek to obtain feedback from existing and new customers as part of ongoing monitoring of the impact of these proposals (see improvement plan, below)	

Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2

C: Potential Impact

9.	Use the table below to specify if any individuals or community groups who identify with any of the ' protected characteristics ' may <u>potentially</u> be affected by this policy and describe any positive and negative impacts, including any barriers.			
		Yes	No	Comments
	Age		X	<p>It is proposed that the generic service will be accessible to all people aged 18 or over who are at risk of homelessness or are homeless. There will be no upper age limit restricting access to the proposed service, nor any difference in terms of eligibility by age in terms of accessing either the accommodation-based support or floating outreach support.</p> <p>Current services for other vulnerable people are accessed by people of all ages. Contract monitoring data for existing services for other vulnerable people (homelessness, substance misuse, offenders and gypsy</p>

				<p>and traveller services) 2013/14 records that individuals aged 16-67 accessed the services. It is noted that the only services where people under 18 accessed the services were the homeless services. Those aged under 18 represented only 4.5% (80 individuals) of all customers accessing these services in these two quarters or 4.8% of all customers accessing the Departments homelessness services in these two quarters. This data from existing service provision indicates the majority of people accessing current service provision are aged 18 and above and therefore the proposal to make the proposed services accessible for those aged 18 and above is acceptable.</p> <p>Published sources also show a range of ages accessing homelessness services. For example, in September 2013 it is recorded that the average age of young people presenting as homeless was 20-21 years old (http://www.homeless.org.uk/sites/default/files/site-attachments/Youth%20and%20Homeless%202013%20Full%20Report.pdf). This indicates the importance of services accessible to younger adults, but not necessarily those aged 18 or under. There is also some evidence to suggest slowly increasing prevalence of homelessness amongst the middle-aged (see http://www.crisis.org.uk/data/files/publications/HomelessnessMonitorEngland2013.pdf) reflecting a tight housing market and also of worsening real income/living standards among younger working age people. Changes to the welfare system may also exacerbate homelessness across all ages. For example, it has been stated that welfare reform policy changes are very likely to further decrease the supply of decent, affordable, private rented homes for claimant families renting privately in the short and long term (http://england.shelter.org.uk/professional_resources/policy_and_research/policy_library/policy_library_folder/the_impact_of_welfare_reform_bill_measures_on_affordability_for_low_income_private_renting_families). This also re-enforces the importance of services for those who are homeless or at risk of homelessness of all ages.</p> <p>In respect of the new proposals and access in relation to age, two further comments are of particular note:</p> <ol style="list-style-type: none"> 1. Having no upper age limit represents a positive impact insomuch as at least one of the existing homelessness services commissioned by the Department has an upper age limit on those accessing the service set at 64. Removing any upper age limit will therefore remove an existing barrier for accessing the service for people aged 65 and over. 2. However, as the Department's current
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				<p>homelessness provision includes a number of contracts which accept people aged 16 and above, this will mean that the proposed services for other vulnerable people will exclude some people who can currently access support from the Department (i.e. those aged 16 and 17 years). Agreement has been made with the Children and Families Department (formerly CYPS) that they will be responsible for statutory care leavers (aged 16-21) who require support. Alternative support for that cohort will therefore be available. Support for those aged under 16-17 who are homeless or at risk of homelessness but who are not care leavers may also be able to access some support through services commissioned by Children and Families services.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of their age (18 and above). Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will be discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Disability		X	<p>Contract monitoring data for existing services for other vulnerable people 2013/14 show that people accessing the services (homelessness, substance misuse, offenders, and members of the gypsy and traveller community) had a range of with a range of primary and secondary needs, some of which may include disability (though only broadly expressed), including: 'generic/complex needs', 'physical or sensory disability' and 'mental health problems'.</p> <p>In the context of proposed generic service for homelessness, the issue of mental health is of particular interest. It is known that there can be strong links between substance misuse and offending behaviour and homelessness. It is also known that substance misusers and offenders may be more prone to mental ill-health (see, for example, http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness,offendingand.aspx, http://www.together-uk.org/our-mental-health-services/criminal-justice-mental-health/ and</p>

				<p>http://www.mentalhealth.org.uk/help-information/mental-health-a-z/D/drugs/). Furthermore, social isolation is also known cause mental ill-health (http://www.mentalhealth.org.uk/help-information/mental-health-a-z/S/stigma-discrimination/) and it is therefore of interest to noted that social isolation often precedes homelessness (see, http://www.crisis.org.uk/pages/relationship-breakdown-and-lonliness.html) and may be more prevalent amongst stigmatised groups such as gypsy and traveller communities. In the context of this published research, and given that it is likely that the proposed generic services for homelessness may be accessed with a history of substance misuser, offending, homelessness or from a gypsy or traveller community (i.e. those who may currently be accessing specialist service provision). It may therefore be stated that disability, in particular mental ill-health, is likely to be something experienced by customers.</p> <p>Accordingly, there is no intention to introduce any exclusions around access to proposed generic service provision for other vulnerable people with regards to disability. The proposed service will therefore not have an impact upon those with a disability. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and disability and be able to signpost to appropriate alternative/specialist support if required. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of whether they have a disability. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Gender Reassignment		X	<p>There is a paucity of local data concerning links between homelessness and gender reassignment. Contract monitoring requirements for the existing other vulnerable people services does not include information about gender reassignment and this precludes an</p>

