

# **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](mailto:equality@leics.gov.uk)

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

| <b>Key Details</b>  |   |
|---|---|
| <b>Name of policy being assessed:</b>   | LCPT – Information and Advice Project   |
| <b>Department and section:</b>  | Strategic Planning and Commissioning  |
| <b>Name of lead officer/ job title and others completing this assessment:</b> | Amanda Price, Interim Head of Service,<br>Strategic Commissioning and Market Development<br><br>James O'Flynn, Strategic Planning & Commissioning Officer |
| <b>Contact telephone numbers:</b>   | 0116 3057364<br><br>0116 3055378  |
| <b>Name of officer/s responsible for implementing this policy:</b>            | Strategic Planning & Commissioning Officers   |
| <b>Date EHRIA assessment started:</b>   | 04/04/2016  |

## Section 1: Defining the policy

### Section 1: Defining the policy

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.

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#### **What is new or changed in this policy? What has changed and why?**

The service is currently delivered by LCPT. The contract started in 01/04/2014 and is due to end on the 31/03/2017.

The Adults and Communities (A&C) department are now beginning work to undertake a strategic review during 2016 of VCS contracts which were previously out of scope, which will include Information & Advice.

The review process will examine unit costs, future demand, effectiveness, throughput and strategic relevance as well as alignment to the Council's Medium Term Financial Strategy (MTFS). This will enable us to continue to meet our statutory duties but also to address the funding gap resulting from reduced income from central government at a time when we are expecting increasing demand for social care support.

This stage of the review will be carried out through early to mid-2016, after which decisions about future services and commissioning will be made.

The service support adults (18+) in Leicestershire who need support to find information, identify and understand options, make informed choices and decisions, and access appropriate sources of opportunities and community and specialist support, and who are ordinarily resident in Leicestershire. The aim is to engage people not currently engaged with Council services because they fall below eligibility thresholds or who are self-funders.

How is the service provided?

The main route into the service is by phone, which is the most popular connection route. The service also accepts email's and conducts face to face sessions when promoting the service in the community.

The data collected on how people contact the service has not been consistent throughout the contract and the figures are only available for 2015/16 (see below, pp4-5).

Who are the customers

Adults of working age (18+) and the carers of those people. Retired people and the carers of those people.

This includes, but is not restricted to:

- vulnerable people
- disabled people
- older people
- people from diverse communities
- geographically isolated people
- people living in priority neighbourhoods

The service offer's guidance and direction on a particular course of action which needs to be undertaken in order to realise a need, access a service or realise individual entitlements. It should explain relevant options, consequences and limitations applicable to the particular circumstances of each client; and support the client to choose a course of action.

The Service Provider will be expected to provide and coordinate advice services which involves:

- diagnosing clients' problems
- giving information and explaining options
- identifying further action the client can take
- giving basic assistance with further action

### **What are the objectives of the service?**

Objectives

- The Advice service will support people to make informed choices and to exercise their rights
- The Advice service will support people to help themselves
- The Advice service will support people to take advantage of services and activities which will best help them to meet their aspirations to stay independent, keep safe and well, and contribute to their community.
- The Advice service will promote independence and help people to maintain or improve their quality of life and prevent them from needing increasing levels of support

Initial engagement with the provider of the service has taken place to try to understand performance and value for money from multiple perspectives

The estimated required annual hours of service delivery are as shown below:

Lot 1: Advice Service for adults (aged 18+) of working age, and/or the carers of those people circa 4000 hours

Lot 2: Advice Service for adults of retirement age, and/or the carers of those people circa 6000 hours

The service has been reviewed in consideration with the following:

Adult Social Care Strategy and Commissioning Strategy.  
The Digital Council

The departments developing Information and Advice strategy  
 Value for money  
 Savings targets in regards to the MTFS  
 The Care Act requirements and ensuring that they can be met by any future information and advice direction by the department.  
 Accessibility to the department's information and advice offering.

