

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 protected 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	Mental Health Pathway
Service area	Commissioning
Officer completing assessment	Sue Brewin
Equalities/ HR Advisor	Melissa Nalubwama-Mukasa
Cabinet meeting date (if applicable)	September 2021
Director/Assistant Director	Charlotte Pomery

2. Summary of the proposal

Please outline in no more than 3 paragraphs

- The proposal which is being assessed*
- The key stakeholders who may be affected by the policy or proposal*
- The decision-making route being taken*

The proposal is to recommission the Mental Health Pathway consisting of supported housing and floating support services and proposed that the services will be recommissioned for 3 years plus a 2-year extension. The Mental Health Pathway is accommodation services for homeless adults with mental health needs.

The services due to be commissioned include supported housing – Intensive Support (high needs support), Flexible Support (Medium to low needs support) including a long stay service, women’s only and black men only. As well as Floating Support including Housing First, which is an intensive floating support service and Floating Support integrated within St Ann’s hospital and working with Barnet, Enfield, and Haringey Mental Health Trust (BEHMHT) with an attached community floating support service.

All services will offer housing-related support, with the intention of preventing homelessness for vulnerable adults, by supporting them to develop or strengthen the skills and knowledge required to live independently.

The key stakeholders who will be affected by this are residents with mental health needs in Haringey.

The recommissioning will take place through a competitive tender process and the results will be presented at a Cabinet meeting in September 2021.

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	The Housing Related Support (HRS) outcomes data 2018/19	This service does not affect any council staff.

	  Mental Health Floating Support.ppt The Mental Health Supported Housing P: Housing related support outcomes data 2020. Housing Related Support Outcomes data 2020 -2021  Annual synopsis mental health 2020-2 The Haringey Borough Plan 2019-23 Equality Impact Assessment	
Gender Reassignment	The Haringey Borough Plan 2019-23 Equality Impact Assessment Rethink Mental Illness, transgender mental health study 2017 LGBTQI+ Needs assessment and methodology. Healthwatch	This service does not affect any council staff.
Age	Housing Related Support (HRS) outcomes data 2018/19 Housing Related Support outcomes data 2020. Housing Related Support Outcomes data 2020 -2021 The Haringey Borough Plan 2019-23 Equality Impact Assessment Haringey JSNA data – Adult Mental Health April 2019	This service does not affect any council staff.
Disability	Mental Health Pathway evaluation 2018 (internal report) The Haringey Borough Plan 2019-23 Equality Impact Assessment	This service does not affect any council staff.

	<p>Haringey JSNA data – Adult Mental Health April 2019</p> <p>Homeless Health Needs Assessment July 2020</p> <p>Homeless Health Needs Assessment Methodology June 2020</p>	
Race & Ethnicity	<p>The Housing Related Support (HRS) outcomes data 2018/19</p> <p>Housing Related Support outcomes data 2020.</p> <p>Housing Related Support Outcomes data 2020 -2021</p> <p>The Haringey Borough Plan 2019-23 Equality Impact Assessment</p> <p>Haringey JSNA data – Adult Mental Health April 2019</p> <p>Mental Health Needs – BAME in Haringey.</p>	This service does not affect any council staff.
Sexual Orientation	<p>The Housing Related Support (HRS) outcomes data 2018/19</p> <p>Housing Related Support outcomes data 2020.</p> <p>Housing Related Support Outcomes data 2020 -2021</p> <p>The Haringey Borough Plan 2019-23 Equality Impact Assessment</p> <p>ONS Data</p> <p>Haringey JSNA data – Adult Mental Health April 2019</p>	This service does not affect any council staff.

	LGBTQI+ and Healthwatch assessment September 2019 and March 2020. LGBTQI+ Needs assessment and methodology. Healthwatch.	
Religion or Belief (or No Belief)	Housing Related Support outcomes data 2020 The Haringey Borough Plan 2019-23 Equality Impact Assessment	This service does not affect any council staff.
Pregnancy & Maternity	The Haringey Borough Plan 2019-23 Equality Impact Assessment	This service does not affect any council staff.
Marriage and Civil Partnership	The Haringey Borough Plan 2019-23 Equality Impact Assessment	This service does not affect any council staff.

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.