			<p>analysis of the numbers of individuals accessing current provision.</p> <p>Nationally, data concerning gender reassignment is also limited. Figures show that the number Nationally, data concerning gender reassignment is also limited. Figures show that the number of gender reassignment surgeries carried out by the NHS in the UK tripled between 2000 and 2009 (during that time period a total of 853 trans women and 12 trans men had state-funded surgery to change sex)(http://www.bournemouth.gov.uk/PeopleLiving/BournemouthStatistics/Bournemouth-JSNA/Reports/Community-profiles/GenderReassignment.pdf). However, the true number is likely to be higher, taking into account non-state funded operations and those who do not wish to undergo painful or complex surgery, or are unable to access it. No statistics relating to gender reassignment in Leicestershire have been identified.</p> <p>Despite a lack of data or evidence, it is recognised that there is the potential for people who have undergone gender reassignment to access the proposed generic service provision for other vulnerable people. Indeed, it has been stated that such individuals may experience social isolation and/or discrimination (http://www.judiciary.gov.uk/wp-content/uploads/JCO/Documents/judicial-college/ETBB_Gender_reassignment_finalised_.pdf). As it is known that social isolation can precede homelessness (http://www.crisis.org.uk/pages/relationship-breakdown-and-lonliness.html), therefore those who have or are undergoing gender reassignment may be at increased risk of becoming homeless.</p> <p>Accordingly, there is no intention to introduce any exclusions around access to proposed generic service provision for other vulnerable people with regards to gender reassignment. The proposed service will therefore not have an impact upon those who may have or intending to undergone gender reassignment. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and gender reassignment and be able to signpost to appropriate alternative/specialist support if required. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned,</p>
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				<p>in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of whether they have undergone or are going through gender reassignment. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will be discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	<p>Marriage and Civil Partnership</p>		X	<p>Current contract monitoring data for the existing services for other vulnerable people does not include detail about marriage and civil partnership. However, it is accepted that some customers accessing the existing services may be married or in a civil partnership and that a person's access to the services may be affected by whether they are married or in a civil partnership (such as social isolation or a feeling of being stigmatised).</p> <p>This is supported by published evidence which indicates a link between relationship status/breakdown and homelessness, for example:</p> <ul style="list-style-type: none"> Relationship breakdown is a major cause of homelessness, such as disputes with parents, domestic abuse, marital breakdown or bereavement, and many homeless people do not have any contact with their families (http://www.crisis.org.uk/pages/relationship-breakdown-and-loneliness.html) <p>Accordingly, there is no intention to introduce any exclusions around access to proposed generic service provision for other vulnerable people with regards to marriage and civil partnership. The proposed service will therefore not have an impact in relation to marriage and civil partnership. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and marriage and civil partnership and to be able to signpost to appropriate alternative/specialist support if required. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to</p>

				<p>access the accommodation-based and the floating outreach support, regardless of their status in regard to marriage or civil partnership. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will be discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Pregnancy and Maternity		X	<p>Contract monitoring data for existing services for vulnerable people does not capture whether customers are pregnant or experiencing maternity. It is not possible, therefore, to make statements about current service provision and customers and pregnancy and maternity. However, contract monitoring shows that existing services are accessed by females (see below, 'sex') and therefore there is the potential for some customers to be experiencing pregnancy and/or maternity.</p> <p>This is supported by published data. For example, it has been reported that pregnancy can be a determining factor for young people becoming homeless (particularly amongst 16-17 year olds). Whilst pregnancy does not make a young person homeless, rather it is the impact it has on the young person and their family that can in many cases lead to housing problems. The two main factors which lead to homelessness are family relationship breakdown and overcrowding (http://www.stchris.org.uk/hipteachers/causes-of-homelessness---pregnancy). Whilst those under aged 18 years will be outside the scope of the new services, this figures indicate that many younger people who may access the proposed homelessness provision may be accessing the service because of pregnancy or maternity.</p> <p>It is also noted that being pregnant should entitle someone who is homeless to be a priority for housing with the local housing authority, it is expected that many customers in this situation will not need to access these services or, if they do for whatever reason, that providers will support them to access housing from the local housing authority promptly and to help them build/maintain their independence in relation to their housing need.</p> <p>Accordingly, there is no intention to introduce any exclusion around access to proposed generic service provision for other vulnerable people with regards to pregnancy or maternity. The proposed service will therefore not have an impact in relation to marriage</p>

				<p>and civil partnership. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and pregnancy or maternity and to be able to signpost to appropriate alternative/specialist support if required. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of their status in regard to pregnancy or maternity. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will be discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Race		X	<p>Contract monitoring data for current service provision for other vulnerable people (homelessness, substance misuse, offenders, and members of the gypsy and traveller community) show that in 2013/14 the existing services were accessed by customers from a range of racial backgrounds, including Asian/Asian British: Indian, Mixed: White & Black Caribbean to White: British and White: Irish. The majority of customers were, however, from a White background (between 80-94% across all services). Members of the gypsy and traveller community, of course, form their own racial group.</p> <p>There is a paucity of published data making clear any definite relationships between race and homelessness in the UK. However, a study by www.poverty.org found that a quarter of those accepted as homeless and in priority need by English local authorities are from ethnic minorities. This means that ethnic minority households are, overall, around three times as likely to become homeless as the majority White population. Compared with figures for existing services for other vulnerable people (see above), this would seem to suggest that customers from BME backgrounds are under-represented in comparison with a significant majority from a White background. This may indicate barriers with people accessing the services.</p> <p>Accordingly, there is no intention to introduce any exclusion around access to proposed generic service</p>

				<p>provision for other vulnerable people with regards to race. The proposed service will therefore not have an impact in relation to race. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and race. Given evidence presented above, the provider of the proposed service will be asked to specifically consider ways of promoting the service amongst BME communities to try and remove barriers to accessing the service. Consequently, there will be no anticipated negative impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of their status in regard to race. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Religion or Belief		X	<p>Contract monitoring data for existing services for other vulnerable people does not include detail about the religion or beliefs of service users. This precludes an analysis of the religion or beliefs of existing service users and any comment with regard to how this might impact on them accessing or using the services (as is or as proposed).</p> <p>There appears to be little evidence published concerning a direct link between homelessness and religion or belief. However, it is accepted that social isolation can lead to homelessness (see, for example, http://www.crisis.org.uk/pages/relationship-breakdown-and-lonliness.html) and that social isolation and stigmatisation can occur as a result of religion or belief. Leicester and Leicestershire has an increasingly diverse population (see 2011 Census - http://www.lsr-online.org/census-2011.html) and accordingly a wide range of religions or beliefs may be practiced within the County. Indeed, analysis of the 2011 census has shown that within Leicestershire all religious groups are less segregated than in 2001, reflecting a process of dispersal locally (http://www.lsr-online.org/reports/2011_census_diversity_and_ethnic_and_religious_mixing). It is therefore reasonable to</p>

