

Appendix 2
Equality Impact Assessment

Equality Impact Assessment

Directorate: People (Adults)	
Service: People, Strategy and Commissioning	
Name of Officer/s completing assessment: Diana Balsom Interim Commissioning Manager Prevention and Carers	
Date of Assessment: 04 06 25	
Name of service/function or policy being assessed:	
1.	<p>What are the aims, objectives, outcomes, purpose of the policy, service change, function that you are assessing?</p> <p>We are seeking to re-procure accommodation-based housing related support services for people with support needs. Services work with people who are homeless, or at risk of homelessness, to develop the skills required to support themselves and maintain their own accommodation. They provide support to people for up to two years (often for a much shorter period than this) to develop stability and tenancy support skills, as well as linking in with other supporting agencies. Services prepare them for their final stage of independence by empowering them to learn the skills required to maintain their accommodation and seek support when required. These services form a central plank of the Boroughs homelessness provision and prevent the take up of more expensive Temporary Accommodation.</p>
2.	<p>Who implements or delivers the policy, service, or function? State if this is undertaken by more than one team, service, and department including any external partners.</p> <p>The service is commissioned by Adult Social Care in collaboration with Housing via competitive tendering. We work with a wide group of stakeholders to develop service specifications that outline the service we require to meet the needs of those at risk of homelessness.</p>
3.	<p>Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all of the Protected Characteristics listed (more information is available in</p>

the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.

Homelessness can affect everyone but there are particular groups who are former rough sleeper and/or at risk of homelessness that this service seeks to support, who will have additional and often complex support needs as evidenced by the Data based on 331 adults identifying as homeless - within the legal definition of homelessness - and registered with a GP practice based in Slough can be summarised through the prevalence of recorded health conditions for the local known homeless population, compared to Slough registered population, aged 18 and over:

Age: x

Disability: x

Gender Reassignment: x

Marriage and Civil Partnership: x

Pregnancy and maternity: x

Race: x

Religion and Belief: x

Sex: x.

Sexual orientation: x.

Other: Care leavers, People experiencing social deprivation/isolation, Veterans, People at risk of Offending x

Recorded health conditions and comorbidities	<ul style="list-style-type: none"> 84% of people experiencing homeless had at least one recorded health condition, compared to 50% of/registered population. The level of comorbidities in the homeless population was also significantly higher with 70% of the homeless population, having two or more recorded health conditions, compared to 31% of the registered population
Mental health:	<ul style="list-style-type: none"> 52% of people who were experiencing homelessness had diagnosed Depression and 17% had a diagnosed serious mental illness. These were over five times and 17 times higher than the registered population of Slough, respectively.
Respiratory health:	<ul style="list-style-type: none"> 10% of people who were experiencing homelessness had a diagnosed asthma condition and 5% had chronic obstructive pulmonary disease (COPD). These were two times and five times higher than the registered population of Slough, respectively.
Smoking status:	<ul style="list-style-type: none"> 63% of people who were experiencing homelessness were recorded as being current smokers, compare to 15% of the Slough registered population
Sex and age:	<ul style="list-style-type: none"> 69% of people recorded as homeless were male, and 31% were female. Men aged 35 to 64, made up over 50% of all people recorded as homeless in Slough. This is an overrepresentation as this group only made up 25% of the registered adult population. Men aged 18 to 24 had lower proportions of people recorded as homeless than would be expected compared to the registered adult population, those aged 25 to 34 and 65 and over were similar to the registered adult population. Women aged 35 to 44, made up the largest proportion of females who were recorded as homeless at 12%. All female age groups were underrepresented in the number of people recorded as homeless. This is at odds with data for England which has 73% of assessments for statutory homelessness aged 18 to 44 in 22/23 and the smaller age groups within this age band were also all overrepresented in the proportion of statutory homelessness applications, compared to what would be expected from the 2021 census population profile. People aged 16 to 17 and 45 and over were underrepresented
Ethnicity	<ul style="list-style-type: none"> People from White British ethnic groups made up a higher proportion of those recorded as homeless, when compared to the registered adult population profile (36% of homeless; 16% of registered population). People from any other ethnic group, mixed/multiple and Black/Black British ethnic groups were also overrepresented in the proportion of people who are homeless. People from Asian/Asian British ethnic groups made up lower proportions of people recorded as homeless, compared to what would be expected from the registered adult population profile.