Key data findings:

Age

- Both Supported Accommodation and Floating support services support adults over 18 years old in Haringey. The outcomes data for the Supported Accommodation shows that 69% of new admissions in 2020 were within the age range of 20-40 years. This had increased to 75% in 2020-21. Whereas in 2018-19 85% were under the age of 40. The Floating Support service outcomes data shows in 2020 49% of new admissions were aged 50-60 years old and this was similar in 2018-2019 where 75% of new admissions were over 40 years old. In 2020-21 54% of new admissions were in the age groups 40-50 years old. This implies that both types of support services cater for opposite ends of the age spectrum.
- This is positive, as statistics from the 'Borough Plan EQIA 2019-23' demonstrate that mental ill health has a significant impact on older age groups. For example, the suicide rate in England and Wales, is the highest amongst men aged between 45 and 59.

- Middle age adults aged 40-69 are more likely to have a common mental illness in Haringey, particularly among those aged 50-59 (10%) compared to the Haringey average (8.5%).

Sex

- The outcomes data for Supported Accommodation with new admissions in 2020 shows a disproportionate breakdown as follows: 70% males and 30% females. Whereas in 2020-21 76% of new admissions were male. This is similar to data in 2018-19 where 79% of males were admitted to the services. Whereas the Floating support services show a much more equal distribution between males and females and in 2020 49% males and 51% females were admitted to the service. This is an exact repetition of the findings in 2018/19. This was also similar in 2020-21 where 54% were male and 46% were female. This pattern is reflective of the demographics of the borough whereby 50.4% of residents are male and 49.6% are female. The Floating Support is predominately a lower needs service and it's noted that 1 in 10 adults have a common mental illness and 61% of these are women. Whereas males have a higher risk of developing schizophrenia in their lifetime and are more likely to die from suicide 75% male and 25% female and males are featured in more higher needs services.

Sexual Orientation

- ONS data estimates that 3.2% of London's population identifies as lesbian, gay or bi-sexual. In 2020 Supported Accommodation and Floating Support both had 2 new admissions who identified as gay and transsexual, this equates to 7.7% and 4.7% respectively. In 2018-19 8.5% of residents accessing mental health floating support in Haringey identified as lesbian, gay or bi-sexual. Also 2020-21 data showed that 12% of admissions in accommodation services were the LGBTQ+ community and this figure was 2% in floating support services. This shows that lesbian, gay and bi-sexual residents are disproportionately represented in this cohort of service users with mental health needs.
- In Haringey, LGBT people are more likely to be diagnosed with a psychotic disorder.
- In the LGBTQI+ Healthwatch assessment 18% of participants mentioned mental health issues and chronic health problems, which was carried out in 2019 and 2020.
- The LGBTQI+ Healthwatch survey found the majority (85%) had sleeping problems in the last twelve months, 26% had suicidal thoughts and 20% did self-harm. Also 54% reported feeling depressed and 46% suffered with anxiety. Also 15% had Personality Disorder and 15% had Post Traumatic Stress Disorder.
- Of the respondents from the Healthwatch survey half felt they had experienced verbal abuse by someone they didn't know, 28% were forced to reveal their sexual orientation and 26% felt discriminated against because they were LGBTQI+
- In a Stonewall report the following was reported:
 - 52% of LGBT people experienced depression in the last year (3.3 in 100 people for general population)
 - 13% of LGBT aged 18-24 attempted suicide in the last year (6.7 in 100 people for general population)
 - 31% of LGB people thought about taking their own life (20.6 in 100 people for general population)

- 46% of trans people thought about taking their own life
- Alcohol and substance misuse also found to be 1.5 times higher amongst LGBT people compared with heterosexual people (EHRC Sexual Orientation Research Review) (16% of LGBT drank alcohol almost every day in the last year and 13% LGBT aged 18-24 took drugs at least once a month identified in The Stonewall report).
- Suicidal ideation was high amongst gay and bi-sexual men HIV clinic attendees.
- A large minority of gay men and lesbians reported that prejudice and discrimination had caused them stress and low self-esteem.

Race and Ethnicity

- BAME residents account for 38% of Haringey's population. In 2020 89% of new admissions into Supported Accommodation were from the BAME Community and 37% were black men only. Whereas in 2018-19 62% of new admissions were BAME residents. In 2020 new admissions to the Floating Support service who were BAME residents accounted for 70% in 2020 and 46% in 2018-19. In 2020-21 67% of new admissions were for supported housing and 62% were into Floating Support services. This highlights that the BAME community is disproportionately impacted by mental health needs.
- In Haringey, 3% of people of Black or Black British ethnicity have a diagnosis of serious mental illness, higher than other ethnic groups.
- In Haringey, BAME groups are more likely to be diagnosed with a psychotic disorder.
- In Haringey analysis shows that reliable recovery rates following the Improving Access for Psychological Therapies (IAPT) programme are better for White British people than BAME groups across Haringey.
- In Haringey CCG in 2014/15, 41.5% of secondary mental health service users aged 18+ were from BAME groups. This equates to 2,875 residents from the BAME population. This was significantly higher than the England average of 11.2% and just above the London average of 38.5%.
- According to a report by the Mental Health Foundation, people from BAME groups living in the UK are:
 - more likely to be diagnosed with a mental health problem.
 - more likely to be admitted to hospital.
 - more likely to experience a poor outcome from treatment.
 - more likely to disengage from mainstream mental health services.

Religion or belief (or no belief)

- Christians accounted for 54% of new admissions in 2020 and the next highest religion was Muslims at 19%. There is limited data for Floating Support services new admissions in 2020 which showed 23% of residents were Christian and 7% of residents were Muslim which accounted for the highest declared religions. There is no service level data about the religions or beliefs of residents referred to in either services in 2018-19. However, information from the 'Borough Plan EQIA 2019-23' states that Muslim residents experience lower levels of physical and mental health. Therefore, this proposal may disproportionately, positively affect the Muslim population in Haringey.

Gender reassignment

- There is only evidence of 1 person who is using the supported accommodation service in 2020 and none for the Floating Support service. There is no service level data regarding gender reassignment for referrals in 2018-19. In 2020-21 data shows that only 1 person had gender reassignment. However, Rethink Mental Illness' 2017 transgender mental health study showed that 88% of transgender people had experienced depression and 84% had thought of ending their life. The 'Borough Plan EQIA 2019-23' estimates that there is between 200,000 to 500,000 people who identify as trans in the UK and therefore, this proposal will support those within this population, living in Haringey with mental health needs.
- The Scottish Evidence Review revealed that 88% of transgender respondents had suffered from depression, 80% from stress and 75% from anxiety at some time; and EHRC Transgender Research Review reported rates of self-harm and attempted suicide were high

Disability

- The clients referred to both services, in 2020 and 2018-19 were disproportionately affected by disability and long-term health conditions including chronic mental illness, learning disabilities, autism and addiction. Often these needs were previously unaddressed or misunderstood by services who saw their behaviour as challenging. This service will have a positive impact on residents with disabilities, as it is specifically designed to support people with complex needs.
- There were 22,752 adults diagnosed with depression, anxiety or both registered with Haringey GP practices in 2018. This equates to 1 in 10 people.
- Sixty-one per cent of people aged 18 and over diagnosed with depression and/or anxiety were women in 2013.
- 4,103 adults with a serious mental illness were registered with a Haringey GP practice in 2018.
- 64 suicide deaths were reported in Haringey between 2015-2017
- In Haringey, people living in deprived areas are more likely to be affected by depression.
- Haringey has a higher prevalence of Serious Mental Illness (1.3%) than London (1.1%) and England (0.9%).
- Over 50% of people with a serious mental illness have one or more other long-term condition.
- In Haringey, 5,510 people are on Employment Support Allowance or Incapacity Benefit due to mental illness, 50% of all claimants.
- Diagnoses of Serious Mental Illness are 170% higher in the most deprived areas of Haringey, and diagnoses of Depression are 10% higher.
- A recent survey found that more than one in 10 (11%) of all British adults said they felt depressed during lockdown due to a lack of space in their home. Of those adults reporting a lack of space, 5% said that this had led them to seek medical help or take medication for their mental health.
- Healthwatch Haringey found that 60% of respondents from a survey experienced depression, 43% had anxiety and 48% used alcohol and drugs whilst in a hostel. Whereas in comparison those rough sleeping 28% had depression, 7% experienced anxiety and 21% used drugs and alcohol.

- 47% of respondents in hostels felt the support they receive were meeting their needs , whereas this figure reduced to 21% for those rough sleeping.
- 40 people in hostels and shelters felt activities such as arts and sports would improve their mental health. Whereas 37 people rough sleeping felt that practical support would improve their mental health.
- Death by suicide is 35 times more likely amongst the rough sleeping population. Also death by unnatural causes is 4 times greater in the homeless population.
- Homeless people have a significantly higher mental health diagnosis than the general population, 44% homeless compared to 23% general population.
- Rough sleepers rates of alcohol and drug use is four times higher than the general population.