			<p>assume that people accessing the proposed homelessness service for other vulnerable people may therefore represent a variety of religions or hold diverse beliefs, reflecting those of the local population.</p> <p>Accordingly, there is no intention to introduce any exclusion around access to proposed generic service provision for other vulnerable people with regards to religion or beliefs. The proposed service will therefore not have an impact in relation to religion and beliefs. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and religion or beliefs. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of their status in regard to religion or beliefs. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Sex	X	<p>Contract monitoring data for current service provision for other vulnerable people (homelessness, substance misuse, offenders, and members of the gypsy and traveller community) shows that during 2013/14, the existing services were accessed 956 men (54%) and 806 women (46%). This would seem to indicate that locally customers accessing housing related support services for other vulnerable people are more likely to be male.</p> <p>National evidence indicates that homeless adults are more likely to be male than female http://www.nationalhomeless.org/factsheets/who.htm and http://www.societyhealth.vcu.edu/Page.aspx?nav=29&scope=0&source=13). Evidence from contract monitoring data supports these statements. However, it is also clear that there is a need for support for both sexes, as both sexes will (and do) access homeless support.</p> <p>Accordingly, there is no intention to introduce any exclusion around access to proposed generic service</p>

				<p>provision for other vulnerable people with regards to sex. The proposed service will therefore not have an impact in relation to sex. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and sex. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of their status in regard to sex. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Sexual Orientation		X	<p>Contract monitoring data for existing services for other vulnerable people does not include detail about the sexual orientation of service users. This precludes an analysis of the sexual orientation of customers may impact on access or use of the services.</p> <p>There appears to be little evidence published concerning a direct link between homelessness and sexual orientation. However, it is accepted that social isolation can lead to homelessness (see, for example, http://www.crisis.org.uk/pages/relationship-breakdown-and-loneliness.html) and that social isolation and stigmatisation can occur as a result of sexual orientation (see, for example, http://www.bristol.gov.uk/sites/default/files/documents/health_and_adult_care/Social%20isolation%20gender%20and%20sexuality_0.pdf). As the 2012 Joint Strategic Needs Assessment (JSNA) for Leicestershire estimated that around 1.9% of the local population class themselves as gay, lesbian, bisexual or other, then this equates to c.12,500 locally. It is therefore reasonable to assume that people accessing the proposed homelessness service for other vulnerable people may therefore represent different sexual orientations</p> <p>Accordingly, there is no intention to introduce any exclusion around access to proposed generic service provision for other vulnerable people with regards to</p>

				<p>sexual orientation. The proposed service will therefore not have an impact in relation to marriage and civil partnership. Support staff will also be expected to have an awareness (including appropriate training) of the issues concerning homelessness and sexual orientation. Consequently, there will be no anticipated impact on this characteristic.</p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of their status in regard to sexual orientation. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will be discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	<p>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>		X	<p>In the context of the proposed generic service for homeless, it is important to consider in more detail some of the groups of other vulnerable people who are currently able to access specialist housing related support but whom, under these proposals, will be expected to access the generic provision. This is essential because the move from specialist to generic provision is the major change in the development of proposals around homelessness services funded by the Adults and Communities department and it is therefore important to consider potential impacts on each of these groups as opposed to those who are homeless or at risk of homelessness (who will naturally be expected to access the proposed services and have been considered in more detail above). The key groups to be considered here then are: substance misusers, ex-offenders and those at risk of reoffending, and members of the gypsy, Roma and traveller community. As the following discussion will seek to identify, whilst these groups will lose specialist support (as commissioned by the Department) they may all find themselves at risk of or actually homeless and this is the reason they would access the proposed service. Support needs arising from specific things such as being a substance misuser, for example, will be met by signposting to alternative specialist support (identified as part of the consultation process – see below).</p> <p>It should be noted that whilst those at risk of or experiencing domestic abuse may also access the</p>