	<ul style="list-style-type: none"> • Again, this was at odds with England data, where people from Black/Black British ethnic groups and ‘any other ethnic groups’ have a higher proportion of homelessness assessments than would be expected compared to the 2021 census. • •
4.	<p>Who will be affected by this proposal? For example, who are the external/internal customers, communities, partners, stakeholders, the workforce etc. Please consider all the Protected Characteristics listed (more information is available in the background information). Bear in mind that people affected by the proposals may well have more than one protected characteristic.</p> <p>Homelessness can affect everyone but there are particular groups who are former rough sleeper and/or at risk of homelessness that this service seeks to support, who will have additional and often complex support needs:</p> <p>Age: the service accepts Adults and Young People aged 18+ with additional support needs and will link in with relevant services dependent upon identified need – for example leaving care teams, education/training services, health services</p> <p>Disability: The service routinely accepts and works with People with mental health and addiction issues, hidden and undiagnosed neurodiversity conditions, Learning Disabilities, Dyslexia, people with long term health conditions, people living with HIV and HCV (Hepatitis C). The services can accept people with mobility issues but are not suitable for wheelchair users. However, this group are less likely to find themselves serially homeless and are likely to receive support within their own accommodation or within a care home.</p> <p>The medium to high need services generally work with people with substance misuse issues and has ‘in-reach’ from substance misuse services, as well as those with enduring mental health issues.</p> <p>Gender Reassignment: The service does not exclude people who have, or in the process of transitioning and will support access to services and support groups.</p> <p>Marriage and Civil Partnership: The service does not exclude people based on their relationship status. However, bedrooms are for single occupancy only, so a couple entering together would each have their own room. The decision would be based on risk, looking at issues of domestic abuse.</p> <p>Pregnancy and maternity: Services would not exclude someone due to pregnancy; the complex and sometimes challenging behaviour of some residents is likely to pose a risk, and it is this risk that would support the final decision. Parents are not excluded but the service is not suitable for children. The service would support the resident to (re) establish contact with family including children where possible, and where no risk is identified – liaising with Children’s service were relevant.</p>

	<p>Race: The service is accessible to all regardless of race and actively supports people whose first language is not English to access language training and interpreters</p> <p>Religion and Belief: The service is accessible to all regardless of religion and belief. The service is not affiliated with any religious group and will support residents in meeting their faith needs.</p> <p>Sex: The service is open to all people (men, women, non-binary). However, Hostel type services traditionally have a higher male percentage than other homelessness support. The service takes referrals from SBC Housing and access for underrepresented groups forms part of the Homeless Prevention strategy. The service itself will support residents to access specialist healthcare where necessary.</p> <p>Sexual orientation: The service is accessible regardless of sexual-orientation. The service will support people to access appropriate support services and groups.</p> <p>Other: The service works with many people impacted by Adverse Childhood Experiences (abuse, addiction, domestic abuse) which often leaves people with trauma that can be triggered in adulthood and sometimes lead to challenging behaviours that makes people serially excluded. This often results in undiagnosed and untreated mental health issues that some individuals self-medicate with substances. Over time this produces co-occurring issues of mental ill health and addictions issues. Treatment for this 'dual diagnosis' is very limited, with Mental Health teams unable to treat an individual with substance issues and Substance Misuse agencies unable to treat the symptoms of mental health distress that can accompany a reduction in substance misuse. This can lead to a continuous cycle of chaotic behaviour that services struggle to support and lead people into long term homelessness.</p> <p>The service uses 'trauma-informed practice' an evidenced-based approach for working with people with complex needs, as well as a holistic approach– working with the whole person, rather than the individual symptoms.</p>
5.	<p>What are the likely negative impacts for the group/s identified in (3) above? If so, then are any particular groups affected more than others and why?</p> <p>We do not anticipate any negative outcomes from being supported within the service, but demographic and outcomes monitoring is used to understand whether there are different outcomes for different groups with protected characteristics.</p>