Pregnancy and maternity

- There is no service level data about residents referred to both services, in 2020 and 2018-19, who were pregnant or had recently given birth. However, as stated in the 'Borough Plan EQIA 2019-23', postnatal depression affects one in every ten women in the year after giving birth. Therefore, this pilot mental health service may have a positive impact on this cohort, by providing supporting to the estimated 10% of recent mothers who have postnatal depression. The Supported Accommodation service and Housing First is specifically for single people, however clients may become pregnant whilst in the service.

Marriage and civil partnership

- There is no service level data about referrals to both services in 2020 and in 2018-19, who were married or in a civil partnership. The 'Borough Plan EQIA 2019-23' states that a third of Haringey residents are married. The floating support pilot will be available for all Haringey residents regardless of whether they are married or in a civil partnership. Therefore, no inequalities related to this protected characteristic can be identified.

Generally, there is a higher proportion of BAME and LGBT+ communities who are seeking support with their mental health. The new services should have a positive impact on these client groups by enabling easier access, targeting support to those in need and providing specialist services. There will be an increase in the supply of support, therefore, no negative impacts have been identified.

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?

Please outline which groups you may target and how you will have targeted them

Further information on consultation is contained within accompanying EqIA guidance

A consultation was carried out in August 2020 with existing service users to inform them of the development of the services as well as asking them about their current service.

A consultation exercise also took place with the existing providers of the services to identify how the services could be improved to be more effective. This also included input from other stakeholders including BEHMHT, Public Health and the Clinical Commissioning Group.

Quarterly key performance indicators are submitted by providers, and performance review meetings take place to examine outcomes and identify issues with the service.

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?

The consultations with the service users were through an online survey and some service users gave their providers handwritten responses. The response rate was 33% (41 service users) in Supported Accommodation and 25% (35 service users) in Floating Support.

Generally, the response was positive about the current service provision. 88% of Supported Accommodation and 94% of Floating Support clients were satisfied with their service's.

In Accommodation services scores of high performances included the Keyworker understands the client's strengths, recovery with mental health, ability to learn new things and share skills. Whereas perceived areas of lower performance included connecting with new people and places and things to do, feeling safe and secure and plans to move on. Also, it should be noted that this survey was carried out during the pandemic which could have influenced the service users' perceptions.

In Floating Support services, the service user's gave lower scores for connecting with new people and place, and things to do, learning new things and sharing skills and moving on from the service.

These indicators highlighted the need to consider within the recommissioning co-production with service users, letting them make decisions about activities within the service, a psychologically informed environment enabling service users to feel safe and secure, digitalisation to support service users to access online courses and activities and to prevent social isolation and an agreed understanding of move on from the service.

The consultation with the providers took place using a 'Virtual Sprint' process and facilitated by experts in consultation and impartial staff within Haringey Council. The recommended areas also included the use of a trauma informed approach and a psychologically informed environment. It also identified the current provision created lots of moves within the service and for this to be reduced to enable effective transitions and flexibility. It did recognise to formally set up provision for more long stay clients, to continue with the women's only provision and to set up specific services for black men only. It also identified that due to Covid more provision should be put in place for digitalisation. Partnership working was also seen as an important element of the services particularly with the mental health trust.

The regular outcomes meetings had identified that some service users were not moving on and this is an area to focus on for the future. This is being specified by ability of providers to access the private rented sector or by developing relationships with Housing Associations to support

move on. Also, the idea which has proved beneficial within the Floating Support service is brief interventions dealing with a specific task rather than long periods of support that may not be needed. It also identified the need for providers to turn around voids quickly and manage new referrals as soon as possible.

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

- 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)*

This proposal will have a positive impact on people of both genders. The proposal within accommodation services is to have a specific service for women only and black men only to enable these services to be more gender and culturally informed. The floating support provision is fairly equal in gender referrals to the services.

Positive	X	Negative		Neutral Impact		Unknown Impact	
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- 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)*

We do not have local data regarding this protected characteristic. However, Rethink Mental Illness' 2017 transgender mental health study showed that 88% of transgender people had experienced depression and 84% had thought of ending their life. Therefore, it could be said that the recommissioning of this mental health service will have a positive impact on a large proportion of transgender residents. In addition to this, the service will have distinct policies around challenging stigma, harassment, abuse and discrimination which will be rigorously monitored.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)*

The services will be available to adults aged over 18 years. The services will not discriminate by age. The services will address a need across all types of services and both Accommodation and Floating Support fulfil need across the age spectrum.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)*

The service will be available for service users with mental health conditions and will be psychologically informed, enabling a trauma informed approach, which recognises long term health conditions, challenging behaviour and reactions to certain triggers. The Accommodation services will work with service users in their own homes as well as communal facilities or supporting them out in the community. The Floating Support service will be available within resident's own homes (which may be beneficial for people with physical disabilities or mobility problems) or they can choose a venue which suits their needs. or a venue suitable for the service user's needs, this may include physical, learning disabilities and autism.