			<p>service, the principal support offered by the department under the proposals within the wider prevention will be domestic abuse refuge provision and other services commissioned by others (such as Chief Executives department, Supporting Leicestershire families etc) – a separate EHRIA has been completed for the proposed domestic abuse refuge provision.</p> <p><i>Substance Misuse</i></p> <p>The most recent contract monitoring data for existing housing related support for substance misusers (floating support) shows that during Quarters 3 and 4 2013-14, the service was accessed by 76 customers (some of these may be individuals who accessed the service across both quarters (i.e. double counted). No monitoring data was submitted for the first two quarters of 2013/14. A range of ages and ethnicities are represented and it is the case that a slightly higher proportion of males accessed the service than females.</p> <p>National figures indicate that In 2012/13, around 1 in 12 (8.2%) adults aged 16 – 59 had taken an illicit drug in the last year (around 2.7 million people). This is a fall from 8.9% seen in 2011/12. Furthermore, the proportion of adults aged 16 to 24 taking any drug in the last year was almost double the proportion in the 16 to 59 age group at 16.3%. However this was a decrease compared with 2011/12 (19.3%) (http://www.hscic.gov.uk/catalogue/PUB12994/drug-misu-eng-2013-rep.pdf). In comparison, alcohol misuse figures show that in 2011 around 64% of men drank no more than 21 units weekly, and 63% of women drank no more than 14 units weekly (http://www.hscic.gov.uk/catalogue/PUB10932/alc-eng-2013-rep.pdf). For both drug and alcohol abuse there are known health inequalities and a close link between substance misuse and mental ill-health, with a dual diagnosis being common (see, for example, http://cdn.basw.co.uk/upload/basw_93327-7.pdf, http://www.mentalhealth.org.uk/help-information/mental-health-a-z/D/drugs/, and http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness,offendingand.aspx). There is a paucity of local published data for substance misuse but the Leicestershire Statistics and Research Online (LSR) (http://www.lsr-online.org/) contains some information about drug and alcohol misuse treatment in the County. This, like contract monitoring data for existing service provision commissioned by the Department, indicates local demand for support.</p> <p>It is important to note, and relevant to these proposals, that there well established links between substance misuse and homelessness</p>
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			<p>(http://www.crisis.org.uk/data/files/publications/Homelessness%20-%20a%20silent%20killer.pdf).</p> <p>The loss of a specialist provision is therefore likely to have an impact on this cohort of individuals by virtue of the fundamental change from specialist to a more generic provision and reduced investment. However, the following points are relevant:</p> <ul style="list-style-type: none"> • The primary reason that someone will be referred to the proposed generic service will be related to them being homeless or the risk of them becoming homeless. The fact that they are a substance misuser will be a secondary factor, though staff of the service will be expected to understand the needs of this cohort and signpost to specialist support (local specialist support has been identified as part of the review process and, in particular, reducing substance misuse is a Public Health objective) • Many of the eligible tasks in respect homelessness and independent living for the proposed service will be similar to existing provision. Much of the support around homelessness and independently living provided by the proposed service will therefore be similar to that currently available, but interventions and support will be more targeted. <p><i>Offenders</i></p> <p>The most recent contract monitoring data for existing housing related support for offenders (floating support and accommodation-linked floating support) shows that in Quarters 3 and 4 2013-14 the services were accessed by 282 customers (some of these may be individuals who accessed the service across both quarters (i.e. double counted). No monitoring data was submitted for the first two quarters of 2013/14. A range of ages and ethnicities are represented and it is the case that a slightly higher proportion of males accessed the service than females.</p> <p>Offender Management Statistics Quarterly Bulletin April to June 2013, England and Wales (https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253986/omsq-bulletin-apr-june-2013.pdf) show that nationally there has been a downward trend in offenders being discharged from prison – 19,989 offenders in quarter ending in June 2013, a 7% reduction from the same quarter in 2012. Furthermore, the total annual probation caseload (a large number of referrals to current service provision are from the probation service) has also decreased steadily over several years with the caseload being 5% lower in June 2013 than the previous year (to</p>
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				<p>c.213,500 individuals). There are no clear published local figures, but the Leicestershire JSNA (2012) reported that there were 3,763 offenders supervised in the community in 2010/11 (http://www.lsr-online.org/).</p> <p>Research has indicated that ex-offenders and those at risk of offending can often find themselves homeless. Indeed, Addressing the housing needs of offenders are also important parts of the National Offender Management Service (NOMS) National Reducing Re-offending Delivery Plan (NOMS, 2005), the Five Year Strategy for Protecting the Public and Reducing Re-offending (Home Office, 2006) and the Youth Justice Board (YJB) strategy to prevent homelessness among young people who have offended and to improve access to suitable accommodation (YJB, 2006) (CLG – ‘Homelessness prevention and meeting housing need for (ex)offenders - A guide to practice’ - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/7849/1357348.pdf).</p> <p>Furthermore, Offenders and ex-offenders generally experience greater health inequalities and social exclusion (http://www.nepho.org.uk/topics/Offender%20health) and there is an established link between offending and mental ill-health – for example, studies have found that mental health problems are much more common in prisoners than in the general population. As much as 9 out of 10 prisoners report some kind of mental health problem (http://www.rcpsych.ac.uk/healthadvice/problemsdisorders/mentalillness,offendingand.aspx). Social isolation and mental health problems can precede or accompany homelessness (see above). Therefore, ex-offenders and those at risk of re-offending represent a cohort that are likely to have support needs related to their home environment and independent living.</p> <p>The loss of a specialist provision is therefore likely to have an impact on this cohort of individuals by virtue of the fundamental change from specialist to a more generic provision and reduced investment. However, the following points are relevant:</p> <ul style="list-style-type: none"> • The primary reason that someone will be referred to the proposed generic service will be related to them being homeless or the risk of them becoming homeless. The fact that they are an ex-offender or at risk of re-offending will be a secondary factor, though staff of the service will be expected to understand the needs of this cohort and signpost to specialist support (fundamental, will be recognition of the additional time required to build trust with this
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				<p>community and therefore knowledge of other local support, including that provided by the Probation services.</p> <ul style="list-style-type: none"> Many of the eligible tasks in respect homelessness and independent living for the proposed service will be similar to existing provision. Much of the support around homelessness and independently living provided by the proposed service will therefore be similar to that currently available, but interventions and support will be more targeted. <p><i>Gypsy and Traveller</i></p> <p>The most recent contract monitoring data for existing housing related support for gypsies and travellers (floating support) shows that in 2013-14 the service was accessed by 36 customers– some of these may be individuals who accessed the service across both quarters (i.e. double counted). A range of ages and data shows that a slightly higher proportion of females accessed the service than males.</p> <p>There is a paucity of data concerning the local population of gypsy, Roma and travellers in Leicestershire. The 2012 JSNA (http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2012_full_length) noted that there had been no new data for this community since 2009. Then, it was reported that there Leicestershire, there was estimated to be over 300 families and an overall population of 1,200 person population of gypsies and travellers (http://www.lsr-online.org/reports/leicestershire_joint_strategic_needs_assessment_jsna_2009_additional_documents). Members of the gypsy, Roma and traveller community may have needs around their living environment (i.e. at risk of or actually homeless) due to a lack of or difficulty in accessing sites or difficulty in accessing housing (usually used as a last resort because of the because of the lack of available sites) due to allocation policies (http://www.leics.gov.uk/housing_related_support_strategy.pdf). Members of this community are also known to experience health inequalities which may reflect poor access or difficulties (for cultural reasons) accessing support services (see, for example, http://www.raceequalityfoundation.org.uk/publications/downloads/health-gypsies-and-travellers-uk and http://www.hsj.co.uk/resource-centre/health-inequalities-travelling-communities/1855942.article). They may also be more social isolated, which may further contribute to support (including homelessness)</p>
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				<p>needs.</p> <p>The loss of a specialist provision is therefore likely to have an impact on this cohort of individuals by virtue of the fundamental change from specialist to a more generic provision and reduced investment. However, the following points are relevant:</p> <ul style="list-style-type: none"> • The primary reason that someone will be referred to the proposed generic service will be related to them being homeless or the risk of them becoming homeless. The fact that they are a member of the gypsy, Roma and traveller community will be a secondary factor, though staff of the service will be expected to understand the needs of this cohort and signpost to specialist support (fundamental, will be recognition of the additional time required to build trust with this community and therefore knowledge of other local support, such as health-based support commissioned by Public Health and other support such as the Multi Agency Traveller Unit (MATU), will be essential). • Many of the eligible tasks in respect homelessness and independent living for the proposed service will be similar to existing provision. Much of the support around homelessness and independently living provided by the proposed service will therefore be similar to that currently available, but interventions and support will be more targeted. <p><i>Overarching Impact</i></p> <p>However, it is acknowledged that the proposed reduction in funding for homelessness provision for other vulnerable people (down to £500,000) is likely to mean a reduction in the number of units commissioned, in particular a reduction in the number of accommodation-based units available for homeless people. This may limit the numbers of people able to access the accommodation-based and the floating outreach support, regardless of whether they are a substance misuser, offender or a member of the gypsy and traveller community. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies will be discussed in Section 3 of this EHRIA and the appended Improvement Plan.</p>
	Community Cohesion		X	<p>The proposals for the proposed generic homelessness provision will seek to address some of issues such as social isolation by offering a level of help and support to vulnerable people who are homeless or at risk of becoming homeless as the service will have a focus on</p>

				<p>supporting independence and community integration.</p> <p>The proposed generic homelessness will provision will be commissioned at the same time as wider, unified prevention offer. Central to that wider offer are elements such as community development and Local Area Coordination (LAC) and it is anticipated that customers who access the service may also benefit from these elements i.e., they may access other support as part of move on to and maintaining independent living.</p>
10.	<p>Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)</p> <p>Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]</p>			
		Yes	No	Comments
Part 1: The Convention- Rights and Freedoms				
Article 2: Right to life		X		As part of new service design and new contractual obligations, all new service providers will be expected to identify any risks to service users and professionals and to have Health & Safety and safeguarding policies and procedures in place.
Article 3: Right not to be tortured or treated in an inhuman or degrading way		X		This article is relevant to the proposed generic support service because the service provision seeks to support vulnerable people, some of whom may be homeless, to support them to move on to independent, abuse-free lifestyles. Furthermore, as part of new service design and delivery, there will be an expectation that the provider will report any safeguarding concerns and have suitable policies and procedures in respect of safeguarding, whistle-blowing.
Article 4: Right not to be subjected to slavery/ forced labour			X	N/A
Article 5: Right to liberty and security		X	X	It is possible that some people might be refused access to the proposed homelessness service because risks associated with them (which might arise out of a condition such as being a substance misuser or social behaviour issues). Providers of the new provision will therefore be expected to include risk assessment as part of support process and

				this will form part of the contract. This will be considered further as part of the service design and development of a service specification.
	Article 6: Right to a fair trial		X	N/A
	Article 7: No punishment without law		X	N/A
	Article 8: Right to respect for private and family life	X		All new service provision will be designed with the expectation that customers have a choice around having contact with family/friends. Furthermore, it is recognised that some of the groups who may access the proposed homeless provision may have particular issues accessing or being in contact with family and/or friends. For examples, members of the gypsy and traveller community may not be able to maintain contact with family and friends for cultural reasons. Similarly, an ex-offender, for example, may have lost contact with family and friends. The new provider and staff working with the new service will therefore be expected to have an understanding of these potential issues.
	Article 9: Right to freedom of thought, conscience and religion		X	N/A
	Article 10: Right to freedom of expression		X	N/A
	Article 11: Right to freedom of assembly and association		X	N/A
	Article 12: Right to marry		X	N/A
	Article 14: Right not to be discriminated against	X		This article is relevant to the proposed generic support service because the service has the potential to support to individuals who represent some of the protected characteristics covered by the Equality Act (see above). All new services are expected to be delivered without discrimination of any kind to service users and staff and this will be a specific contractual obligation.
	Part 2: The First Protocol			
	Article 1: Protection of property/peaceful enjoyment	X		The proposed generic support service will have as a principal service aim and outcome for customers support to lead a healthy and independent life and more independent living

				arrangements.
	Article 2: Right to education		X	The proposed proposed generic support service will include as an eligible support task assistance to enable vulnerable people access to employment, education and training opportunities.
	Article 3: Right to free elections		X	N/A
Section 2				
D: Decision				
11.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) this policy could have a different affect or adverse impact on any section of the community;	X		
	b) any section of the community may face barriers in benefiting from the proposal	X		
12.	Based on the answers to the questions above, what is the likely impact of this policy?			
	No Impact <input type="checkbox"/>	Positive Impact <input type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input checked="" type="checkbox"/>
Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.				
13.	Is an EHRIA report required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to [Section 3](#) on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to [Section 4](#) on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3

A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

- 14.** Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?
- a) current needs and aspirations and what is important to individuals and community groups (including human rights);
 - b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
 - c) likely barriers that individuals and community groups may face (including human rights)

Throughout the strategic review process, contract monitoring data for existing service provision for other vulnerable people – which here refers to housing related support services for substance misusers, ex-offenders and those at risk of re-offending, those who are homeless or at risk of homelessness, and members of the gypsy and traveller community – has been examined in order to better understand existing service provision. This evidence base includes case studies and service user consultation.

This work was supplemented during the formal public consultation element of the review process with consultation with the providers of the existing provision and stakeholders. Service user were also invited to a customer workshop as part of the consultation process (though there was understood to be no representation from customers from the refuges) and invited to complete consultation questionnaires (the latter partly facilitated by the provider). Research was also conducted online to find published resources and evidence for successful preventative interventions.

The purpose of all this work was to enable an understanding of the needs and aspirations of those other

vulnerable people who access current housing related support provision for homelessness, substance misuse, ex-offenders, and gypsy and travellers. Findings from the consultation have shown that the majority of respondents agreed that there should be some sort of support for other vulnerable people. The consultation period also permitted further assessment of the risks associated with decommissioning of existing services and support to be considered and an understanding of whether the public and key stakeholders agree with reinvestment in alternative support for other vulnerable people (such as the proposed generic service provision). Accordingly, it was found that an absence of support for other vulnerable people could:

- Lead to an increase in the prevalence of homelessness, offending behaviour (impacting on the Criminal Justice System), substance misuse and the numbers of gypsies and travellers in unsettled accommodation (i.e road-side encampments)
- Led to unmet need across a broad cohort of other vulnerable people – leading to increased vulnerability and customers requiring more intensive/costly social care support at a later date
- Comprise the work of other agencies, (such as the probation service and local housing authorities) in addressing the support and accommodation needs of other vulnerable people.

Furthermore, 30% of respondents felt that the proposed level of investment (as originally proposed - £300,000) for other vulnerable people was 'about right', whilst 20% felt it was 'slightly' or 'much too low', another 28% felt it was 'slightly' or 'much too high'. A further 22% said 'they did not know'.

Stakeholders, providers of housing related support for other vulnerable people and customers from existing services for other vulnerable people also commented on the proposed level of investment and the majority felt it was too low and would not allow a viable floating support service to be commissioned. It was also commented by most stakeholders, providers and customers, that there was a need for an element of accommodation-based support.

Taking the findings of the consultation (in terms of questionnaire and other responses) in to account the decision was taken to increase the level of proposed investment to £500,000 – to allow commissioning of a generic service provision for other vulnerable people with accommodation and outreach floating support elements (for further detail on the original and revised proposals, please see Section 1 of this report). This increase to the proposed investment not only reflects the strong opinion of stakeholders about the original level of investment but also the fact that the need for an element of accommodation-based support means that more money to fund the service would be required.