The desktop review, in regards to performance has found the following:

**The total number of requests for advice received (quarterly).**

In the first year of the contract 14/15 the service supported:

**745** customers (398 working age & 347 retirement age customers)

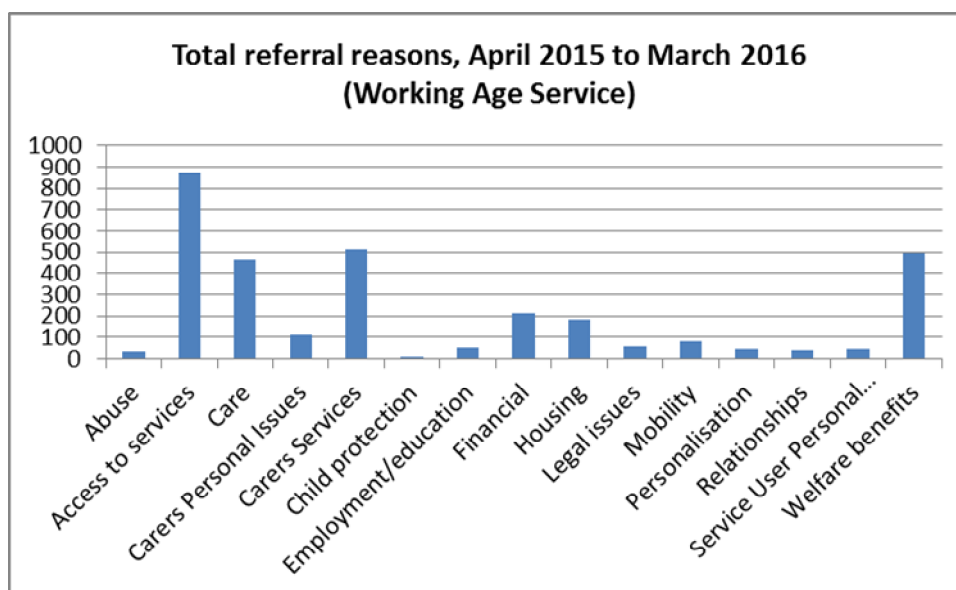
If the service is open 253 days a year, this equates to 2.9 clients supported a day

In the second year of the contract 15/16 the service supported:

**2476** customers (1520 working age & 956 retirement age customers)

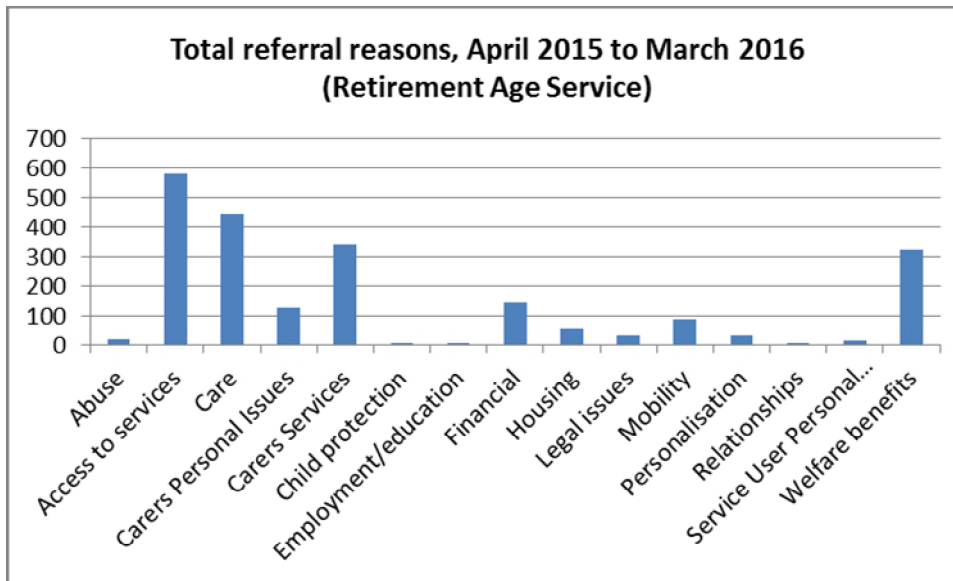
If the service is open 253 days a year, this equates to 9.7 clients supported a day

During 2015/16 the **reasons for referral** are listed below for both elements of the service, with the top 5 reasons being 1) Disability. 2) Access to Services, 3) Care, 4) Carers Services and 5) Welfare Benefits:



Total number of referral issues addressed by the Working Age Advice Service

(April 2015 to March 2016): **3,217**



Total number of referral issues addressed by the Retirement Age Advice Service (April 2015 to March 2016): **2,231**

Total = 5448

To put these figures in context, in 2015/16 there were = 2476 referrals

This means that for each person referred there was 2.4 issues that were being dealt with or that to make a general point, it is not uncommon for a customer to ring up with multiple issues according to the figures collected by LCPT.

To provide some context if the service was operating 253 days a year

2015/16 referrals = 2476

9.7 referrals on average per day

790 a day (200,000/253)

Cost is £81 per client (790/9.7)

The CSC have not noticed a reduction in calls since the introduction of the service, and report (see below) that the services will often refer between each other which introduces multiple hand offs for customers.

Where the service referred onto has not been collected throughout the lifetime of the contract, however some data has been provided for quarter 3 and 4 2015/16 which shows the following 5 agencies as the most popular to refer onto:

1) Other agency, 2) Age UK, 3) LCC ASC, 4) Support for Carers, 5) DWP.

The most popular routes of referral into the service during 2015/2016 were:

- 1) LCC ASC, 2) Self-referral, 3) Voluntary organisation

The most common presenting disability or issue that a customer had at access to the service were for 2015/16:

Working Age - 1) Physical Disability, 2) Mental Health, 3) Substance Misuse

Retirement Age - 1) Physical disability, 2) Dementia, 3) Mental Health

The contract compliance team last visited the service in August 2015 where no issues of significance were reported.

### **Costs**

The annual funding for the service is £200,000 (working age 18-65 (£80,000) and older retirement age adults (£120,000)).

One method to work out value for money is to look at how much each referral costs against the annual budget. As the service has developed and gained customers through its referral sources and improved marketing, the cost can be seen to go down.

|  | <b><u>No of referrals</u></b> | <b><u>Cost per referral</u></b> |
|--|-------------------------------|---------------------------------|
| <b><u>Working age service in:</u></b>    |                               |                                 |
| <b><u>2014/15</u></b>                    | <b><u>398</u></b>             | <b><u>£201</u></b>              |
| <b><u>2015/16</u></b>                    | <b><u>1520</u></b>            | <b><u>£53</u></b>               |
| <b><u>Retirement age service in:</u></b> |                               |                                 |
| <b><u>2014/15</u></b>                    | <b><u>347</u></b>             | <b><u>£346</u></b>              |
| <b><u>2015/16</u></b>                    | <b><u>956</u></b>             | <b><u>£126</u></b>              |
| <b><u>Total (services combined)</u></b>  |                               |                                 |
| <b><u>2014/15</u></b>                    | <b><u>745</u></b>             | <b><u>£268</u></b>              |
| <b><u>2015/16</u></b>                    | <b><u>2476</u></b>            | <b><u>£81</u></b>               |

Key things to note then are that in 2014/15 each customer cost around £258 to service and in 2015/16 this was at £81 per customer.

To place this in context the Society of Information Technology Management report that the cost of contact for face to face transactions averages £8.62, for

phone £2.83, but for web only 15 pence.

2476 customers in 2015/16

Average cost per client so far is £81

If these were all phone calls, SOCITM reports that this should cost approx. = £5009

If these were all face to face = £15,257

If these were all digital = £265.5

### **The Care Act**

In April 2015, the first phase of the Care Act 2014 was implemented. The Care Act introduces new responsibilities for the co-ordination and provision of information and advice by the Local Authority, for the whole population, not just people who have social care needs.

LCPT support LCC in its delivery of information and advice in regards to the Care Act in the following ways:

- The information and advice is accessible (Care Act 2014; Pt 1, 4:4). LCPT offer their services in several ways including drop inn's (face to face) and over the phone.
- The service provides information on a 'breadth' of support and service provision not just a narrow focus on 'care'. The data LCPT provides illustrates a plethora of differing reasons as to why people contact the service.
- The service is independent and impartial. The Care Act states that local authorities should recognise the relevance of independent and impartial advice and should consider carefully whether services should be provided by the local authority directly or by another agency, including independent providers. LCPT state that through their feedback mechanisms some customers are reluctant to contact LCC and that their independence is valued. This must be balanced with feedback from CSC who report that the independent status of the information and advice provider is not an overly relevant factor, moreover getting resolution to their query is the paramount issue.