The service will have distinct policies around challenging stigma, harassment, abuse and discrimination that will be rigorously monitored.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)*

BAME residents are disproportionately represented in the group of clients that the mental health service's works with. This proposal will ensure that the service users receive a better-quality service which is responsive to their needs. The service will therefore advance equality of opportunity for the BAME community, by being designed to recognise the specific vulnerabilities in relation to hospitalisation and mental health issues.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)

LGBTQ+ residents are disproportionately represented in the group of clients that the mental health service's works with. Therefore, the services will positively impact LGBTQ+ residents. The services will have distinct policies around challenging stigma, harassment and abuse and discrimination that will be rigorously monitored.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)

Residents of all religions and beliefs will be able to access the services. Information from the 'Borough Plan EQIA 2019-23' states that Muslim residents more commonly experience lower levels of physical and mental health. Therefore, this proposal may disproportionately have a positive effect on the Muslim population in Haringey, by providing higher quality mental health support.

The service will have distinct policies around challenging stigma, harassment, abuse and discrimination that will be rigorously monitored.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)

As stated in the 'Borough Plan EQIA 2019-23', postnatal depression affects one in every ten women in the year after giving birth. Therefore, this pilot mental health service may have a positive impact by supporting the estimated 10% of recent mothers who have postnatal depression.

Positive	X	Negative		Neutral impact		Unknown Impact	
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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)

There will be no discrimination between people in a marriage and a civil partnership when accessing the services. All residents will, regardless of their marital or civil partnership status, be able to access the services.

Positive		Negative		Neutral impact	X	Unknown Impact	
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10. Groups that cross two or more equality strands e.g. young black women

Some residents accessing this service may have two or more protected characteristics, and the service will be equipped to support, the following groups (amongst others):

- People from BAME backgrounds with mental health conditions
- Older people with health and social care needs
- LGBTQ+ people with mental health needs

Positive	X	Negative		Neutral impact		Unknown Impact	
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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 recommissioning and retendering of the mental health pathway will enable a flexible and early intervention service for users, ensuring they are supported quickly, efficiently and with a trauma informed approach.

The proposal would not result in direct/indirect discrimination for any group that shares the protected characteristics.

The proposal will help to advance equality of opportunity between groups who share protected characteristics and those who do not by creating a service that minimises known inequalities, meets the specific needs of people with protected characteristics and encourages participation of vulnerable people within the services.

The proposal will also help to foster good relations between groups who share and do not share protected characteristics by having specific and tailored policies and procedures around discrimination, bullying and abuse as well as delivering supportive interventions and activities for service users around violence and abuse, hate crime, consent and personal boundaries.

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	
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.	

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.

Not applicable.

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

Once the service is recommissioned, it will be evaluated on a quarterly basis using the key performance indicators. Monitoring will also include compliance with the service specification and implementation plan as submitted by the providers. The overall monitoring will be carried out by the Housing Related Support Commissioning team.

The type of information collected using the key performance indicators will include personal characteristic details of new admissions to the service. Also, outcomes achieved while in the service including ability to be financially independent, improvement with health needs, ability to take part in employment, education, or volunteering. Positive planned moves from the service will also be monitored, as well as unplanned moves. The aim of the service is to enable and empower service users to be independent and move on from the service.

Incidents, safeguarding concerns and fatalities within the service will also be monitored as and when they occur. This will include the reasons for these occurring and particularly those which contain hate crime elements.

The outcomes will be monitored and evaluated through quarterly performance meetings. This will include who is accessing the service, the outcomes they achieve, the number of incidents and safeguarding's occurring that contain hate crime elements.

The services will be reviewed on a continual basis and any concerns will be discussed with providers at quarterly review meetings or as and when they occur where there is a significant concern.

Service user feedback was used to inform the recommissioning process and it will be also used within the life of the contract to determine how the contract is progressing and to monitor the impact of equalities.

7. Authorisation

EqlA approved by <i>Charlotte Fawcett</i> (Assistant Director/ Director)	Date 27/07/2021
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8. Publication

Please ensure the completed EqlA is published in accordance with the Council's policy.

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