Using the findings from the strategic review and formal consultation exercise impacts upon potential impacts upon the Protected Characteristics under the Equality Act 2010 and Human Rights articles have been identified (see above, Section 2). Of note, it has been recognised that in respect of the protected characteristics, there is the potential for all individuals (regardless of which protected characteristic they fall under) to experience an impact arising out of these proposals because the proposed level of reinvestment is likely to mean a reduction in available units and support hours. Accordingly, fewer people may be able to access the services. Consideration will need to be given to ways to mitigate against this potential reduction in capacity (such as shortening the length of intervention to increase potential utilisation and throughput) and these migration strategies in this section of the EHRIA and the appended Improvement Plan.

This reduction in investment (and reduction in units and support hours) constitutes one of the major potential barriers to people being able to access services. Other barriers identified in relation to the protected characteristics include issues relating to race, beliefs and religion.

15.	Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known affects of the policy on target groups?
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Throughout the strategic review process and formal consultation exercise research, data collection and

evidence gathering has taken place from a variety of sources:

- Online and other published resources
- Contract monitoring data
- Information received from providers, customers and stakeholders
- Benchmarking information from other local authorities and commissioning organisations
- Results from consultation exercise (including responses from customers, providers, stakeholders, and the general public)

As described above, this research and data gathering has allowed a relatively comprehensive assessment of risks and impacts and those specific to the Equalities Act and Human Rights have been described above (see Section 2).

As service specifications are developed, further information will be sought from these sources. Particular work will take place with stakeholders to ensure that the correct referral routes for the service are identified and that appropriate signposting to specialist and alternative service provision are embedded in the service design. This further work will also enable other risks or impacts to be identified and resolved.

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.

16.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?
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The formal consultation exercise for the prevention review was undertaken in order to engage as fully as possible with customers, providers and stakeholders and the general public in order to both understand peoples's regarding existing and proposed service revisions and risks and impacts associated with the proposed changes.

The formal consultation exercise ran from 14th April until 13th July 2014. As part of the consultation exercise, the following were undertaken in respect of other vulnerable people:

- Series of provider workshops (including providers running existing services for other vulnerable people)
- Meetings with stakeholders (including; representatives from the local housing authorities in Leicestershire; the Leicestershire and Rutland Probation Trust; Youth Offending Service; Supporting Leicestershire Families and Chief Executives department); Children and Families department; Multi-Agency Traveller Unit)
- Series or workshops for members of the general public and customers
- Online and hard-copy questionnaires and consultation information sheets available for all
- Support from providers to assist customers to have their say on the consultation – either through completing questionnaires or events held by providers with their customers to gather comments

In response, 917 completed questionnaires were received (742 hard-copy responses and 175 online responses). Specific to the proposals around other vulnerable people (including victims of domestic abuse), together with 4 written responses from providers, 2 written responses from stakeholders (the police and the Multi-Agency Traveller Unit), and 3 individual and one joint responses from the Borough and District Councils.

The consultation responses have shown that the following:

- There is broad consensus that it is right for the Council to commission some form of support for other vulnerable people (including victims of domestic abuse).

	<ul style="list-style-type: none"> There was strong support for commissioning of both accommodation-based and floating support for other vulnerable people. There is concern that the proposed level of investment may not be sufficient in order to realise the intended commissioning and to support customers. There is concern that the proposals may mean that both the Council and its partners (i.e. the Borough and District Councils) fail to meet their strategic objectives (such as Homelessness Strategies and/or the Leicestershire Health and Wellbeing Strategy).
17.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?
	No – the consultation undertaken already is considered appropriate. As specified above (Section 3.15), some further engagement will occur with providers and stakeholders in the development of new service specifications.

Section 3											
B: Recognised Impact											
18.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.										
	<table> <tr> <th></th><th>Comments</th></tr> <tr> <td>Age</td><td>There will be no impact on age as the services will be accessible for those aged 18 years and older (no upper age limit). Those aged under 18 (e.g. those aged 16-17 who are able to access current service provision) will be able to access alternative support (see above). A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</td></tr> <tr> <td>Disability</td><td>There will be no direct impact relating to disability but it is recognised that there is a link between mental ill-health and homelessness. However, the new service will not discriminate or limit access based on disability of any sort and new provision will aim to signpost customers with a disability or any sort to specialist support A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</td></tr> <tr> <td>Gender Reassignment</td><td>There will be no impact relating to gender reassignment. A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</td></tr> <tr> <td>Marriage and Civil Partnership</td><td>There will be no impact relating to marriage or civil</td></tr> </table>		Comments	Age	There will be no impact on age as the services will be accessible for those aged 18 years and older (no upper age limit). Those aged under 18 (e.g. those aged 16-17 who are able to access current service provision) will be able to access alternative support (see above). A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.	Disability	There will be no direct impact relating to disability but it is recognised that there is a link between mental ill-health and homelessness. However, the new service will not discriminate or limit access based on disability of any sort and new provision will aim to signpost customers with a disability or any sort to specialist support A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.	Gender Reassignment	There will be no impact relating to gender reassignment. A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.	Marriage and Civil Partnership	There will be no impact relating to marriage or civil
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		<p>partnership.</p> <p>A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Pregnancy and Maternity	<p>There will be no impact relating to marriage or civil partnership.</p> <p>A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Race	<p>There will be no impact relating to race.</p> <p>A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Religion or Belief	<p>There will be no impact relating to religion or belief.</p> <p>A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Sex	<p>There will be no impact relating to sex</p> <p>A major barrier will be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Sexual Orientation	<p>There will be no impact relating to sexual orientation.</p> <p>A major barrier may be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	<p>The proposals will mean commissioning of a generic homelessness support service. Consequently, existing specialist provision for homelessness, substance misuse, ex-offenders and members of the gypsy and traveller communities. However, the proposed services will be accessible by these groups as it has been identified that these groups may be homeless or require assistance to live independently. Where they have specific support needs arising from, for instance, substance misuse, they will be signposted by the proposed service to alternative specialist support (see above).</p> <p>A major barrier may be a reduced level of investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.</p>
	Community Cohesion	<p>There will be no impact relating to community cohesion but it is recognised that there will be a greater reliance on communities to offer some form of support (i.e. helping people to re-integrate with their communities..</p> <p>A major barrier may be a reduced level of</p>

