

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	Single Homeless Pathway
Service area	Commissioning
Officer completing assessment	Zahra Maye
Equalities/ HR Advisor	Fatimah Basama
Cabinet meeting date (if applicable)	December 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 Haringey Single Homeless Supported Housing Pathway is commissioned by the Housing-Related Support Commissioning Team. It is underpinned by a range of local and national policy objectives for example, a commitment to tackle street homelessness, socio-economic deprivation and health inequality, as well related strategies around substance use, mental health, social isolation, and co-production.

The proposal is to recommission the Single Homeless Pathway consisting of 24 hour supported housing and visiting support services for 4 years plus a 3-year extension. The Single Homeless Pathway is accommodation services for homeless adults with complex and multiple needs supporting vulnerable people to live or rebuild lives.

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, transitional (low support move on) women’s only (24 hours) and LGBTQ+ visiting 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 a good life.

The key stakeholders affected are single homeless adults and those at risk of homelessness aged 18+ in the borough. This cohort of people is broadly made up of men aged between 25-50 years old, with over-representation of people from BAME backgrounds, people with long-term mental health conditions, substance use needs, and physical health concerns related to prolonged periods of rough sleeping, drug use and self-neglect. Women represent around 27% of the cohort but are often disproportionately affected by issues of previous trauma and violence, as well as substance use and mental health needs.


The recommissioning will take place through a competitive tender process and the results will be presented at a Cabinet meeting in December 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
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Sex	Annual review of single homelessness support in England https://www.homeless.org.uk/sites/default/files/site-attachments/Single%20Homelessness%20Support%20in%20England%20-%20Annual%20Review%202019.pdf	This service does not affect any council staff.
Gender Reassignment	Domestic Abuse, Homelessness and Insecure Housing: AVA: A report for the Women’s Voices project in Haringey 2021. MHCLG Statutory homelessness in England: financial year 2020-21 https://www.gov.uk/government/collections/homelessness-statistics#live-tables	
Age	Official Statistics Rough sleeping snapshot in England: autumn 2020 https://www.gov.uk/government/statistics/rough-sleeping-snapshot-in-england-autumn-2020/rough-sleeping-snapshot-in-england-autumn-2020	
Disability	Haringey Housing Strategy 2017-2022 [(Public Pack)Agenda Document for Cabinet, 18/10/2016 18:30 (haringey.gov.uk)]	
Race & Ethnicity	Haringey JSNA data – Adult Mental Health April 2019 PowerPoint Presentation (haringey.gov.uk) Haringey Homelessness Strategy (2018) http://www.minutes.haringey.gov.uk/documents/s100152/Appendix1HomelessnessStrategyv24.pdf	
Sexual Orientation	Haringey Rough Sleeping Strategy (2018) http://www.minutes.haringey.gov.uk/documents/s100015/Appendix%201%20Draft%20Rough%20Sleeping%20Strategy%20v23.pdf	
Religion or Belief (or No Belief)	The Haringey Borough Plan 2019-23 Equality Impact Assessment PowerPoint Presentation (haringey.gov.uk)	
Pregnancy & Maternity	Rethink Mental Illness, transgender Single Homeless study 2017 https://www.rethink.org/advice-and-information/living-with-mental-illness/wellbeing-physical-health/lgbtplus-mental-health/	
Marriage and Civil Partnership	LGBTQI+ Need’s assessment and methodology. Healthwatch  LGBT Health Needs Assessment-LRandMe LGBTQI+ and Healthwatch assessment September 2019 and March 2020.	

Annual CHAIN report for Haringey
<https://data.london.gov.uk/dataset/chain-reports>



HOMELESS HEALTH
NEEDS ASSESSMENT;

Homeless Health Needs Assessment June 2020

Single homelessness needs analysis (Based on single homeless approaches between April 2018 and December 2020)



Single
homelessness_needs_

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:

Data limitations: The analysis considers data from 2017 to date and is considered the most relevant and recent data set used to inform our understanding of the current picture of homelessness in the borough and nationally. Furthermore, accurately estimating the number of women, LGBTQ+ people sleeping rough or homeless within a local authority is inherently difficult given the hidden nature of their homelessness, so they are often underrepresented in the statistics.