6.	<p>Have the impacts identified in (4) and (5) above been assessed using up to date and reliable evidence and data? Please state evidence sources and conclusions drawn (e.g., survey results, customer complaints, monitoring data etc).</p> <p>As noted above – this will form part of quarterly monitoring to ensure there is equity across groups with protected characteristics.</p>
7.	<p>Have you engaged or consulted with any identified groups or individuals if necessary and what were the results, e.g., have the staff forums/unions/ community groups been involved?</p> <p>Currently we are guided by national findings that indicate that some groups do not access the services- for example women. As the service takes referrals from the Housing team, this is a wider consideration than the service itself and will form part of ongoing development work with housing colleagues for future longer-term commissioning of the service.</p>
8.	<p>Have you considered the impact the policy might have on local community relations?</p> <p>The service itself supports a number of formerly homeless people with complex needs to stabilise. In doing this the service users are supported away from the street and the attendant anti-social behaviour that this can entail. This supports wider community safety. We are not aware of local issues with the siting of the accommodation itself. The accommodation has been in situ since 2006.</p> <p>We are introducing updates on comments, complaints and compliments into the monitoring process, and this can include comments from all stakeholders, not just service residents.</p>
9.	<p>What plans do you have in place, or are developing, that will mitigate any likely identified negative impacts? For example, what plans, if any, will be put in place to reduce the impact?</p> <p>Quarterly monitoring with the service provider alongside housing colleagues will provide insight and overview of the impact of the service on residents and whether patterns emerge regarding worse outcomes for identified groups. Regular service user feedback will support the process too, giving insight to support any necessary changes.</p>
10.	<p>What plans do you have in place to monitor the impact of the proposals once they have been implemented? (The full impact of the decision may only be known after the proposals have been implemented). Please see action plan below.</p>

	<p>This will form part of ongoing contract monitoring.</p>
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What course of action does this EIA suggest you take? More than one of the following may apply	✓
Outcome 1: No major change required. The EIA has not identified any potential for discrimination or adverse impact and all opportunities to promote equality have been taken	x
Outcome 2: Adjust the policy to remove barriers identified by the EIA or better promote equality. Are you satisfied that the proposed adjustments would remove the barriers identified? (Complete action plan).	x
Outcome 3: Continue the policy despite potential for adverse impact or missed opportunities to promote equality identified. You will need to ensure that the EIA clearly sets out the justifications for continuing with it. You should consider whether there are sufficient plans to reduce the negative impact and/or plans to monitor the actual impact (see questions below). (Complete action plan).	
Outcome 4: Stop and rethink the policy when the EIA shows actual or potential unlawful discrimination. (Complete action plan).	

Action Plan and Timetable for Implementation

At this stage a timetabled Action Plan should be developed to address any concerns/issues related to equality in the existing or proposed policy/service or function. This plan will need to be integrated into the appropriate Service/Business Plan.

Action	Target Groups	Lead Responsibility	Outcomes/Success Criteria	Monitoring & Evaluation	Target Date	Progress to Date
Establish groups that are not represented within the service and compare with homelessness data, local trends, and national trends. Where gaps do not align with local data, develop further understanding of causes through engagement and develop approaches to	All groups in first instance to identify patterns in groups being referred, identifying those group not represented	Housing demand team and service contract officer and commissioner	Understand which groups need support but are not accessing the service. Understanding why they are not accessing the service. Identified strategies for supporting those groups. Greater take up of support from identified groups	Via qtly contract monitoring meetings	The meetings will be set up at the start of the service and collated to demonstrate any patterns emerging	

support those underrepresented groups – either within this service or via others						
Quarterly monitoring of service outcomes for the service in relation to identified protected groups.	All groups	service contract officer and commissioner	Ability to match outcomes against protected characteristics. Groups with protected characteristics do not experience worse outcomes than other groups			

Name:
Signed: ...Diana Balsom..... (Person completing the EIA)

Name:
Signed: (Policy Lead if not same as above)

Date: