![Haringey LONDON]

Title	Draft Rough Sleeping Strategy EQIA				
Version	22	Date	16.02.2018	Author	LW

EQUALITY IMPACT ASSESSMENT

The **Equality Act 2010** places a '**General Duty**' on all public bodies to have '**due regard**' to the need to:

- Eliminating discrimination, harassment and victimisation and any other conduct prohibited under the Act
- Advancing equality of opportunity for those with 'protected characteristics' and those without them
- Fostering good relations between those with 'protected characteristics' and those without them.

In addition, the Council complies with the Marriage (same sex couples) Act 2013.

Stage 1 – Screening

Please complete the equalities screening form. If screening identifies that your proposal is likely to impact on protect characteristics, please proceed to stage 2 and complete a full Equality Impact Assessment (EqIA).

Stage 2 – Full Equality Impact Assessment

An EqIA provides evidence for meeting the Council's commitment to equality and the responsibilities under the Public Sector Equality Duty.

When an EqIA has been undertaken, it should be submitted as an attachment/appendix to the final decision making report. This is so the decision maker (e.g. Cabinet, Committee, senior leader) can use the EqIA to help inform their final decision. The EqIA once submitted will become a public document, published alongside the minutes and record of the decision.

Please read the Council's Equality Impact Assessment Guidance before beginning the EqIA process.

---

1. Responsibility for the Equality Impact Assessment

Name of proposal	Rough Sleeping Strategy Approval
Service area	Housing & Growth
Officer completing assessment	Helena Stephenson/Laura Wilson
Equalities/ HR Advisor	Ashley Hibben
Cabinet meeting date (if applicable)	16th January 2018
Director/Assistant Director	Lyn Garner / Dan Hawthorn

---

2. Summary of the proposal

Please outline in no more than 3 paragraphs

Proposal

In accordance with the Homelessness Act 2002, all local authorities have a duty to have and implement a homelessness strategy. The period covered by Haringey's most recently adopted homelessness strategy ended in 2014. A draft strategy covering 2017-22 was consulted on but never formally adopted having been subject to review in light of the Homelessness Reduction Act, significant welfare reform (including the overall benefit cap) and the rollout of Universal Credit.

We propose to have an updated version of the published draft of the homelessness strategy in order to comply with our statutory duties. It will continue to cover the period 2017-22, complementing the council's overarching Housing Strategy. In addition to this, after consultation with key partners, the decision has been taken to have a complimentary, but standalone, Rough Sleeping Strategy to focus specifically on those more vulnerable to sleeping rough.

The main objectives of the proposed Rough Sleeping Strategy mirror those of the broader Homelessness Strategy. The three key priorities of the Rough Sleeping Strategy are as follows:
1) Rapid intervention to offer a route off the street for all
2) Improving health, wellbeing and resilience
3) Tackling street activity associated with rough sleeping

Context

Haringey ranks second only to Newham in having the highest rates of recorded homelessness in the country, with 1 in 29 either sleeping rough or residing in temporary accommodation. 3,049 households are currently in temporary accommodation (TA) and of the approximate10,000 residents in TA, half are children. There is substantial evidence to show that unstable housing reduces the quality of life for those subject to such conditions. Rough sleepers, for instance, have a significantly reduced life expectancy of 43 years for a woman and 47 years for a man. Homelessness also poses a substantial financial challenge to Haringey, with nightly paid accommodation, the most expensive accommodation used, costing £4,000 per unit per year.

In accordance with Priority 5 of the current Corporate Plan, the Rough Sleeping Strategy aim to address these issues, detailing Haringey's priorities, key actions to be taken and expected outcomes.

Key Stakeholders/Demographics

The demographics of those impacted will reflect the type of households who vulnerable to rough sleeping who are as follows:
- Those who identify as Eastern European, as they make up a significant proportion of the rough sleeping population in the borough
- Women, who statistically make up the vast majority of individuals who approach

- Young people who identify as LGBTQ
- Those with mental health needs

3. What data will you use to inform your assessment of the impact of the proposal on protected groups of service users and/or staff?

Identify the main sources of evidence, both quantitative and qualitative, that supports your analysis. Please include any gaps and how you will address these

This could include, for example, data on the Council's workforce, equalities profile of service users, recent surveys, research, results of relevant consultations, Haringey Borough Profile, Haringey Joint Strategic Needs Assessment and any other sources of relevant information, local, regional or national. For restructures, please complete the restructure EqIA which is available on the HR pages.

Protected group	Service users	Staff
Sex	P1E Homelessness data https://www.gov.uk/government/collections/homelessness-statistics St Mungo's http://rebuildingshatteredlives.org/theme/housing-and-homelessness-services-for-women-with-complex-needs/ London Assembly https://www.london.gov.uk/sites/default/files/london_assembly_-_hidden_homelessness_report.pdf Internal data from homelessness and temporary accommodation	The new strategies will have no impact on Haringey Council employees (unless they are residents of the borough and also homeless or likely to become homeless and thus included below).
Gender Reassignment	Joint Strategic Needs Assessment (JSNA) http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna	
Age	P1E Homelessness data https://www.gov.uk/government/collections/homelessness-statistics Internal data from homelessness and temporary accommodation	
Disability	As above	
Race &	As above	

Ethnicity	Census data: https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?opt=3&theme=&subgrp= GLA latest population projections (ethnicity at the bottom): https://data.london.gov.uk/dataset/projections Combined Homeless Information Network https://data.london.gov.uk/dataset/chain-reports	
Sexual Orientation	Joint Strategic Needs Assessment (JSNA) http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna EqIA Profile on Harinet Albert Kennedy Trust: "LGBT Youth Homelessness" http://www.akt.org.uk/webtop/modules/_repository/documents/AlbertKennedy_researchreport_FINALinteractive.pdf	
Religion or Belief (or No Belief)	Joint Strategic Needs Assessment (JSNA) http://www.haringey.gov.uk/social-care-and-health/health/joint-strategic-needs-assessment-jsna EqIA Profile on Harinet	
Pregnancy & Maternity	Internal data from homelessness and temporary accommodation EqIA Profile on Harinet P1E Homelessness data https://www.gov.uk/government/collections/homelessness-statistics	
Marriage and Civil Partnership	Internal data from homelessness and temporary accommodation	

Outline the key findings of your data analysis. Which groups are disproportionately affected by the proposal? How does this compare with the impact on wider service users and/or the borough's demographic profile? Have any inequalities been identified?

Explain how you will overcome this within the proposal.

Further information on how to do data analysis can be found in the guidance.

<u>**Users who will benefit from the proposed changes**</u>
The Rough Sleeping Strategy will benefit those who are vulnerable to rough sleeping and/or those who are currently rough sleeping. This will be achieved by providing clear,

strategic direction and specific actions to the council and partners to prevent and resolve rough sleeping. Through this, residents will be enabled and empowered to hold Haringey and partners to account and given the support they need to prevent themselves from rough sleeping or find a route off the streets.

Having the Rough Sleeping Strategy in place would not be enough to hinder the commitments made coming to fruition. However, we would fail to have a clear strategic vision for the council and our partners to meet the challenges that cause rough sleeping. The absence of the strategy would also hinder residents and others being able to hold us to account. Having the strategy in place will provide legitimacy for commissioning, service management and expenditure decisions to be undertaken during its lifetime.

There are particular groups who we can infer are more vulnerable to/likely to be homeless that the data below outlines.

Sex, pregnancy & maternity
Rough Sleeping Strategy
There is evidence that suggests the triggers and experiences of female rough sleepers tend to be distinct from those of men. Although fewer in number, comprising around 11% of rough sleepers in London, they face particular barriers to accessing support and have a significantly reduced life expectancy of 43 years, 4 years shorter than that of a rough sleeping man. We know that many women avoid rough sleeping by sofa surfing, staying in abusive relationships or living in squats, crack houses and brothels. A higher proportion of women than men will have also had specific traumatic experiences that led to their homelessness such as domestic abuse and perhaps having their children taken into care. Consequently, women who are sleeping rough often have higher and more complex needs than men, including mental and physical health issues, substance use issues, offending histories and involvement in prostitution.

The Rough Sleeping Strategy commits to undertaking a review of our Single Homelessness Pathway to ensure that the provision is fit for purpose and appropriate for the needs of vulnerable people, including rough sleepers. This will include reviewing availability of Haringey's current Assessment Centre, 24-hour supported provision, women-only services and other options such as Housing First to ensure the needs of people with severe and multiple disadvantages are met.

With this in mind, it is clear the Rough Sleeping Strategy will disproportionately, but positively, benefit women, as they are more vulnerable when rough sleeping.

Sexual Orientation
LGBTQ+ people comprise up to 24% of the young homeless population nationally though Haringey does not collect this data. Sexual orientation data specific to Haringey is not available but nationally, 69% of LGBT homeless young people have experienced familial rejection, abuse and violence. With the Rough Sleeping Strategy set to support those vulnerable to and/or currently rough sleeping, they will inevitably have a positive impact on the young LGBTQ+ community.

The Rough Sleeping Strategy makes a number of commitments which will benefit those in the LGBTQ+ community who are more vulnerable to and currently rough sleeping, they are as follows:

- The creation of a single person's hub
- To undertake a strategic review of our Single Homeless Pathway and floating support provision, to ensure sufficient provision
- To develop a Supported Housing Pathway for vulnerable single people and young parents

Age

Young people who identify as LGBTQ+ are likely to disproportionately, but positively, benefit from the implementation of this strategy as outlined previously.

Evidence shows that rough sleepers suffer poor health outcomes at a disproportionately early age. A woman sleeping on the streets has a life expectancy of 43 years and a man 47 years; lower than even the most poverty-stricken and war-torn countries in the world. Between 2010 and 2016 in London alone, an average of one person a fortnight died while rough sleeping, or within a year of rough sleeping. The Rough Sleeping strategy addresses these inequalities by making specific recommendations to improve the health and wellbeing of rough sleepers, as set out in Priority 2 of the strategy.

Disability/Mental Health

There is only data on disability in homelessness applications if it is the applicant's priority need. In 2015/16, 3% of accepted households had a physical impairment as their priority need and 2 cases had a mental health issue or learning disability as their priority need. These rates are relatively low compared to the general population, as there are Disability and Mental Health Pathways, which help these households into suitable housing so that they do not need to make homelessness applications.

Primary need	Number	%
Mental health	191	25
Offending	191	25
Physical health	116	15
Unrecorded	51	7
Mental health DTOC*	48	6
Vulnerable homeless	43	6
Young person	41	5
Alcohol	27	4
Complex / multiple	27	4
Substance use	26	3
Learning disability	2	0.02
Total	763	100%

Looking at supported housing more specifically, the table above demonstrates there is a substantial amount of those with mental health needs accessing the homelessness pathway. Adults who are vulnerable due to mental health conditions are more likely to become homeless, come into contact with the criminal justice system and have unplanned hospital admissions where discharge is delayed. In 2016/17, 31% of people accessing our Single Homeless Pathway were identified as having a primary mental health need and 25% have an offending background.

We know that for many single vulnerable people, their primary or presenting need may be just one of a complex and overlapping set of circumstances that together, combine to increase their vulnerability. The data we hold on these overlapping needs and on outcomes for people accessing our single homeless pathway are currently not robust enough, so improving our data collection procedures and systems for measuring outcomes will be a priority activity over the life of these strategies if implemented

In regards to rough sleepers in the borough more specifically, their support needs have been consistently high over the past few years. In 2016/17, 79% of the 87 rough sleepers assessed identified having support needs around one or more of alcohol, drugs and mental health.

Alcohol:	Drugs:	Mental health:	Other:
49%	43%	48%	21%

Rough Sleeping Strategy

The Rough Sleeping Strategy also make a number of commitments to support those who may be vulnerable a result of mental health needs, some of which are as follows:

- Supported Housing pathway for vulnerable single people and young parents
- Street outreach service for rough sleepers
- Single person's hub
- Signposting to mental health, substance use and other health and wellbeing support
- Develop 5-year commissioning plan for 'single homeless' supported housing
- Training for housing staff on Mental Health First Aid, Making Every Contact Complete a health needs audit with everyone in the single homeless pathway to inform service design, future commissioning and opportunities for closer joint working and improve outcomes for rough sleepers with complex health needs.
- Develop a joint working protocol with partners in mental health services, social care and our Outreach Team to ensure we are meeting the mental health needs of rough sleepers.
- Ensure that all rough sleepers are supported to register with a GP and dentist and have early access to primary healthcare; enabling them to access medical help in a way that is person-centred, taking into account their unique circumstances.
- Gather data from the NHS on numbers of rough sleeper frequent attenders, numbers of Ambulance callouts and missed appointments. This will be vital in order for us to build a thorough picture of the health needs of rough sleepers.
- Through commissioning, ensure that all single homeless services respond to the psychological and emotional needs of rough sleepers by ensuring every service meets the Psychologically Informed Environment (PIE) standard and that this is monitored consistently
- Develop services in a peer-led way; ensuring those with lived experience are given opportunities to develop themselves, and to support others in a similar position. This will include developing an 'Expert by Experience' group to co-produce our service development work and commissioning around rough sleeping.
- Ensure that rough sleepers, whether on the streets or in accommodation through the HRS single homeless pathway are able to access appropriate, person-centred support to address their substance use and alcohol needs.

Race & ethnicity

The Eastern European community will be disproportionately, but positively, affected by the implementation of the Rough Sleeping Strategy, as they make up a significant proportion of the rough sleeping population in the borough. Haringey has seen an

increase in numbers of rough sleepers who are from either Central and Eastern Europe (CEE) or the European Economic Area (EEA) with 38% in 2011/12 and 52% in 2016/17. Because of changes to welfare benefits for this group from 2014, they will now have No Recourse to Public Funds meaning it is extremely challenging for them to access accommodation and employment.

The challenges presented by rough sleepers with No Recourse to Public Funds are significant and highly contentious. From May 2016, the Home Office designated EEA nationals who were rough sleeping as abusing their rights to free movement under EU Law. The Home Office then sought to deport them, regardless of whether they were working. In December 2017, the High Court ruled that this approach was unlawful. Those previously deported and subject to a 12-month re-entry ban under this policy may be entitled to have the ban lifted and be re-admitted to the UK.

With the above in mind, the Rough Sleeping Strategy makes a number of commitments which will specifically support those from the Eastern European community:
- 'Routes Home', 'Employment First' and Community Hosting for migrant rough sleepers
- Community hosting scheme for those with NRPF
- Revision of the NRPF position statement in accordance with the Judicial Review aforementioned

Religion
The council does not hold data on the religion of its tenants or resident leaseholders, but the borough profile by religion is as follows;

Religion in Haringey	Percentage
Christian	45.0%
Buddhist	1.1%
Hindu	1.8%
Jewish	3.0%
Muslim	14.2%
Sikh	0.3%
Other religion	0.5%
No religion	25.2%
Not stated	8.9%

There is no sufficient evidence to suggest that one particular religion will be disproportionately affected by the adoption of the Sleeping Strategy. All homelessness and rough sleeping services are allocated based on the need and therefore it is reasonable to infer that no religion will be disproportionately impacted by the implementation of the strategy.

4. a) How will consultation and/or engagement inform your assessment of the impact of the proposal on protected groups of residents, service users and/or staff?

Residents

All residents were given the opportunity to participate in a formal consultation on the Homelessness Strategy prior to its review, alongside three other key policies to meet housing need from 14 November 2016 – 29 January 2017. All residents were consulted as, we are aware that homelessness, in its most extreme form, has a clear impact on the occupation and use of public space, which affects all residents. At the time of consultation, the Rough Sleeping Strategy was incorporated into the Homelessness Strategy. Residents were given the opportunity to feedback on the following questions in relation to the Homelessness Strategy:

- **Question 2a**: Do you think that the extent and cause of homelessness in the borough have been correctly assessed in the plan?
- **Question 4a**: Do you think the plan has accurately assessed the impact of homelessness demand, for example, the amount of temporary accommodation required and the support homeless households need in moving on to a settled home?
- **Question 5a**: Do you think the plan correctly analyses rough sleeping in the borough and included actions which will reduce it?
- **Question 6a**: Does the plan include the right priorities?
- **Question 7a**: Does the plan include the right actions to deliver out priorities?

A Rough Sleeping Strategy consultation was held with professional stakeholders including Community Safety & Enforcement, Met Police, Public Health, Homes for Haringey, Bringing Unity Back into the Community (BUBIC), The Grove, Haringey Advisory Group on Alcohol (HAGA), accommodation providers, Thames Reach and St. Mungo's on Thursday 12 October 2017. The consultation involved three workshops:

1. Identifying the key priority areas for the strategy,
2. Recognising the assets and strengths we have within Haringey,
3. Deciding what our strategic goals should be. Part of this was to look at whether we need more information or data prior to making this decision.

A Rough Sleeping Strategy consultation was also held with a number of former rough sleepers in a mixture of one-to-one sessions and a focus group. These consultations involved discussions on the following:

1. What could have been done to prevent the individuals ending up on the streets
2. What worked well for them whilst on the streets
3. What didn't work well and was the individual's priority

4. b) Outline the key findings of your consultation / engagement activities once completed, particularly in terms of how this relates to groups that share the protected characteristics

Explain how will the consultation's findings will shape and inform your proposal and the decision making process, and any modifications made?

Question	Agree	Disagree
Question 2a: Do you think that the extent and cause of homelessness in the borough have been correctly assessed in the plan?	57%	43%
Question 4a: Do you think the plan has accurately assessed the impact of homelessness demand, for example, the amount of temporary accommodation required and the support homeless households need in moving on to a settled home?	58%	42%
Question 5a: Do you think the plan correctly analyses rough sleeping in the borough and included actions which will reduce it?	64%	37%
Question 6a: Does the plan include the right priorities?	66%	34%
Question 7a: Does the plan include the right actions to deliver out priorities?	71%	29%

Residents

All residents were given the opportunity to participate in a formal consultation on the Homelessness Strategy prior to its review, alongside three other key policies to meet housing need from 14 November 2016 – 29 January 2017. The response was broadly positive, and residents voted in favour of the strategy and it priorities. The table below outlines the results. A total of 328 residents responded to the consultation.

As the majority felt the Homelessness Strategy had accurately assessed the causes and impacts of homelessness with the correct priorities in place, no major changes were made because of this public consultation.

Partners

A Rough Sleeping Strategy consultation was held with professional stakeholders including Community Safety & Enforcement, Met Police, Public Health, Homes for Haringey, Bringing Unity Back into the Community (BUBIC), The Grove, Haringey Advisory Group on Alcohol (HAGA), accommodation providers, Thames Reach and St. Mungo's. The consultation involved three workshops:

1. Identifying the key priority areas for the strategy,
2. Recognising the assets and strengths we have within Haringey,
3. Deciding what our strategic goals should be. Part of this was to look at whether we need more information or data prior to making this decision.

The key themes that arose were the need for:
- A single homeless hub
- Greater capacity within our outreach team
- An accommodation pathway that meets the needs of its users
- The process into accommodation to be less bureaucratic and flexible for rough sleepers.
- Separate rough sleeper strategy – the group felt it important we highlighted the differing challenges facing those who are currently, and vulnerable to, rough sleeping vs. those that typically present to homelessness services. We have responded to these concerns and gone forward with their suggestion to have a separate rough sleeper strategy

All of these recommendations appear in the Rough Sleeping Strategy.

A further Rough Sleeping Strategy consultation was also held with a number of former rough sleepers in a mixture of one-to-one sessions and a focus group. These consultations involved discussions on the following:

1. What could have been done to prevent the individuals ending up on the streets,
2. What worked well for them whilst on the streets,
3. What didn't work well and was the individual's priority.

One key theme that arose was that there were times for all individuals where, if the correct support was given, the rough sleeping could have been prevented. The need for more prevention support appears heavily in the Rough Sleeping Strategy. Further themes were around the need for greater support with physical and mental health. Again, commitments are made in order to address these in the Rough Sleeping Strategy:

- Complete a health needs audit with everyone in our single homeless pathway to inform service design, future commissioning and opportunities for closer joint working and improve outcomes for rough sleepers with complex health needs.
- Develop a joint working protocol with partners in mental health services, social care and our Outreach Team to ensure we are meeting the mental health needs of rough sleepers.
- Ensure that all rough sleepers are supported to register with a GP and dentist and have early access to primary healthcare; enabling them to access medical help in a way that is person-centred, taking into account their unique circumstances
- Gather data from the NHS on numbers of rough sleeper frequent attenders, numbers of Ambulance callouts and missed appointments. This will be vital in order for us to build a thorough picture of the health needs of rough sleepers
- Maintain our commitment to working in partnership with Public Health to support and develop these services in relation to the needs of rough sleepers – including for example around smoking cessation, diet and exercise, screening and vaccinations
- Ensure that rough sleepers, whether on the streets or in accommodation through the HRS single homeless pathway are able to access appropriate, person-centred support to address their substance use and alcohol needs.

Following the formal consultation, on 9 February 2017, the Oversight and Scrutiny Committee reviewed the Homelessness Strategy, when it still included the Rough Sleeping Strategy, against its Social Inclusion Report, and was satisfied with the strategy.

5. What is the likely impact of the proposal on groups of service users and/or staff that share the protected characteristics?

Please explain the likely differential impact on each of the 9 equality strands, whether positive or negative. Where it is anticipated there will be no impact from the proposal, please outline the evidence that supports this conclusion.

Further information on assessing impact on different groups is contained within accompanying EqIA guidance

Summary of section 3

1. Sex *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive	x	Negative		Neutral impact		Unknown Impact	

Female rough sleepers face particular barriers to accessing support and have a significantly reduced life expectancy of 43 years, 4 years shorter than that of a rough sleeping man. We know that many women avoid rough sleeping by sofa surfing, staying in abusive relationships or living in squats, crack houses and brothels. A higher proportion of women than men will have also had specific traumatic experiences that led to their homelessness such as domestic abuse and perhaps having their children taken into care. Consequently, women who are sleeping rough often have more complex needs than men, including mental and physical health issues, substance use issues, offending histories and involvement in prostitution.

The Rough Sleeping Strategy commits to undertaking a review of our Single Homelessness Pathway to ensure that the provision is fit for purpose and appropriate for the needs of vulnerable people, including rough sleepers. This will include reviewing availability of Haringey's current Assessment Centre, 24-hour supported provision, women-only services and other options such as Housing First to ensure the needs of people with severe and multiple disadvantages are met.

2. Gender reassignment *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive		Negative		Neutral impact		Unknown Impact	x

We do not hold data on gender reassignment so cannot assess this. However, it is likely that the Rough Sleeping Strategy will have a neutral impact.

3. Age *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive	x	Negative		Neutral impact		Unknown Impact	

Evidence shows that rough sleepers suffer poor health outcomes at a disproportionately early age. A woman sleeping on the streets has a life expectancy of 43 years and a man 47 years; lower than even the most poverty-stricken and war-torn countries in the world. Between 2010 and 2016 in London alone, an average of one person a fortnight died while rough sleeping, or within a year of rough sleeping. The Rough Sleeping Strategy addresses these inequalities therefore will have a positive impact on the life expectancy of

rough sleepers.

4. Disability *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive	x	Negative		Neutral impact		Unknown Impact	

In 2016/17, 31% of people accessing our Single Homeless Pathway were identified as having a primary mental health need and 25% have an offending background. In addition, 48% of rough sleepers had a mental health need and was the primary reason for sleeping rough. With the commitments outlined previously, it clear the Rough Sleeping Strategy will have a disproportionate but positive impact on those with a mental health need who may be vulnerable to or currently homeless.

5. Race and ethnicity *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive	x	Negative		Neutral impact		Unknown Impact	

The Eastern European community will be disproportionately but positively impacted by the implementation of the Rough Sleeping Strategy, as they make up a significant proportion of Haringey's rough sleeping population. As outlined previously, there are a significant number of commitments made which will help this particular group.

6. Sexual orientation *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive	x	Negative		Neutral impact		Unknown Impact	

LGBTQ+ people comprise up to 24% of the young homeless population nationally. Sexual orientation data specific to Haringey is not available but nationally, 69% of LGBT homeless young people have experienced familial rejection, abuse and violence.

The Rough Sleeping Strategy make clear commitments that will benefit those in the LGBTQ+ community who are more vulnerable to homelessness and rough sleeping. Therefore, it is reasonable to infer the strategy will have a disproportionate but positive impact on young people who identify as LGBTQ+.