Age

Statutory homelessness assessments and activities in England between 1 April 2020 and 31 March 2021 found that:

- In 2020-21, the most common age group of lead applicants in households owed a prevention or relief duty were aged between 25 and 34 years old, making up 85,920 households or 32.0% of the total.
- Households with a lead applicant aged between 18 and 24 was the only age group to increase, up 1.5% from 2019-20, despite the overall decrease in duties owed. There was an overall shift in the proportion of lead applicants towards those aged 18 to 34 years old, with lower proportions in the older age groups.
- 1.2% of households owed a duty were care leavers aged 18-20, equating to 3,130 care leavers assessed as owed a duty in 2019-20. This is similar in proportion to

2018-19, and represents an absolute increase of 25.7% from 2,490 care leavers aged 18-20 in 2018-19

Rough sleeping snapshot in England: autumn 2020 estimates:

- Most people sleeping rough on a single night in autumn 2020 were aged over 26 years old, which was similar to previous years. There was 1 person under the age of 18 found sleeping rough in this year's snapshot. (Under 18s who are homeless should be provided with accommodation by Children's Services in their local authority).
- In 2020, there were 2,349 people (87 % of the total) sleeping rough on a single night in autumn who were aged 26 years or over and 138 people (5 % of the total) who were aged between 18 and 25 years. The age of people sleeping rough was 'Not known' for 200 people, or 7 % of the total.

Local Picture: based on single homeless approaches to Homes for Haringey between April 2018 and December 2020:

- Compared to the population distribution of Haringey as a whole, 18–30-year-olds disproportionately present to Homes for Haringey as singles (1 out of every 60 in this age group across Haringey present each year).
- There are correspondingly fewer people in the 40-50 and 65+ age groups.
- April to December 2020 saw an increase in the number of single approaches by 18–45-year-olds compared to the same period in 2019.
- This is likely related to the significant increase in unemployment – and other financial pressures - as a consequence of the pandemic.

Sex

- Nationally, CHAIN reports in the year 2020/21 16% (1699) of people seen sleeping rough in London were women and 84% (9217) were men. The Haringey rough sleeping figures broadly mirror the London-wide picture.
- Homeless Link found 28% of women were accessing accommodation projects compared to 64% of men.
- The outcomes data for Supported Accommodation with new admissions in 2020/21 is as follows: 67% males and 29% females and 3% trans-female. This is similar to data in 18/19 where 70% of new admissions were male. This pattern is not reflective of the demographics of the borough whereby 50.4% of residents are male and 49.6% are female, indicating an underrepresentation of women among people who are homeless. This is likely due to under-reporting and the nature of women's homelessness differing to that of men's, for example women seek out quieter more sheltered places in order to hide themselves from potential attackers and the general public and less likely be picked up by rough sleeping teams, counted in official statistics and supported into housing.
- This also highlights the need for women only provision that respond appropriately to homelessness as experienced by women. We know that women are often less

likely to access support services due to fear of violence or stigma and this has been considered in the recommissioning of the Single Homeless Pathway through the inclusion of women's only services to allow women to access support and accommodation safely.

Sexual Orientation

- ONS data estimates that 3.2% of London's population identifies as lesbian, gay or bi-sexual.
- In 2020-21 6% of residents accessing Single Homeless services in Haringey identified as lesbian, gay, or bi-sexual. This shows that lesbian, gay and bi-sexual residents are disproportionately represented in this cohort of service users with Single Homeless needs. This correspondence with Homeless Link Data which found only 4% were accessing accommodation. The seemingly low proportion of people who identify as lesbian, gay, bisexual and transgender plus (LGBT+) should be treated with caution as previous research suggests that LGBT+ people are over-represented in the UK homelessness population, and accurate recording of sexual identity may not be common practice within services.
- 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.
- Alcohol and substance misuse also found to be 1.5 times higher amongst LGBTQ+ people compared with heterosexual people (EHRC Sexual Orientation Research Review) (16% of LGBT drank alcohol almost every day in the last year and 13% LGBTQ+ aged 18-24 took drugs at least once a month identified in The Stonewall report).
- The recommissioning of the Single Homeless Pathway includes a specific LGBTQ+ service designed to ensure that the housing and wellbeing needs of LGBTQ+ people are fully understood and catered for within the supported housing pathway. Staff will receive specialist training about sexuality, including how to create safe environments for LGBTQ+ people, how to have supportive conversations, and build knowledge about specialist LGBTQ+ support services. The service will have distinct policies around challenging stigma, harassment and abuse and discrimination that will be rigorously monitored.

Race and Ethnicity

- Statutory homelessness assessments and activities in England between 1 April 2020 and 31 March 2021 found that during 2020-21 69.6% of homeless households had a White lead applicant, while 84.9% of individuals in England are White, suggesting White households are less likely to be homeless. This

correspondence with Haringey's supported housing data (2018) whereby 34% of clients accommodated in the single homeless pathway were White British, this matches with the ethnic profile of residents of Haringey which was 34.7%.

- Lead applicants of Black, Mixed and Other ethnicities are overrepresented in homeless households owed a prevention or relief duty across England (16.1% households owed a duty).
- BAME residents account for 38% of Haringey's population. In 2020 48% of new admissions into Supported Accommodation were from the BAME Community. Whereas in 2018-19 40% of new admissions were Black and minority ethnic (BAME) people. This highlights that the BAME community is disproportionately impacted by homelessness.
- Based on single homeless approaches between April 2018 and December 2020 Black/Black British residents approaching as homeless were generally younger than those identifying as White. For instance, residents identifying as Black/Black British aged 25-35 were around 11 times as likely to present as single homeless compared to their White counterparts.
- Furthermore, data collated by Shelter highlighted that people of ethnic minority backgrounds are around three times more likely to become statutorily homeless than are the majority White population. In the last five years, there was a 22% increase in statutory homelessness. Among white households it rose 9%, whereas homelessness amongst BAME households rose 48%. This difference is also seen in Haringey in both the 'priority' and 'non-priority' homeless cohorts.
- Services will have distinct policies around challenging stigma, harassment and abuse and discrimination that will be rigorously monitored as part of contract monitoring.

Religion or belief (or no belief)

- We do not currently have any reliable data on the religion and beliefs of the homelessness population. The development of the service will include data collection improvements which will give us better information about this characteristic for future commissioning.

Gender reassignment

- 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 support 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.
- The proposed LGBTQ+ service will provide dedicated safe space and support for transgender residents or for those who are in the process of transitioning.

Disability & Mental Health

- Mental health issues are the most commonly reported support need experienced by people accessing accommodation providers reflecting earlier studies showing that mental health problems are particularly prevalent among people experiencing homelessness.
- Based on single homeless approaches to Homes for Haringey between April 2018 and December 2020; 21% of residents approaching as homeless were assessed to have (previously) had issues with their mental health between April 2018 and December 2020. Although high, this is consistent with some estimates for the percentage of people living with a common mental illness in Haringey.
- 2% of residents approaching had a learning disability – broadly consistent with the proportion of this group of residents in Haringey as a whole.
- 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.
- 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.
- People experiencing homelessness have significantly higher mental health diagnosis than the general population, 44% homeless compared to 23% general population.
- The data also demonstrates intersection between disability and other protected characteristics. In Haringey, 3% of people of Black or Black British ethnicity have a diagnosis of serious mental illness, higher than other ethnic groups. BAME groups are also more likely to be diagnosed with a psychotic disorder. (Haringey JSNA data – Adult Mental Health April 2019).
- Rethink Mental Illness' 2017 transgender Single Homeless study showed that 88% of transgender people had experienced depression and 84% had thought of ending their life.
- In terms of physical disability, 18% (16% of people aged 16-64) had a physical illness or disability. This is higher than the estimated proportion for Haringey as a whole (Census data indicating that 14% of Haringey residents report they have a condition limiting their day to day activities, in line with the London average).
- The data strongly demonstrates issues of poor mental health, substance misuse, and poor physical health due to prolonged self-neglect as a result of homelessness among cohorts accessing homelessness services, indicating that services will need to be targeted at addressing health issues to improve the experiences of homeless individuals suffering from poor mental health or disability.