To conclude whether LCPT contribute to making LCC's information and advice

offer, 'watertight' under Care Act requirements is difficult, as is visioning the future without the service and the impact this would have upon Care Act requirements.

The CSC report that they don't have any recent analysis that determines whether their I&A offer is compliant or not. Corporately such analysis hasn't been found either. A light touch desktop review has occurred as part of this review to determine whether there is currently enough evidence to suggest that compliance can be reached without LCPT, and there is a case to suggest that compliance can be reached with existing provision by LCC and commissioned partners. However the caveat must be that there is a high degree of subjectivity here and a recent report by Independent Age (January 2016) found that LCC was not overall Care Act compliant. To this end it is suggested that this area of work is looked at further, potentially as part of any Information and Advice action plan. This could be connected to any assessment of the position of customers receiving independent financial advice ie The Financial Advice Pathway. This would allow the relevant stakeholders and partners to take a strategic approach to this important consideration and appoint the necessary resource to come to a measured and firm conclusion.

### **Carers Survey**

The carers survey of 2014/15 discovered several areas for improvement in regards to information and advice provision for this group. Some of the key issues they reported were:

(who tried to find information and advice about support, services or benefits)

The proportion of carers within Leicestershire who found it difficult (41.7%) was significantly higher compared to the corresponding proportion in England (excluding EMPEG authorities) (33.6%), but was no different to other EMPEG authorities (38.6%), or Leicestershire in 2012-13 (34.5%).

These carers were then asked to explain why that was, and what could be done to make it easier. It included the following

Uncoordinated system

Single point of contact would improve things

Difficulties experienced with agencies/organisations

Quality of information could be improved

Leicestershire County Council Review of Early Help and Prevention May 2016



|   |  |
|---|--|
|   | <p>was conducted by an external organisation People Too in May 2016. There recommendations in regards to the LCPT contract is below:</p> <p><b><u>Key Recommendations (People Too Review)</u></b></p> <p>As part of a review of the sources of Information, Advice and Guidance to the public, there is an opportunity to end the Leicestershire Advice Service as it duplicates the role of the First Contact Service once the First Contact Service begins to accept self-referrals from members of the public, and to some extent the role of the Local Area Co-Ordinators. This would make an efficiency saving of £200,000. Where there is additional value via the Leicestershire Advice Service, these should be subsumed into the role of the First Contact Service.</p> <p><b><u>Adults and Communities Information and Advice Strategy.</u></b></p> <p>The above document is currently being consulted on internally at LCC. The strategy finds:</p> <p>That resource is needed within the department to deliver the strategy and associated action plan.</p> <p>Ensuring and developing standards in information is needed including The Accessible Information Standard</p> <p>The Digital Council (its development)</p> <p>Adult Social Care Editorial Board as a monitoring, managing and updating reference point for information.</p> <p><b><u>CSC</u></b></p> <p>The CSC report no difference in call levels since the contract was given to LCPT.</p> <p>Discussions indicate that the CSC could take the projected calls that would be left in any changes occurred to the contract with LCPT. During 2015/15 this averaged at 10 calls per day.</p> <p>Both services hand off to each other regularly, arguably diminishing the customer experience. LCPT receive the majority of their signposting from the CSC, when the CSC is well equipped to deal with these enquiries directly.</p> |
| 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 need for this review came from several sources. The contract has an impending end date, there are several developments across the council in regards to our information and advice offer, including how we ensure our</p>   |

|          |  |
|----------|--|
|          | <p>digital offer is suitable for customers and can contribute towards cost savings, and ongoing budget cuts. Also ensuring that we are getting value for money from our commissioned services. All of these factors will have a significant impact on our approach, and on how people are supported in the future.</p> <p>The Adult Social Care Strategy 2015 - 2019 has been prepared to outline the vision and strategic direction of social care support for the next 4 years. The life of the strategy has been determined by matching to the life of the current Medium Term Financial Strategy (MTFS), in order for us to meet our financial targets and implement our new approach to adult social care.</p> <p>Our information and advice offer connects and is integral to our new model of social care outlined in the ASC Strategy. It's designed to ensure that people can get the right level and type of support, at the right time to help prevent, delay or reduce the need for ongoing support, and maximise people's independence.</p> <p>The following work streams and strategies are connected to this review:</p> <p>Adult Social Care Strategy 2016-20</p> <p>ASC Market Position Statement</p> <p>External contract Review</p> <p>Adult Social Care Commissioning Strategy</p> <p>Medium Term Financial Strategy</p> <p>Integration with health</p> <p>The Digital Council</p> <p>Information &amp; Advice Strategy (Adults and Communities)</p> |
| <b>3</b> | <p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The potential impact of the review is relevant to people living in Leicestershire who require information and advice about our adult social care services, who are not currently engaged with Council services because they fall below eligibility thresholds or who are self-funders (this is who the service is currently for primarily).</p> <p>These people are primarily</p> <ul style="list-style-type: none"> <li>• working age adults</li> <li>• retired</li> <li>• vulnerable people</li> <li>• disabled people</li> <li>• older people</li> <li>• people from diverse communities</li> <li>• geographically isolated people</li> </ul>  |

- people living in priority neighbourhoods

The options for this service are:

#### **Option 1:**

- Continue at a reduced level of funding (to be determined).

#### **Justification**

- The service contributes to LCC's duties under the Care Act in regards to information and advice.
- In terms of value for money the service is improving its statistics in regards to the amount of people it is supporting. Benchmarking shows that in 2016 it compares favourably with other published contracts in terms of cost per customer (in so far as is possible to determine).
- The wider benefits of the service include helping people through the discharge process from hospital, help customers in claiming Attendance Allowance and Personal Independence Payments, so enabling them to remain independent and exercise choice and control. Linking people into community social groups and projects also potentially has a wider benefit for LCC as does providing financial advice to care self-funders.

#### **Benefits of Option**

- This option would essentially allow the benefit of 'time' to allow the development of LLR and other strategic and corporate developments such as the Digital council.

#### **Risks**

- Continued investment in a service that is being provided elsewhere across the council/wider partners.
- Capacity to take up any service slack left over from a reduction in funding. The LCPT service during 2015/16 took on average 10 calls/referrals a day, which is an improvement on previous years. It is envisaged that the CSC could accommodate such an increase. Couple this with First Contact taking self-referrals during the summer of 2016 and it's likely that 10 referrals could be accommodated at just these 2 interfaces.

#### **Option 2:**

- No further investment after contract ends, and decommission.

#### **Justification**

- The current pathway is complex and there is both duplication and a lack of clarity in what the CSC provides and what LCPT provides. Both services refer back and forth between each other which rather than enhancing the 'offering' this has the potential to confuse, add costs and diminish the customer experience. There have been several trials to try and improve the transfer rate and customer experience, in regards to transferring customers from the CSC to LCPT, but these have not provided any benefit to either party.
- There is no compelling data to show that customers value the 'independence' of advice that LCPT provide. The CSC are not able to

|   |   |     |    |   |
|---|---|-----|----|---|
|   | <p>provide any information to this end. LCPT do report that they have supported a number of customers that would not want to engage with adult social care services, but detailed data re this has not been provided.</p> <ul style="list-style-type: none"><li>• There is a wealth of information and advice available both locally and nationally, and several initiatives are being developed which will negate the need for a commissioned service i.e. First Contact Plus, LAC's, LLR Points of Access.</li><li>• The CSC is providing our core offer in regards to information and advice and there is no data available to show that the LCPT service is alleviating any pressure on the CSC.</li><li>• The service historically has arguably not been good value for money and although this has improved it still costs around £81 to support each client. Comparisons against SOCITM <b>Society of Information Technology Management</b> costings don't reflect this figure favourably.</li><li>• There are opportunities for developing a useful and co-ordinated information and advice offer with our partners in Health, Borough and District Councils and the Voluntary and Community Sector in Leicestershire as set out in the developing ASC Information and Advice strategy.</li></ul> |     |    |   |
| 4 | Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? <b>(Please tick and explain how)</b>  |     |    |   |
|   |   | Yes | No | How?  |
|   | Eliminate unlawful discrimination, harassment and victimisation   | x   |    | The review of LCC's commissioned Advice and Information service has allowed for the identification of any particular groups who may be adversely or disproportionately affected by any changes to be identified, and as such establish what mitigating actions are required to enable them to access other support and services if necessary. |
|   | Advance equality of opportunity between different groups  | X   |    | Any changes take into account the specific characteristics of the group likely to be affected and understand the alternative support mechanisms and how to ensure service users can continue to access similar support available to them, if any changes to the service occur.  |
|   | Foster good relations between different groups  | X   |    | As above.   |

## Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

### Section 2: Equality and Human Rights Impact Assessment Screening

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)?  | x   |     |
| 7. | Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?  | x   |     |
| 8. | <p>*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.</p> <p><b>The Carers Survey 14/15 found that there are several issues in regards to information and advice presently, with the key points being that they found a lack of coordination in the system, differing levels of quality and the information often hard to find.</b></p> <p><b>Data provided by LCPT is being assessed to determine the level of demand and support that they have given to people with specific equality needs so as to determine the level of relevance and any impact the changes would have on these groups,</b></p> |     |     |

### Section 2

**B: Monitoring Impact**

|           |  |            |           |
|-----------|--|------------|-----------|
| <b>9.</b> | Are there systems set up to:   | <b>Yes</b> | <b>No</b> |
|           | a) monitor impact (positive and negative, intended and unintended) for different groups; | <b>x</b>   |           |
|           | b) enable open feedback and suggestions from different communities                       | <b>x</b>   |           |

**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**

10.

Use the table below to specify if any individuals or community groups who identify with any of the [‘protected characteristics’](#) may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

|                     | Yes | No | Comments  |
|---------------------|-----|----|---|
| Age                 | X   |    | One of the services is set up specifically to help people of retirement age, so any change to provision may affect this group. However the access to information and advice would not be taken away from customers as there are several routes to finding out about LCC services. Policy changes also have the potential to improve the service, eliminating duplication and hand offs/transfers of customers between LCPT and LCC. |
| Disability          | X   |    | Disabled people are a significant customer base of the service and as such changes may affect them. However several other options exist to gain information. Policy changes also have the potential to improve the service, eliminating duplication and hand offs.  |
| Gender Reassignment | X   |    | The service is open to all and as such this group of people maybe accessing it, although there is no data collected re  |

|  |   |          |          |  |
|--|---|----------|----------|--|
|  |   |          |          | this. Changes to the service have the potential to both simplify and improve the pathway for customers.  |
|  | <b>Marriage and Civil Partnership</b>   |          | <b>X</b> | Adverse effect is unlikely.  |
|  | <b>Pregnancy and Maternity</b>  | <b>X</b> |          | There is no data for this group but the service is open to anyone. Changes to the service have the potential to both simplify and improve the pathway for customers.   |
|  | <b>Race</b>   | <b>X</b> |          | Changes to the service have the potential to both simplify and improve the pathway for customers. Data collected shows that white British is the largest group, with Asian / Asian British being the second largest group, albeit at a much lower level.   |
|  | <b>Religion or Belief</b>   | <b>X</b> |          | No data collected on this area. Service provision will remain however and aim to improve the customer journey if the current service was ended.  |
|  | <b>Sex</b>  | <b>X</b> |          | The service has supported more women than men.   |
|  | <b>Sexual Orientation</b>   | <b>X</b> |          | There is no data on this.  |
|  | <b>Other groups<br/>e.g. rural isolation,<br/>deprivation, health<br/>inequality, carers, asylum<br/>seeker and refugee<br/>communities, looked after<br/>children, deprived or<br/>disadvantaged<br/>communities</b> | <b>X</b> |          | Carers and people accessing welfare benefits and wanting support with financial aspects of care are popular enquirers. Any changes that occur will have to ensure that these groups and types of enquiries will still be serviced. The CSC currently offers support to all these groups as our main contact point for customers. |
|  | <b>Community Cohesion</b>   |          | <b>X</b> | Wider and uniform availability of information and advice promotes understanding within communities and   |

