Equality Impact and Outcome Assessment (EIA) Template - 2015

EIAs make services better for everyone and support value for money by getting services right first time.

EIAs enable us to consider all the information about a service, policy or strategy from an equalities perspective and then action plan to get the best outcomes for staff and service-users[1].They analyse how all our work as a council might impact differently on different groups[2]. They help us make good decisions and evidence how we have reached these decisions[3].

See end notes for full guidance. Either hover the mouse over the end note link (eg: Age[13]**)** or use the hyperlinks ('Ctrl' key and left click).

For further support or advice please contact the Communities, Equality and Third Sector Team on ext 2301.

1. Equality Impact and Outcomes Assessment (EIA) Template

First, consider whether you need to complete an EIA, or if there is another way to evidence assessment of impacts, or that an EIA is not needed[4].

Title of EIA[5]	Brighton & Hove Rough Sleeping Strategy 2016	**ID No.[6]**	HS66
Team/Department[7]	Housing Strategy Team, Environment, Development & Housing		
Focus of EIA[8]	The issue of people sleeping rough has become more acute with a visibly increased presence on the streets. This not only impacts on the individual's life chances, but also the city's reputation and costs to public services and business. The city's current approach to rough sleeping has been re-assessed in partnership with stakeholders including commissioners, service providers, advocates and using research with those who are sleeping rough or have previously slept rough, to develop this strategic plan which shows how we can come together as a city to improve lives. The Brighton & Hove Rough Sleeping Strategy details the approach to making sure that no-one has the need to sleep rough in Brighton & Hove by 2020. It has being developed in phases to give stakeholders opportunity to help shape the city's priorities and future action: • Position Statement was published in November 2015 and summarised the city's current approach		

	to rough sleeping. The Paper was used as the basis for consultation in December 2015. • Stakeholder Summit (December 2015) and additional consultation: this brought together a range of stakeholders to review the city's approach to rough sleeping. • Rough Sleeping Strategy 2016 which built on the Position Paper and options developed in the summit (additional consultation was carried out on the draft strategy) • Implementation 2016/17: Delivers the city's strategy and remodelling or redesigning services where necessary. The strategy is not just about those living and sleeping on the city's streets but all those, predominantly single people, who are homeless where there is not likely to be a statutory housing responsibility. For the purposes of the strategy, we will be defining people sleeping rough as: • Those sleeping rough within Brighton & Hove • Squatters who were previously or are at risk of sleeping rough • Sofa surfers who were previously or are at risk of sleeping rough • Those living in motor vehicles (not including Travellers) • Those living in tents (not including campers, protesters or Travellers) As the prevention agenda and supported accommodation are an important part of the pathway to preventing and minimising rough sleeping, the city's strategy also covers those considered to be at risk of rough sleeping and those currently supported in hostels who were previously sleeping rough. We have considered the measures to prevent people sleeping rough, services provided to support people on the streets and approaches to help people move on from rough sleeping in a sustained way that will reduce rough sleeping in the city and improve outcomes for those at risk or sleeping rough. If the city does not reduce rough sleeping there will be: • More health problems and early deaths • More suffering and hardship • Crisis pressure on the Police, hospital accident and emergency and other services • Crime and anti-social behaviour associated with rough sleeping and street drinking • Increased costs to the local authority, Police and NHS • Reputation damage as a caring city • Tourism impact from street begging

Update on previous EIA and outcomes of previous actions

What actions did you plan last time? (List them from the previous EIA)	**What improved as a result?** What outcomes have these actions achieved?	**What <u>further</u> actions do you need to take?** (add these to the Action plan below)
No previous EIA as this is a new strategy	n/a	n/a

2. Impacts Identified in this Assessment

Protected characteristics groups from the Equality Act 2010	**What do you know[9]?** Summary of data about your service-users and/or staff	**What do people tell you[10]?** Summary of service-user and/or staff feedback	**What does this mean[11]?** Impacts identified from data and feedback (actual and potential)	**What can you do[12]?** All potential actions to: • advance equality of opportunity, • eliminate discrimination, and • foster good relations
Age[13]	The 2014/15 Rough Sleeper Annual Report recorded 1,129 cases of rough sleeping (involving 775 people). Of these 12% (136 cases) were aged 17-25; 7% (83 cases) were over 55. The majority of people sleeping rough are aged between 25 and 49 years old and this has not changed over the years[1].	Lack of accommodation across all tenures, with younger people encountering more barriers to finding housing e.g. landlords not wanting under 25's, affordability etc. Young people choosing to sleep rough rather than use youth hostels because the environment is chaotic and also not	Having no local connection is a barrier to accessing help and support for people sleeping rough across all age groups Need to work to help people to reconnect, where it is appropriate e.g. family mediation Lack of accommodation	Deliver new supported scheme for older people with complex needs Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. Continue to develop the

[1] Rough Sleeper Annual Report and the Rough Sleeper & Single Needs Assessment 2014

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	There is a group of older people in supported accommodation who used to sleep rough who would benefit from more tailored accommodation suitable to their needs. The average age of death for a homeless person nationally is estimated to be 47 years old compared to 77 for the general population Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64	engage with services and therefore putting themselves at more risk Parental eviction and having no local connection are issues for young people Young people are more likely to be amongst the hidden homeless – living in squats Need to actively encourage the retention and increase in shared accommodation, particularly for men and women under 35 There is cohort of older people sleeping rough with health issues As the average age is 47 put a larger emphasis on accommodation and support for those aged over 40. A problem with more and	and support for younger people Lack of accommodation and support for older people	Young People's Accommodation and Support Pathway Ensure Care Act assessments are carried out for older and frail people sleeping rough Commission Housing First accommodation with units for young people (action complete early 2016 – service in place)

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		more under 35s needing shared accommodation, more HMOs will be needed therefore more family sized homes lost Family mediation is important in working to prevent the homelessness of 16-25 year olds who find themselves evicted from the family home or wanting to leave Young people aged 18 and over can slip through the services when they leave abusive or harmful family home situations especially if they do not disclose their circumstances)		
Disability[14]	Brighton & Hove Homeless Health Needs Audit 2014 reported that 84% of people sleeping rough had at least one physical health issue. The Brighton & Hove Better Care Plan has	A high percentage of homelessness can be linked to mental health disorders There are examples good practice and joint working between the different agencies e.g. health and	Housing, health and social care need to work together to provide a holistic approach to improving people's health and wellbeing Health service reports high levels of service	Allow flexibility for those with complex needs when making nominations to supported accommodation Develop integrated joint assessments and support planning across housing,

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	highlighted that many people face multiple disadvantages, including mental and physical health issues, drug and alcohol misuse and experience of violence and abuse while sleeping rough. Many will have complex needs and in addition to physical health issues can have any combination of additional needs such as severe mental illness, learning disability, problems with substance misuse, etc.[1] The City's Joint Strategic Needs Assessment[2] highlights a high prevalence of mental and physical ill-health and drug and alcohol dependency amongst people sleeping rough. Other common problems	homeless services, outreach services and regular meetings Improve services – joined up working across all agencies, build in peer support models, mental health services more flexible, more training and training and engagement and more healthcare workers on the streets e.g. mobile health centres, multi disciplinary teams to assess people and clear service pathways after assessment, which includes accommodation Clients are identified as needing accommodation when being discharged form institutions, such as prison and hospital Core funding for	need caused by rough sleeping There is a waiting list for the city's hostel beds and mental health hostel beds	care and health Implement a scheme to target those entrenched / complex rough sleepers based on bespoke responses to individual needs through a multi agency response Review access to, and support for, assessment of rough sleepers under the Mental Capacity Act and Care Act to ensure that access is timely and supported by clear protocols and staff training As part of the Better Care initiative overseen by the Health and Wellbeing Board, develop an integrated health and care model for the single homeless. Provide a primary care

[1] Homelessness Scrutiny Report 2014
[2] Joint Strategic Needs Assessment 2014: Rough Sleeping and Single Homeless: http://www.bhconnected.org.uk/sites/bhconnected/files/jsna-6.4.3-Rough-sleepers2.pdf

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	include physical trauma (especially foot trauma), skin problems, respiratory illness and infections (including hepatitis). Nationally, it is estimated that the use of inpatient hospital care by people who are sleeping rough or living in insecure accommodation (such as hostels) is eight times higher than in the general population aged 16-64	homeless GP practice is low compared to other areas with comparable service/need Quality of accommodation - emergency and temporary accommodation and move on accommodation options – need to be healthy / health aware Ensure attention on how improving health is part of individuals' plans to support move on and independence More long-term provision for those people who will never be able to live independently either for physical or mental health reason Where there are addiction or mental health issues there needs to be adequate and ongoing support for rough sleepers and their		led hub with a multidisciplinary team delivering services in a number of settings in the city. Provide a new permanent Assessment Centre with a number of temporary (sit-up) beds to enable service providers to assess the needs of people sleeping rough in a stable environment. Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available.