Pregnancy and maternity

- There is no service level data about residents referred to the supported housing pathway in 2020 and 2018-19, who were pregnant or had recently given birth.
- The Supported housing pathway is specifically for single people; however, clients may become pregnant whilst in the service or may have nondependent children.

- Women who are pregnant whilst living in supported housing will be supported to present to Homes for Haringey for a Housing Assessment.
- The St Mungo's Rebuilding Shattered Lives report found that over half their female clients are mothers, and 79% of these women have had their children taken into care. In Haringey's single's homeless pathway, approximately 23% have had children taken into care but this figure is likely to be higher as 35% of providers returned 'unknown' classifications. In itself the 'unknown' classification being so high identifies that this is an area where data is not universally collected or prioritised by supported housing providers.
- Relationships with families, and in particular children, are often essential to the lives of women who are homeless. The effect of children being taken into care or otherwise separated from mothers can be enormously traumatic for women. The Single Homeless Pathway will be gender and trauma informed, recognising the impact of children being taken into care as part of clients' support plans.
- For those who want and are able to live with their children, there is provision to support them to find suitable accommodation together in the community.

Marriage and civil partnership

- The service will not discriminate between married people and those in civil partnerships.
- 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 support housing pathway 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.

Intersectionality

Common explanations for why people experience homelessness includes poverty, substance abuse, mental illness, and lack of affordable housing. These risks intersect, though, with protected characteristics, such sexual orientation, gender, race, disability, and age, to create unique systems of discrimination.

From the use of official statistics and people sharing their lived experiences we know people who experience homelessness and rough sleeping are likely to belong to more than one protected group and that it is therefore crucial to assess vulnerability through an intersectional lens to better account for the multiple positions of disadvantage faced by people who experience homelessness.

Against Violence and Abuse (AVA) in their evaluation of women's homelessness found LGBTQ+ women, Black and minoritised women, migrant women and women living with disability/ies face additional barriers to support and access to housing. They are also likely to face greater disadvantage in the labour market which might leave them more vulnerable to financial instability and homelessness.

The new pathway should have a positive impact on these client groups by enabling easier access, targeting support to those in need, providing specialist services and by addressing the inequality experienced through an intersectional lens.

The breadth of the provision we are seeking to commission goes to ensuring that the needs of individuals across the spectrum of protected groups will be catered for.

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

The commissioning process reflects our commitment to co-production, involving people with lived experience of homelessness at all stages, including defining the brief and specification, participating in tender evaluations, conducting interviews, and visiting services.

A consultation was carried out in March 2021 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 Public Health and the Clinical Commissioning Group, HAGA, The Grove.

Furthermore AVA (Against Violence and Abuse) were commissioned to deliver co-produced evaluation of domestic abuse, homelessness, and insecure housing in Haringey with peer researchers. A workshop was conducted with women with lived experience of both domestic abuse and homelessness to explore the following themes:

- Experiences of housing instability and/or homelessness
- what barriers they experienced in accessing support
- what is the best practice in service provision, outreach, and support
- how peer support played a role in their recovery, if any.

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. 21 current Pathway residents responded. Due to Covid-19 precautions, only limited face to face consultation has been possible for this process, but we used a survey, online/telephone meetings and 1:1 face to face meetings to maximise the number of people who could engage with the process.

As well as co-production with people with lived experience of homelessness and multiple disadvantages, we have delivered a number of multi-agency design sessions with our frontline and strategic stakeholders and partners.

Generally, the response was positive about the current service provision. 90% of Supported Accommodation clients who responded were satisfied with the support they were receiving and where there was dissatisfaction it was usually related to neighbour complaints and repairs and maintenance issues.

In Accommodation services scores of high performances included the Keyworker understands the client's strengths, recovery with Single Homeless, 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.

The consultation with the providers and key stakeholders took place using Teams. The focus of the workshops was to gain feedback and suggestions from front line staff on what works and what needs improving in services through a trauma and gender informed lens. 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 service for LGBTQ+ clients. It also identified that due to Covid more provision should be put in place for digitalisation and addressing social isolation. Partnership working was also seen as an important element of the services particularly with other providers and statutory agencies such as Adult social care.

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.

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)

Considering the high prevalence of domestic, sexual and physical violence; there are clear opportunities to align VAWG and housing service priorities, share good practice and deliver a personalised offer for women experiencing multiple disadvantage and homelessness. The redesigned pathway will have a positive impact and increase the number of services offering gender and trauma-informed support to women and safe accommodation.

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 sufficient local data regarding this protected characteristic. However, wider data shows that the experiences of homeless transgender people are overwhelmingly negative. Recommissioning of this Single Homeless Pathway service is anticipated to 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 as well as training on gender identity and gender diversity: what it means to be trans or gender diverse empowering professionals, through increased knowledge and resources, to create a LGBTQ+ inclusive services.

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.

For those under 18 years of age, there is a statutory duty to provide accommodation and child in need assessments via Children’s services. For those aged between 18 and 25 there is a dedicated Young People’s supported housing Pathway tailored to the needs of young people who are homeless or at risk of homelessness.

For those aged over 50, as well as the supported housing pathway then can also access sheltered housing schemes delivered by Homes for Haringey. All age groups will be supported to access appropriate housing and won't be negatively impacted by these proposals.

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 Single Homeless Pathway will be trauma-informed and aims to create a psychologically informed environment that recognises the impact of trauma on long-term health, challenging behaviour, and reactions to certain triggers. The needs of people with long-term mental health and Physical health needs will be taken into specific consideration due to the prevalence of this need within the homeless population with the service aiming to have a positive impact on residents with disabilities, as it is specifically designed to support people with complex needs.

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 homeless population. 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, by ensuring services recognise the specific and intersectional vulnerabilities experienced by the BAME community, in particular the compounding impact of mental health issues. Therefore the Single Homeless Pathway recommissioning will have a positive impact on BAME residents.

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 Single Homeless service's works with. Therefore, the new LGBTQ+ service will positively impact LGBTQ+ residents. The services will create a safe space for the community and 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. However, we do not currently hold reliable data on the religion or beliefs of the homeless population. While it is currently an unknown impact, we recognise there is an intersection between religion and ethnicity that will require monitoring.

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

Positive		Negative		Neutral impact		Unknown Impact	x
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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)*

While the pathway is for single adults, there is provision to support women who are pregnant into suitable accommodation outside of the pathway via Homes for Haringey.

Pregnant women will therefore not be negatively affected by this proposal.

Positive		Negative		Neutral impact	x	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 multiple and complex mental health needs

- Women with complex mental health conditions related to surviving trauma, including abuse and violence
- 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:

- Remove or minimise disadvantage suffered by persons protected under the Equality Act**
 - Take steps to meet the needs of persons protected under the Equality Act that are different from the needs of other groups**
 - 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 Single Homeless 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
All – ensure the voices, insights and experiences of people with protected characteristics are central to the design and delivery of services	A wide range of engagement and co-design activities with current and former service users, with a focus on those with protected characteristics.		Ongoing

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 commissioned, 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.

We will also be engaging with a range of stakeholders and clients in the further development and implementation of the service to ensure that it meets a wide range of needs, including for those of protected groups, through the creation of co-design implementation and monitoring groups.

We will also continue to promote individual resident wellbeing and ensure their needs are safely met, and goals accomplished.

7. Authorisation

EqlA approved by
(Assistant Director/ Director)

Date

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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.