|  |   |            |           |  |
|--|---|------------|-----------|--|
|  |   |            |           | <b>reduces the risk of people perceiving themselves as excluded.</b>   |
| <b>11.</b>   | <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? <b>(Please tick)</b></p> <p>Explain why you consider that any particular <a href="#">article in the Human Rights Act</a> 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> |            |           |  |
|  |   | <b>Yes</b> | <b>No</b> | <b>Comments</b>  |
| <b>Part 1: The Convention- Rights and Freedoms</b> |   |            |           |  |
|  | <b>Article 2: Right to life</b>   |            | <b>X</b>  | <b>The service does not directly engage this Article.</b>  |
|  | <b>Article 3: Right not to be tortured or treated in an inhuman or degrading way</b>  | <b>X</b>   |           | <b>There is a health and ASC duty to promote wellbeing and personal dignity. All services, in house and commissioned, are expected to be delivered at an acceptable standard to maintain health and dignity.</b> |
|  | <b>Article 4: Right not to be subjected to slavery/ forced labour</b>   |            | <b>X</b>  |  |
|  | <b>Article 5: Right to liberty and security</b>   |            | <b>X</b>  |  |
|  | <b>Article 6: Right to a fair trial</b>   |            | <b>X</b>  |  |
|  | <b>Article 7: No punishment without law</b>   |            | <b>X</b>  |  |
|  | <b>Article 8: Right to respect for private and family life</b>  | <b>X</b>   |           | <b>Clear and relevant provision of Information and Advice supports access to other services and assists in protecting Article 8 rights</b>   |
|  | <b>Article 9: Right to freedom of thought, conscience and religion</b>  |            | <b>X</b>  |  |
|  | <b>Article 10: Right to freedom of expression</b>   |            | <b>X</b>  |  |
|  | <b>Article 11: Right to freedom of assembly and association</b>   |            | <b>X</b>  |  |
|  | <b>Article 12: Right to marry</b>   |            | <b>X</b>  |  |



|  |   |  |  |   |
|--|---|--|--|---|
|  | <b>Article 14: Right not to be discriminated against</b>  | <b>X</b>                                 |  | <b>Any current and future services operating in this area of work comply with policies and protocols that promote anti discriminatory practice, intentional or otherwise.</b> |
| <b>Part 2: The First Protocol</b>  |   |  |  |   |
|  | <b>Article 1: Protection of property/ peaceful enjoyment</b>                                    |  | <b>X</b>   |   |
|  | <b>Article 2: Right to education</b>  |  | <b>X</b>   |   |
|  | <b>Article 3: Right to free elections</b>   |  | <b>X</b>   |   |
| <b>Section 2</b>   |   |  |  |   |
| <b>D: Decision</b>   |   |  |  |   |
| <b>12.</b>   | Is there evidence or any other reason to suggest that:  | <b>Yes</b>                               | <b>No</b>  | <b>Unknown</b>  |
|  | a) this policy could have a different affect or adverse impact on any section of the community; |  | <b>X</b>   |   |
|  | b) any section of the community may face barriers in benefiting from the proposal               |  | <b>X</b>   |   |
| <b>13.</b>   | 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 checked="" type="checkbox"/> | Negative Impact or Impact Unknown <input type="checkbox"/>  |
| <b>Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.</b> |   |  |  |   |
| <b>14.</b>   | Is an EHRIA report required?  | Yes <input type="checkbox"/>             | No <input checked="" 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 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. Please send a copy of this form to [louisa.jordan@leics.gov.uk](mailto:louisa.jordan@leics.gov.uk), Members Secretariat, in the Chief Executive's department for publishing.

### 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 ☐

1<sup>st</sup> Authorised Signature (EHRIA Lead Officer): .....

Date: .....

2<sup>nd</sup> Authorised Signature (DEG Chair): 

Date: 12/07/2016