		investment leading to a reduced number of units available within the County. This could reduce accessibility and mean increased waiting lists.
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19.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	Risks to service users and suitable policies relating to Health and Safety and safeguarding adults will be a requirement of new services commissioned under these proposals.
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	This article is particularly germane to future commissioning of future generic support service and eligible support tasks for the support services will seek to address this article. In addition, new providers will be expected to have policies concerning safeguarding and whistleblowing, for example, and this will be a requirement of new services commissioned under these proposals.
	Article 4: Right not to be subjected to slavery/ forced labour	N/A
	Article 5: Right to liberty and security	it is possible that some people might be refused access to the proposed homelessness service because risks associated with them (which might arise out of a condition such as being a substance misuser or social behaviour issues). Providers of the new provision will therefore be expected to include risk assessment as part of support process and this will form part of the contract. This will be considered further as part of the service design and development of a service specification.
	Article 6: Right to a fair trial	N/A
	Article 7: No punishment without law	N/A
	Article 8: Right to respect for private and family life	That customers will have a choice around contact with family and friends will be a requirement of new services commissioned under these proposals. The new provider will be expected to also recognise and

		barriers to customers accessing family and/or friends (i.e. due to social exclusion or having lost contact) and to support customers according to their wishes in regard to these issues.
	Article 9: Right to freedom of thought, conscience and religion	N/A
	Article 10: Right to freedom of expression	N/A
	Article 11: Right to freedom of assembly and association	N/A
	Article 12: Right to marry	N/A
	Article 14: Right not to be discriminated against	The proposed generic support service have the potential to support people who represent some of the protected characteristics covered by the Equality Act (see above). New services will be expected to be delivered without any discrimination to customers.
Part 2: The First Protocol		
	Article 1: Protection of property/ peaceful enjoyment	A principal outcome for customers of the proposed generic support service will be to support healthy and independent life and more independent living arrangements.
	Article 2: Right to education	The proposed generic support service will include as an eligible support task assistance to enable vulnerable people access to employment, education and training opportunities.
	Article 3: Right to free elections	N/A
Section 3		
C: Mitigating and Assessing the Impact		
Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.		
20.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.	
As discussed above (Section 2), the principal impact of the proposed generic homeless service will be a reduced level of investment which will lead to a reduced number of units (as compared to existing provision in the County) and a loss of specialist support services for substance misusers, ex-offenders and members of the gypsy, Roma and traveller community. This could impact upon access to the service and result in longer-waiting lists and fewer people getting support.		
This negative impact will not affect any one protected characteristic or article in particular– it will be an impact experienced across the board and arises from the need to make savings against prevention services as set out in the Council’s MTFs. In the context of the savings that the Council has to make, this is a legitimate impact and in so much as it will not adversely affect any particular group (rather it will have an impact to all) and will not directly impact on the Department’s statutory responsibilities, it is an impact that it is justifiable.		

N.B.

i) If you have identified adverse impact or discrimination that is illegal, you are required to take action to remedy this immediately.

ii) If you have identified adverse impact or discrimination that is justifiable or legitimate, you will need to consider what actions can be taken to mitigate its effect on those groups of people.

- | | |
|------------|--|
| 21. | <p>Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.</p> <ul style="list-style-type: none">a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discriminationb) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressedc) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why |
|------------|--|

There are a number of ways in which the negative impact of these proposals will be mitigated against, as follows:

- Reducing the length of intervention - currently short-term is two years, but in order to increase throughput and service utilisation a reduction will be considered as part of service modelling (e.g. reduced to 9 months)
- Commissioning and service modelling based on outcomes (i.e. more targeted interventions)
- Ensure referral routes in to and out of the service are effective – discussions with relevant agencies and organisations will take place as part of service modelling
- Ensure that where individuals are eligible for support from the local housing authority (e.g. they meet the priority criteria for housing) that move-on is achieved quickly.
- Ensure effective signposting to other specialist and community-based support (including links to Local Area Coordinators and other elements of the wider Unified Prevention Offer)

These mitigation actions are designed to maximise the investment in the service through addressing ways to hopefully increase utilisation and throughput.

Section 3

D: Making a decision

- | | |
|------------|--|
| 22. | <p>Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.</p> |
|------------|--|

It is considered that, despite the negative impact across all groups of potential customers (i.e reduced investment leading to potential less capacity), the Council will still meet its responsibilities in relation to equality, diversity, community cohesion and human rights. The level of savings to be made against all prevention services, including support for domestic abuse, means that there is likely to be reduction in service provision across the County.

Section 3

E: Monitoring, evaluation & review of your policy

23.	<p>Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?</p> <p>All new services will be subject to the Department's standard contract monitoring procedures (undertaken by the Department's non-regulated compliance team. In addition, after the first six months of service delivery, a review of the service will be undertaken in order to establish effectiveness and requirements for improvements. As part of that review, monitoring data will be considered and any equalities issues addressed with new providers. If required, an up-date will be provided to the Departmental Equality Group (DEG) after this review.</p>
23.	<p>How will the recommendations of this assessment be built into wider planning and review processes? <i>e.g. policy reviews, annual plans and use of performance management systems</i></p> <p>One of the key issues facing the review of existing service provision is a lack of robust monitoring data. In particular, existing data does not capture a lot of data in respect of equalities and human rights (for instance, information on many of the protected characteristics is not currently collected). As part of new service design and delivery, more robust monitoring will be introduced.</p> <p>As stated above, as part of on-going service delivery, new service provision will be subject to standard contract monitoring procedures (carried out by the Department's non-regulated compliance team). In addition, after the first six months of service delivery, a review of the service will be undertaken in order to establish effectiveness and requirements for improvements. As part of that review, monitoring data will be considered and any equalities issues addressed with new providers. If required, an up-date will be provided to the Departmental Equality Group (DEG) after this review.</p>

Section 3:
F: Equality and human rights improvement plan

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when
Ensure that the specification for the new service model is outcome based and has clearly specified targeted interventions	Work with partners (including the local Borough and District Councils, Public Health and the Probation service, for example) to develop a specification that includes desired outcomes for customers. These will be monitored through contract monitoring during the life of the contract.	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the prevention strategic review and the comments of customers, providers and stakeholders gathered as part of formal consultation.	Strategic Planning and Commissioning and Market Development Officers (Procurement)	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ensure that the specification for the new service model is outcome based and has clearly specified targeted interventions	Work with partners (including the local Borough and District Councils) to develop a specification that includes desired outcomes for customers. These will be monitored through contract monitoring during the life of the contract.	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the prevention strategic review and the comments of customers, providers and stakeholders gathered as part of formal consultation.	Strategic Planning and Commissioning and Market Development Officers (Procurement)	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ensure that the specification for the new service model includes new timescales for length of intervention (proposed to be	Work with partners (including the local Borough and District Councils, Public Health and the Probation service, for example)	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the prevention	Strategic Planning and Commissioning and Market Development Officers (Procurement)	By March 2015 – completion of specification for new service ahead of formal procurement process commencing.

reduced from existing two year normal maximum) to encourage greater utilisation and throughput and more targeted interventions. Information about waiting lists (such as numbers and times) should also be routinely collected.	to establish appropriate length of intervention. To be monitored through contract monitoring during the life of the contract.	strategic review and the comments of customers, providers and stakeholders gathered as part of formal consultation.		Throughout the life of the contract (contract monitoring).
Ensure that the specification for the new service model includes clearly specified referral and exit routes (including move on) to encourage greater utilisation and throughput and more targeted interventions	Work with partners (including the local Borough and District Councils, Public Health and the Probation service, for example) to establish appropriate referral and exit routes and to ensure that alternative or specialist service provision is signposted to and that barriers to move on from the service are removed or mitigated against as far as possible. These will be monitored through contract monitoring during the life of the contract.	The commissioned service is compliant with the Council's equality priorities, reflects the findings of the prevention strategic review and the comments of customers, providers and stakeholders gathered as part of formal consultation. In particular, it will ensure that the service forms part of a wider network of support services (including community based support) and therefore fits within the wider Unified Prevention Offer for Leicestershire.	Strategic Planning and Commissioning and Market Development Officers (Procurement)	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ensure that customers of existing service provision are aware of the changes to service provision and that where required, transitional arrangements are in place.	The Council has a duty of care to existing customers. Work with providers will be undertaken to establish which customers will have on-going need and to discuss the decommissioning process for existing service provision and transition to new service provision.	That existing customers feel supported and know what alternative support they can access if required	Compliance Officers (working with current providers)	By October 2015 – when new services are in place
Decommissioning of existing housing related support services for other vulnerable people	The Council has a duty of care to existing customers and contractual obligations with	That existing customers feel supported and know what alternative support they can	Compliance Officers (working with current providers)	By end of September 2015

	existing providers.	access if required and that existing providers are supported to end existing services (including stopping taking new referrals etc)		
Ensure that new service provision is equality compliant (see Section 2 above)	The service specification for the service will clearly state equality requirements (including reference to required policies and procedures around health and safety, safeguarding etc (see above, Section 2). This will be tested through the procurement process and monitored during the life of the contract.	The commissioned service will be compliant with the Council's equality priorities.	Strategic Planning and Commissioning , Market Development (Procurement) and Compliance Officers	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ensure that there is equity of access to new service provision without discrimination to any groups (such as protected characteristics – see above, Section 2)	The service specification for the service will clearly state equality requirements (including expected non-discriminatory access to the service – it is noted that for the proposed domestic abuse refuges will only be accessible to vulnerable women). This will be tested through the procurement process and monitored during the life of the contract.	The commissioned service will be compliant with the Council's equality priorities .	Strategic Planning and Commissioning , Market Development (Procurement) and Compliance Officers	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ensure that where possible, customers are able to access other support (whether specialist of community based), including other elements of the wider Unified Prevention Offer	The service specification for the service will clearly state equality requirements for linking to other support services and agencies but will also be mindful of other elements of the Unified Prevention Offer for Leicestershire (such as Local Area Coordination)	Opportunities for other sources of support and community integration will be fully explore within new service provision. The service will be commissioned with the wider Unified Prevention Offer for Leicestershire borne in mind.	Strategic Planning and Commissioning , Market Development (Procurement) and Compliance Officers	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).

Ensure that the findings from the review and new service design is used to inform and align with wider commissioning around substance misuse, ex-offender services and support for gypsies and travellers that may take place within the Council and as part of the development of a Unified Prevention Offer for Leicestershire	It is desirable that the findings from the review process and new commissioning intentions are part of a wider picture of local commissioning for other vulnerable people and the Unified Prevention Offer for Leicestershire.	That commissioning of domestic abuse refuges is aligned to and/or part of a wider network of commissioning support for other vulnerable people and prevention services	Strategic Planning and Commissioning	Ongoing
Ensure robust collection and analysis of equalities data by the commissioned provider for the new service	Ensure contracts specify data monitoring requirements and procedures and emphasise the importance of improving data collection around the protected characteristics.	The contract specifies that equalities data is required for monitoring processes and to ensure that future service reviews have more robust data to analyse	Strategic Planning and Commissioning , Market Development (Procurement) and Compliance Officers – with support from Departmental Equalities Group (DEG)	By March 2015 – completion of specification for new service ahead of formal procurement process commencing. Throughout the life of the contract (contract monitoring).
Ongoing monitoring and evaluation	The Department will monitor the contract ensuring that issues are addressed and that the information collected is acted upon.	Monitoring of the contract and evaluation post implementation will allow the Council to further explore any issues regarding equality of access and the needs of those accessing the service and will also help to further inform prevalence due to improved recording practices. For the six monthly review in March 2016 a report will be sent to DMT and DEG to inform them about new service delivery,	Compliance Officers	Throughout the life of the contract (contract monitoring).
Ensure effectiveness of proposed service delivery and adherence to Equalities legislation – reporting to DMT and DEG	Undertake a review of proposed service provision once implemented (say 6-9 months after commencement of service) with attention paid to customer	The service will be cost effective, result in positive and meaningful outcomes for customers and will be compliant with the Council's equality priorities.	Strategic Planning and Commissioning , Market Development (Procurement) and Compliance Officers	By March – June 2016 .

	journeys in to and out of the service, outcomes achieved and equalities duties. This will be in addition to standard contract monitoring procedures.			
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Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your [Departmental Equalities Group](#) and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website.

Section 4

A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.


Equality and Human Rights Assessment Screening ☐

Equality and Human Rights Assessment Report ☐

1st Authorised Signature (EHRIA Lead Officer):

Date:

2nd Authorised Signature (DEG Chair):

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Date: ...02/09/2014.....