7. Religion or belief (or no belief) *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive		Negative		Neutral		Unknown	x

			impact	Impact	

There is no sufficient evidence to suggest that one particular religion will be disproportionately affected by the adoption of the Rough Sleeping Strategy. All rough sleeping services are allocated based on the need and therefore it is reasonable to infer that no religion will be disproportionately impacted by the implementation of the strategy.

8. Pregnancy and maternity *(Please outline a summary of the impact the proposal will have on this protected characteristic and cross the box below on your assessment of the overall impact of this proposal on this protected characteristic)*

Positive	x	Negative		Neutral impact		Unknown Impact	

There is no evidence to suggest that the implementation of the Rough Sleeping Strategy will have a disproportionate impact on those that are pregnant or have children.

9. Marriage and Civil Partnership *(Consideration is only needed to ensure there is no discrimination between people in a marriage and people in a civil partnership)*

Positive		Negative		Neutral impact	X	Unknown Impact	

There is no evidence to suggest either strategy will have an impact on those who are/are not in a marriage or civil partnership.

10. Groups that cross two or more equality strands e.g. young black women

- Young people who identify as LGBTQ+ - as outlined previously

Outline the overall impact of the policy for the Public Sector Equality Duty:
- **Could the proposal result in any direct/indirect discrimination for any group that shares the protected characteristics?**
- **Will the proposal help to advance equality of opportunity between groups who share a protected characteristic and those who do not?**
  This includes:
    a) **Remove or minimise disadvantage suffered by persons protected under the Equality Act**
    b) **Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups**
    c) **Encourage persons protected under the Equality Act to participate in public life or in any other activity in which participation by such persons is disproportionately low**
- **Will the proposal help to foster good relations between groups who share a protected characteristic and those who do not?**

The Rough Sleeping Strategy will not result in any direct or indirect discrimination for any group. The strategy will provide residents with more support, which will either prevent them from rough sleeping or give them a route off the street. The implementation of this strategy will improve services and support for vulnerable residents, many of whom are covered by multiple protected characteristics. The commitments made will prevent and reduce rough sleeping across the borough.

6. a) What changes if any do you plan to make to your proposal as a result of the Equality Impact Assessment?

Further information on responding to identified impacts is contained within accompanying EqIA guidance

Outcome	Y/N
No major change to the proposal: the EqIA demonstrates the proposal is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken. <u>If you have found any inequalities or negative impacts that you are unable to mitigate, please provide a compelling reason below why you are unable to mitigate them.</u>	Y
Adjust the proposal: the EqIA identifies potential problems or missed opportunities. Adjust the proposal to remove barriers or better promote equality. Clearly <u>set out below</u> the key adjustments you plan to make to the policy. If there are any adverse impacts you cannot mitigate, please provide a compelling reason below	*N*
Stop and remove the proposal: the proposal shows actual or potential avoidable adverse impacts on different protected characteristics. The decision maker must not make this decision.	N

6 b) Summarise the specific actions you plan to take to remove or mitigate any actual or potential negative impact and to further the aims of the Equality Duty

Impact and which protected characteristics are impacted?	Action	Lead officer	Timescale

Please outline any areas you have identified where negative impacts will happen as a result of the proposal but it is not possible to mitigate them. Please provide a complete and honest justification on why it is not possible to mitigate them.

6 c) Summarise the measures you intend to put in place to monitor the equalities impact of the proposal as it is implemented:

The Rough Sleeping Strategy will be owned by the Priority 5 Board, with Alan Benson as the responsible officer for its delivery. The Homelessness Strategy and Commissioning Team will develop a delivery plan, outlining how and when the commitments made in the strategies will be delivered, alongside clear and measureable KPIs.

Progress will be monitored by the Homelessness Forum and Priority 5 Board. By reporting progress and collecting data regularly we will be able to monitor the impact for particular groups and thus can adapt support and service provision according to ensure outcomes are delivered.

7. Authorisation

EqIA approved by .... (Assistant Director/ Director)	Date ....

8. Publication
Please ensure the completed EqIA is published in accordance with the Council's policy.

Please contact the Policy & Strategy Team for any feedback on the EqIA process.