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		families Engage mental health providers to ensure mental health care needs are met 90% of rough sleepers have psychiatric issues Dedicated hostel support for people with physical needs is good but need more provision for other ages, not just older people Health not only needs to be part of the response or reactive phase but also the preventative and targeting phase – i.e. how do we prevent mental health from deteriorating on the streets or how do we identify those with mental health issues likely to end up on the streets and prevent it rather than simply assessing and managing mental health conditions when		

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		presented at an assessment centre. Better integrate mental health services to rough sleeping clients. Lack of access to Secondary mental health services. MH services to prioritise rough sleeping. More access/ services to PD units		
Gender reassignment[15]	The JSNA 2014 reported that 2% people who were rough sleeping or single homeless identified as Trans*, an increase in the number reported 2013	The Brighton & Hove Trans* Needs Assessment 2015 reported that Trans* people experienced discrimination and/or abuse from other homeless people when rough sleeping and felt that hostels were felt not to be safe spaces for trans* people particularly in respect of appropriate male/female sleeping arrangements and discrimination from other hostel users.	Trans* people find there are more barriers in accessing services Trans* people are more unlikely to engage and to at greater risk	Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. Robust enforcement action where necessary to reduce the risk and harm to Trans* people Implement the housing recommendations of the Trans* Needs Assessment

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		There needs to be an acknowledgement that transphobia often comes without evidence, and greater leeway should be provided for Trans* people who move to the area as they consider it to be a safer place to live.		
Pregnancy and maternity[16]	The instances of pregnant females sleeping rough – the annual count was 8 in 2013/14. Although the numbers are small it is important to engage with and support them at the earliest opportunity.	No specific feedback received relating to this	Once pregnant females are identified, they are offered accommodation under the homeless duty	Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available.
Race[17]	A total of 296 people (98%) indicated their ethnicity during the Brighton & Hove Homeless Health Needs Audit 2014. Out of these, 212 were White British (72%) and 84 were from Black and Minority Ethnic (BME) groups (28%) which includes all individuals who classified their ethnic group as	Sleeper Annual Report recorded 1,129 cases of rough sleeping (involving 775 people). Of these 19% (212 cases) were not from the UK with the largest group from central or eastern Europe (86 cases, a 50% increase from this region on 2013/14) Young people who have	Although no specific impacts identified from data and feedback for Race, when looking at nationality, many are not British citizens and therefore not have a local connection and not be entitled to access some services provided in the city.	Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. Primarily a nationality actions rather than Race but may be relevant here:

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	something other than White British. These figures suggest that the homeless population is more ethnically diverse than the general population in Brighton & Hove.	ideological / cultural clashes with their parents that can put themselves at risk of becoming homeless and at risk of harm Young asylum seekers have been known to chose to sleep rough rather than being placed in a hostel as they found hostels too chaotic and distressing		Make sure those reconnected have a support plan in place that offers a sustainable move away from the streets Ensure those with no recourse to public funds are signposted to agencies that can offer advice, advocacy and support (eg Doctors of the World)
Religion or belief[18]	The Brighton & Hove JSNA 2011/12 data suggests that of the rough sleepers and single homeless people in Brighton & Hove - 52% had no religion with 20% self classifying as Christian, 3% Muslim, 2% Buddhist and less than 1% Jewish.	No specific feedback received relating to this Young people who have ideological / cultural clashes with their parents that can put themselves at risk of becoming homeless and at risk of harm	No specific impacts identified	Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. Work with Faith groups supporting those sleeping rough sign up to the vision and aims of the strategy

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Sex/Gender[19]	The 2014/15 Rough Sleeper Annual Report recorded 1,129 cases of rough sleeping (involving 775 people). Of these 83% were male and 17% were female	Homeless Link[1] found that, rather than sleep on the streets, many, especially women, described staying out of sight and moving around because they felt vulnerable. Many had been or knew someone who had been a victim of violence and/or abuse, including robbery, intimidation and rape. More women only safe places for women who are homeless By relocating single people to other parts of the country many, usually but not exclusively males, will be separated from their family e.g. children from broken relationships Men can be victims of domestic abuse and this needs to be addressed	Single males are less likely to be accepted as unintentionally homeless and in priority need and therefore at greater risk of becoming street homeless. The is a smaller number of women but they are more likely to feel isolated and vulnerable therefore at risk of becoming a victim of crime or becoming involved in inappropriate relationships to feel safer on the streets	Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available. Consult women and other groups about delivery of service which best meet their needs and develop services where needed

[1] Repeat Homelessness in Brighton, Homeless Link, 2015: http://www.homeless.org.uk/sites/default/files/site-attachments/Picture%20the%20Change.Repeat%20Homelessness%20in%20Brighton.pdf

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Sexual orientation[20]	The findings of the Stonewall Housing Finding Safe Spaces project identified that, for LGBT* sleeping rough in the city, more often than not, rough sleeping was related to their sexual orientation or gender identity, having a detrimental and often irreversible effect on their support systems of people who care such after coming out to friends or family. Many LGBT* people sleeping rough do not have a local connection and therefore are not entitled to some services provided in the city.	The findings of the Stonewall Housing Finding Safe Spaces project identified that, for LGBT* sleeping rough in the city, many did not feel safe in hostels or on the streets. Drugs, alcohol, sex work or sex in exchange for accommodation was used as a way to secure a place to sleep, despite the great risk to safety as well as to their mental, physical and sexual health. The requirement to have a local connection is not always the fairest way of prioritising need. People fleeing their families or abusive situations may have no alternative but to return to those situations or end up rough sleeping. Perhaps it would be better to looks at someone's situation more holistically to determine their need, local	LGBT* fleeing homophobia can find it more difficult to access services as they do not have a local connection and are at greater risk of becoming street homeless	Ensure all commissioned providers implement recommendations of Stonewall Housing LGBT* report and encourage non-commissioned services to also sign up Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available.

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		connection could be one of those areas looked at, but so could health, are they victims of crime etc. Young LGBT people can be at more risk of parental eviction or leaving the family home and not engaging in services and are at risk of harm LGBT people can be very different to other people as they can be a target and may bullied if open about their gender / sexuality Share details with networks such as LGBT Brighton & Hove Network LGBT community should be involved with the solutions		
Marriage and civil partnership[21]	Bedsit and studio flats are more affordable for couples on local housing allowance however there may be a challenge	Relationship breakdown is a known reason for people ending up sleeping rough	Without robust assessments the placement of couples together may be detrimental to their	Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care,

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	securing advance rents, deposits, fees and a guarantor The number of couples sleeping rough on the streets is relative low and as this is a transient population relationships are often not long-term. Although there is some accommodation available in the city for couples and services providers will try to accommodate couples in the same hostel, there are risks that need to be assessed e.g. potentially violent relationships, relationships that do not support positive outcomes for either one or both partners.		wellbeing	which services are working with them and the support available.
Community Cohesion[22]	Those sleeping rough are more likely to be the victim of crime than the general population. Whilst the street population is often associated to crime and anti-social behaviour, it is estimated that only half of	People who have been housed in hostels often congregate outside and annoy other resident in the area Residents can feel intimidated or reluctant to go into the city centre	Police and prisons report high levels of service need caused by rough sleeping People sleeping rough are at more risk of having a crime perpetrated against them.	Support people into appropriate treatment services where possible as an alternative to enforcement When necessary and proportionate, use place based enforcement to

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	those on the streets are sleeping rough, with the other half housed. The street population is a diverse collection of groups and can be defined as people having one or more of the following attributes: rough sleeping; street drinking / begging; antisocial behaviour; insecurely housed (e.g. hostel or temporary accommodation) and spending a high level of time in street based activities, which may have a negative impact on other members of the public.	and can have potential on tourists who feel the same and stay away from Brighton	Antisocial behaviour is damaging both to residents, to people sleeping rough and to the city's tourist economy Measures to reduce rough sleeping will decrease the level of crime and perception of crime and increase the availability of the emergency services making the city a safer place for residents and visitors alike.	protect the public realm and reduce risk and harm to people Take robust enforcement action where necessary to reduce the risk and harm caused to people Work with housing providers where housed residents are causing nuisance, begging or other ASB within the street community
Other relevant groups[23]	**Armed Forces:** There is no evidence to suggest there is a local issue with rough sleeping amongst former armed forces personnel. The Rough Sleeping & Single Homeless Needs Assessment 2013 recorded a snapshot of hostel residents on the	**Armed Forces:** A request was received to make sure Armed Forces support groups are linked to the new strategy **Health:** Issues about drug use in hostels – not safe places	**Armed Forces:** Maintaining strategic links will enable them to respond rapidly when the need arises **Health:** Pressure on services with those services unable to meet the need expediently	**Armed Forces:** Service commissioners are linked with the Sussex Armed Forces Network should a need for targeted work be required in future. **Health:** Ensure substance misuse services are aligned with the new

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	11th March 2013 which showed that 6 out of 307 (2%) residents had previously been in the armed forces. **Health:** The Brighton & Hove Homeless Health Audit 2013 reported that 72% of rough sleepers reported needs around alcohol use and 47% of rough sleepers reported needs around drug use The Brighton & Hove Better Care Plan has highlighted that many people faced multiple disadvantages, including mental and physical health issues, drug and alcohol misuse and experience of violence and abuse while sleeping rough. Health service reports high levels of service need caused by rough sleeping. There is a waiting list for the city's hostel beds and mental health hostel beds	People with multiple and complex needs need more options, rather than just being kept alive Need a multi disciplinary team Training in understanding people with multiple complex needs The needs of carers and cared for people or people with pts need to be considered	People with complex needs will require more tailored support	service model Allow flexibility for those with complex needs when making nominations to supported accommodation Develop integrated joint assessments and support planning across housing, care and health Implement a scheme to target those entrenched / complex rough sleepers based on bespoke responses to individual needs through a multi agency response Provide each person with their own Multi-Agency Plan that will outline who is responsible for co-ordinating their care, which services are working with them and the support available.

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Cumulative impact[24]	People rough sleeping have complex needs which can only be met through multi-agency working	There is not a 'one size fits all' approach as street community not one group with the same needs or wants The street community issue is wider than homelessness	Reducing services in any of the identified areas will impact on other services Police, prisons and health service already report high levels of service need caused by rough sleeping	Ensure all services work together element effective solutions to reduce the number of people sleeping rough to zero
Assessment of overall impacts and any further recommendations[25]				
All	The budget for Housing Related Support and Better Care linked to rough sleeping services was £4.8m for 2015/16 The Community and Voluntary Sector is estimated to contribute many more millions from other funding sources and in-kind support such	More quality accommodation across the different types – emergency, supported, move-on Extend the use of the severe weather shelter Joint working across all the different agencies	No information on some homeless people and how to engage with them Lack of funding will impact on resources and therefore impact on the lives of people sleeping rough Lack of affordable	More research See actions above

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	as through volunteering. Lack of information for many of the hidden homeless e.g. whose living in squat, sleeping on sofas, staying with friends and family	with well trained staff and resources Affordability of housing in the city Work with the private rented sector and actively encourage the retention and increase in shared accommodation Look at directing people to affordable accommodation outside the city More prevention work e.g. more support to people at risk of losing their accommodation Provide guidance to residents and visitors as to how to help homeless people More partnerships with local employers to provide jobs to homeless people	accommodation contributes to street homelessness Living on the street impacts negatively on people's health and wellbeing Lack of employment increasing the likelihood of becoming homeless	

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		Van dwellers need to be considered Joint working across the region to develop a region-wide response and solution Utilise empty properties for people who are homeless Good to have a dedicated key worker or targeted support for those who may lose a tenancy, especially as a result of welfare changes Need better information sharing between the NHS and council		

3. List detailed data and/or community feedback which informed your EIA

Title (of data, research or engagement)	**Date**	**Gaps in data**	**Actions to fill these gaps** (add these to the Action plan below)
Annual Update on the Scrutiny Panel on Homelessness	September 2015	None	
BHT Impact Report 2015	2015	None	
Brighton & Hove Community Strategy		None	
Brighton & Hove Homeless Health Needs Audit	February 2014	None	
Brighton & Hove Homelessness Review 2013	2008-2013	None	
Finding safe spaces - Understanding the experiences of lesbian, gay, bisexual and trans* rough sleepers	2014	None	
Homelessness Strategy 2014 – 2019	June 2014	None	
Hostels and Homeless Provision	December 2014	None	
Housing and Support for Young People aged 16-25: Needs Assessment	October 2012	None	
Housing Related Support Commissioning Plan	January 2015	None	
Housing Strategy 2015	2015	None	

Joint Strategic Needs Assessment 2014: Rough Sleeping and Single Homeless	2014	None	
Repeat Homelessness in Brighton, Homeless Link, 2015	2015	None	
Report of the Homelessness Scrutiny Panel	February 2014	None	
Research into the Financial Benefits of the Supporting People Programme, Department of Communities and Local Government 2009	2009	None	
Response to Scrutiny Panel on Homelessness	December 2014	None	
Rough Sleeper & Single Homeless Needs Assessment	June 2013	None	
Rough Sleeper & Single Homeless Needs Assessment Steering Group	June 2015 - ongoing	None	
Rough Sleeping Strategy: Position Paper	Autumn 2015	None	
Rough Sleeping Strategy: Draft Strategy	Spring 2016	None	
Rough Sleepers Street Services and Relocation Team: Annual Report 1st April 2014 to 31st March 2015	2015	None	
St. John's Ambulance Homeless Service Annual Report 2014	2014	None	
Supported Accommodation Panel Review & draft recommendations	August 2015	None	
The government's new rough sleeping strategy: No One Left Out – a new	December 2008	None	

goal to ending rough sleeping			
The Hidden Truth about Homelessness – Experiences of Single Homelessness in England, May 2011	2011	None	
The reconnection of rough sleepers within the UK: an evaluation	March 2014	None	
The reconnection of rough sleepers within the UK: an evaluation	March 2015	None	
Update on Better Care Homeless Programme	March 2015	None	

4. Prioritised Action Plan[26]

Impact identified and group(s) affected	**Action planned**	**Expected outcome**	**Measure of success**	**Timeframe**
NB: These actions must now be transferred to service or business plans and monitored to ensure they achieve the outcomes identified.				
Disability Other relevant groups	Allow flexibility for those with complex needs when making nominations to supported accommodation	Incorporated into the Multi-Agency Protocol	Successful outcomes for people nominated to supported accommodation	June 2016
Disability Other relevant groups	Provide temporary beds for those with complex needs to ensure	Permanent assessment centre(s) with temporary (sit-up) beds set up	Reduction in people sleeping rough who have complex needs	March 2017

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
	engagement before reconnection assessment			
Disability Other relevant groups	Develop integrated joint assessments and support planning across housing, care and health	All clients to have their own Multi-Agency Plan	Better support for people health and care need	Pilot late 2016 to go live March 2017
Disability Other relevant groups	Implement a scheme to target those entrenched / complex rough sleepers based on bespoke responses to individual needs through a multi agency response	Scheme implemented	Reduction in people sleeping who are entrenched and/or have complex needs	Scheme late 2016
Sexual orientation	Ensure providers implement recommendations of Stonewall Housing LGBT* report	Recommendations included in Multi-Agency Protocol	Recommendation of Stonewall Housing LGBT* implemented	March 2017
Sex/Gender	Consult women and other groups about delivery of service which best meet their needs	Develop women only accommodation provision	Accommodation commissioned that will reduce the vulnerability of women	Commissioning by March 2017
Gender Reassignment	Implement the housing recommendations of the Trans* Needs Assessment	Recommendations in place	Trans people supported	2017
Age	Continue to develop the Young People's Accommodation and Support Pathway	Young people's bed spaces in the Housing First	Accommodation provided	Jan 2016 (complete)
Age	Deliver new supported scheme for older people with complex needs	Accommodation to be sourced and developed	Reduction in the number of older people with complex needs who are street homeless and	March 2017

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
			potentially becoming street homeless	
Age	Commission Housing First accommodation with units for young people	Provision of accommodation for young people	Reduction in the number of younger people who are street homeless or threatened with becoming street homeless	Contract live January 2016 (action complete)
Age	Ensure Care Act assessments are carried out for older and frail people sleeping rough	Include in integrated joint assessments across housing, care and health	Successfully integrated	March 2017
Disability Other relevant groups	Commission new integrated health and social care model for homeless	New integrated health and social care model commissioned	Model commissioned	April 2016 – March 2017
Disability Other relevant groups	Review access to, and support for, assessment of rough sleepers under the Mental Capacity Act and Care Act to ensure that access is timely and supported by clear protocols and staff training	People sleeping rough are able to access the service and support provided	Review completed and access and support improved	December 2016
Other relevant groups	Ensure substance misuse services are aligned with the new service model	Improved service provision	Successful alignment of services	March 2017
Other relevant groups	Support people into appropriate treatment services where possible as an alternative to enforcement	Increase in the number of street community people accessing treatment	Improved health for people sleeping rough	To be determined as part of final strategy development

Impact identified and group(s) affected	Action planned	Expected outcome	Measure of success	Timeframe
Community Cohesion	When necessary and proportionate, use place based enforcement to protect the public realm and reduce risk and harm to people	Reduced ASB reported perpetrated against, and by, street community people	Reduction in ASB activity against and by street community people	To be determined as part of final strategy development
Community Cohesion	Work with housing providers where housed residents are causing nuisance, begging or other ASB within the street community	Reduced crime and disorder reported against, and by, street community people	Reduction in incidences crime and disorder on the streets	2017
Religion or belief	Work with Faith groups supporting those sleeping rough sign up to the vision and aims of the strategy	Faith groups pledging to support the strategy	A single service offer for those sleeping rough	2017
All	Develop a Multi-Agency Protocol for Brighton & Hove	Improved services to people sleeping rough or potentially becoming street homeless	Agencies working together to eliminate street homelessness	March 2017 (to include data sharing agreement)

EIA sign-off: (for the EIA to be final an email must sent from the relevant people agreeing it or this section must be signed)

Lead Equality Impact Assessment officer:	**Sue Garner-Ford**	**Date: 18 May 2016**
Directorate Management Team rep or Head of Service:	**Andy Staniford**	**Date: 18 May 2016**
Communities, Equality Team and Third Sector officer:	**Clair Hopkins**	**Date: 24 May 2016**

Guidance end-notes

[1] The following principles, drawn from case law, explain what we must do to fulfil our duties under the Equality Act:

- **Knowledge:** everyone working for the council must be aware of our equality duties and apply them appropriately in their work.
- **Timeliness:** the duty applies at the time of considering policy options and/or before a final decision is taken – not afterwards.
- **Real Consideration:** the duty must be an integral and rigorous part of your decision-making and influence the process.
- **Sufficient Information:** you must assess what information you have and what is needed to give proper consideration.
- **No delegation:** the council is responsible for ensuring that any contracted services which provide services on our behalf can comply with the duty, are required in contracts to comply with it, and do comply in practice. It is a duty that cannot be delegated.
- **Review:** the equality duty is a continuing duty. It applies when a policy is developed/agreed, and when it is implemented/reviewed.
- **Proper Record Keeping:** to show that we have fulfilled our duties we must keep records of the process and the impacts identified.

NB: Filling out this EIA in itself does not meet the requirements of the equality duty. All the requirements above must be fulfilled or the EIA (and any decision based on it) may be open to challenge. Properly used, an EIA can be a tool to help us comply with our equality duty and as a record that to demonstrate that we have done so.

[2] **Our duties in the Equality Act 2010**

As a council, we have a legal duty (under the Equality Act 2010) to show that we have identified and considered the impact and potential impact of our activities on all people with 'protected characteristics' (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation, and marriage and civil partnership.

This applies to policies, services (including commissioned services), and our employees. The level of detail of this consideration will depend on what you are assessing, who it might affect, those groups' vulnerability, and how serious any potential impacts might be. We use this EIA template to complete this process and evidence our consideration.

The following are the duties in the Act. You must give 'due regard' (pay conscious attention) to the need to:

- **avoid, reduce or minimise negative impact** (if you identify unlawful discrimination, including victimisation and harassment, you must stop the action and take advice immediately).
- **promote equality of opportunity**. This means the need to:
  - Remove or minimise disadvantages suffered by equality groups
  - Take steps to meet the needs of equality groups
  - Encourage equality groups to participate in public life or any other activity where participation is disproportionately low
  - Consider if there is a need to treat disabled people differently, including more favourable treatment where necessary
- **foster good relations between people who share a protected characteristic and those who do not**. This means:
  - Tackle prejudice
  - Promote understanding

[3] EIAs are always proportionate to:

- The size of the service or scope of the policy/strategy
- The resources involved
- The numbers of people affected
- The size of the likely impact
- The vulnerability of the people affected

The greater the potential adverse impact of the proposed policy on a protected group (e.g. disabled people), the more vulnerable the group in the context being considered, the more thorough and demanding the process required by the Act will be.

[4] **When to complete an EIA**:

- When planning or developing a new service, policy or strategy
- When reviewing an existing service, policy or strategy
- When ending or substantially changing a service, policy or strategy
- When there is an important change in the service, policy or strategy, or in the city (eg: a change in population), or at a national level (eg: a change of legislation)

Assessment of equality impact can be evidenced as part of the process of reviewing or needs assessment or strategy development or consultation or planning. It does not have to be on this template, but must be documented. Wherever possible, build the EIA into your usual planning/review processes.

Do you need to complete an EIA? Consider:

- Is the policy, decision or service likely to be relevant to any people because of their protected characteristics?
- How many people is it likely to affect?
- How significant are its impacts?
- Does it relate to an area where there are known inequalities?
- How vulnerable are the people (potentially) affected?

If there are potential impacts on people but you decide not to complete an EIA it is usually sensible to document why.

[5] **Title of EIA:** This should clearly explain what service / policy / strategy / change you are assessing

[6] **ID no:** The unique reference for this EIA. If in doubt contact Clair ext: 1343

[7] **Team/Department:** Main team responsible for the policy, practice, service or function being assessed

[8] **Focus of EIA:** A member of the public should have a good understanding of the policy or service and any proposals after reading this section. Please use plain English and write any acronyms in full first time - eg: 'Equality Impact Assessment (EIA)'

This section should explain what you are assessing:

- What are the main aims or purpose of the policy, practice, service or function?
- Who implements, carries out or delivers the policy, practice, service or function? Please state where this is more than one person/team/body and where other organisations deliver under procurement or partnership arrangements.
- How does it fit with other services?
- Who is affected by the policy, practice, service or function, or by how it is delivered? Who are the external and internal service-users, groups, or communities?
- What outcomes do you want to achieve, why and for whom? Eg: what do you want to provide, what changes or improvements, and what should the benefits be?
- What do existing or previous inspections of the policy, practice, service or function tell you?
- What is the reason for the proposal or change (financial, service, legal etc)? The Act requires us to make these clear.

[9] **Data:** Make sure you have enough data to inform your EIA.

- What data relevant to the impact on protected groups of the policy/decision/service is available?[9]
- What further evidence is needed and how can you get it? (Eg: further research or engagement with the affected groups).
- What do you already know about needs, access and outcomes? Focus on each of the protected characteristics in turn. Eg: who uses the service? Who doesn't and why? Are there differences in outcomes? Why?
- Have there been any important demographic changes or trends locally? What might they mean for the service or function?
- Does data/monitoring show that any policies or practices create particular problems or difficulties for any groups?
- Do any equality objectives already exist? What is current performance like against them?
- Is the service having a positive or negative effect on particular people in the community, or particular groups or communities?
- Use local sources of data (eg: JSNA: http://www.bhconnected.org.uk/content/needs-assessments and Community Insight: http://brighton-hove.communityinsight.org/#) and national ones where they are relevant.

[10] **Engagement:** You must engage appropriately with those likely to be affected to fulfil the equality duty.

- What do people tell you about the services?
- Are there patterns or differences in what people from different groups tell you?
- What information or data will you need from communities?
- How should people be consulted? Consider:
    (a) consult when proposals are still at a formative stage;
    (b) explain what is proposed and why, to allow intelligent consideration and response;
    (c) allow enough time for consultation;
    (d) make sure what people tell you is properly considered in the final decision.
- Try to consult in ways that ensure all perspectives can be considered.
- Identify any gaps in who has been consulted and identify ways to address this.

[11] Your EIA must get to grips fully and properly with actual and potential impacts.

- The equality duty does not stop decisions or changes, but means we must conscientiously and deliberately confront the anticipated impacts on people.
- Be realistic: don't exaggerate speculative risks and negative impacts.
- Be detailed and specific so decision-makers have a concrete sense of potential effects. Instead of "the policy is likely to disadvantage older women", say how many or what percentage are likely to be affected, how, and to what extent.
- Questions to ask when assessing impacts depend on the context. Examples:
    - Are one or more protected groups affected differently and/or disadvantaged? How, and to what extent?
    - Is there evidence of higher/lower uptake among different groups? Which, and to what extent?
    - If there are likely to be different impacts on different groups, is that consistent with the overall objective?
    - If there is negative differential impact, how can you minimise that while taking into account your overall aims
    - Do the effects amount to unlawful discrimination? If so the plan must be modified.
    - Does the proposal advance equality of opportunity and/or foster good relations? If not, could it?

[12] Consider all three aims of the Act: removing barriers, and also identifying positive actions we can take.

- Where you have identified impacts you must state what actions will be taken to remove, reduce or avoid any negative impacts and maximise any positive impacts or advance equality of opportunity.
- Be specific and detailed and explain how far these actions are expected to improve the negative impacts.
- If mitigating measures are contemplated, explain clearly what the measures are, and the extent to which they can be expected to reduce / remove the adverse effects identified.
- An EIA which has attempted to airbrush the facts is an EIA that is vulnerable to challenge.

[13] **Age**: People of all ages

[14] **Disability**: A person is disabled if they have a physical or mental impairment which has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. The definition includes: sensory impairments, impairments with fluctuating or recurring effects, progressive, organ specific, developmental, learning difficulties, mental health conditions and mental illnesses, produced by injury to the body or brain. Persons with cancer, multiple sclerosis or HIV infection are all now deemed to be disabled persons from the point of diagnosis.

[15] **Gender Reassignment:** In the Act a transgender person is someone who proposes to, starts or has completed a process to change his or her gender. A person does not need to be under medical supervision to be protected

[16] **Pregnancy and Maternity:** Protection is during pregnancy and any statutory maternity leave to which the woman is entitled.

[17] **Race/Ethnicity:** This includes ethnic or national origins, colour or nationality, and includes refugees and migrants, and Gypsies and Travellers

[18] **Religion and Belief:** Religion includes any religion with a clear structure and belief system. Belief means any religious or philosophical belief. The Act also covers lack of religion or belief.

[19] **Sex/Gender:** Both men and women are covered under the Act.

[20] **Sexual Orientation:** The Act protects bisexual, gay, heterosexual and lesbian people

[21] **Marriage and Civil Partnership:** Only in relation to due regard to the need to eliminate discrimination.

[22] **Community Cohesion:** What must happen in all communities to enable different groups of people to get on well together.

[23] **Other relevant groups:** eg: Carers, people experiencing domestic and/or sexual violence, substance misusers, homeless people, looked after children, ex-armed forces personnel, people on the Autistic spectrum etc

[24] **Cumulative Impact:** This is an impact that appears when you consider services or activities together. A change or activity in one area may create an impact somewhere else

[25] **Assessment of overall impacts and any further recommendations**

- Make a frank and realistic assessment of the overall extent to which the negative impacts can be reduced or avoided by the mitigating measures. Explain what positive impacts will result from the actions and how you can make the most of these.
- Countervailing considerations: These may include the reasons behind the formulation of the policy, the benefits it is expected to deliver, budget reductions, the need to avert a graver crisis by introducing a policy now and not later, and so on. The weight of these factors in favour of implementing the policy must then be measured against the weight of any evidence as to the potential negative equality impacts of the policy,
- Are there any further recommendations? Is further engagement needed? Is more research or monitoring needed? Does there need to be a change in the proposal itself?

[26] **Action Planning:** The Equality Duty is an ongoing duty: policies must be kept under review, continuing to give ‘due regard’ to the duty. If an assessment of a broad proposal leads to more specific proposals, then further equality assessment and consultation are needed.