

## **Shropshire Council Equality and Social Inclusion Impact Assessment (ESIIA)**

**Name of service change:** Commissioning Preventative Services for Adults

### **Contextual Notes**

#### ***The What and the Why:***

The Shropshire Council Equality and Social Inclusion Impact Assessment (ESIIA) approach helps to identify whether or not any new or significant changes to services, including policies, procedures, functions or projects, may have an adverse impact on a particular group of people, and whether the human rights of individuals may be affected.

This assessment encompasses consideration of social inclusion. This is so that we are thinking as carefully and completely as possible about all Shropshire groups and communities, including people in rural areas and people we may describe as vulnerable, for example due to low income or to safeguarding concerns, as well as people in what are described as the nine 'protected characteristics' of groups of people in our population, eg Age. We demonstrate equal treatment to people who are in these groups and to people who are not, through having what is termed 'due regard' to their needs and views when developing and implementing policy and strategy and when commissioning, procuring, arranging or delivering services.

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. Carrying out ESIIAs helps us as a public authority to ensure that, as far as possible, we are taking actions to meet the general equality duty placed on us by the Equality Act 2010, and to thus demonstrate that the three equality aims are integral to our decision making processes. These are: eliminating discrimination, harassment and victimisation; advancing equality of opportunity; and fostering good relations.

#### ***The How:***

The guidance and the evidence template are combined into one document for ease of access and usage, including questions that set out to act as useful prompts to service areas at each stage. The assessment comprises two parts: a screening part, and a full report part.

**Screening (Part One)** enables energies to be focussed on the service changes for which there are potentially important equalities and human rights implications. If screening indicates that the impact is likely to be positive overall, or is likely to have a medium or low negative or positive impact on certain groups of people, a full report is not required. Energies should instead focus on review and monitoring and ongoing evidence collection, enabling incremental improvements and adjustments that will lead to overall positive impacts for all groups in Shropshire.

**A full report (Part Two)** needs to be carried out where screening indicates that there are considered to be or likely to be significant negative impacts for certain groups of people, and/or where there are human rights implications. Where there is some uncertainty as to what decision to reach based on the evidence available, a full report is recommended, as it enables more evidence to be collected that will help the service area to reach an informed opinion.

## Shropshire Council Part 1 ESIIA: initial screening and assessment

*Please note: prompt questions and guidance within boxes are in italics. You are welcome to type over them when completing this form. Please extend the boxes if you need more space for your commentary.*

### Name of service change

Commissioning preventative services for adults in Shropshire

### Aims of the service change and description

'Preventative Services' can be described as those which help to delay or reduce the need for unplanned or crisis (and more expensive) health and care interventions later on. Additionally Preventative Services can have a positive impact on the quality of life, health and wellbeing of individuals and communities.

Prevention can happen at any stage in a person's involvement with services and can be tailored to current and expected future circumstances. Preventative services should aim to achieve the following:

- Preventing and delaying ill health
- Keeping people fit and active
- Developing personal resilience
- Allowing people to maintain independence
- Reducing inequalities
- Improving wellbeing and quality of life
- Reducing the need for acute services including A&E, hospital admissions, residential care, etc
- Reducing isolation
- Allowing for more informed lifestyle choices and decision making
- Preventing homelessness

Preventative services can be defined at three 'levels' of prevention. Taking the example of helping people to avoid problems associated with falls in later life the preventative response could include:

**Level 1 Universal / primary prevention** – information, social marketing aimed at the whole population giving advice on how keeping active reduces risk in later life

**Level 2 Secondary prevention** – targeted at those people who are more at risk of falling, eg older people, and provide access to exercise classes, etc

**Level 3 Tertiary prevention** – where someone has fallen already provide additional interventions to reduce the risk of falling again

This project is focussed on commissioning prevention at levels 2 and 3, whilst heeding the overarching need to provide access to good quality information for the population as a whole.

Preventative services funding is an area of discretionary spend by the Council, although the Council does have a responsibility under the Care Act to provide or arrange for services, facilities or resources which would prevent, delay or reduce individuals' needs for care and support. In any event, local and national research has shown that investment in preventative services and housing support clearly helps to avoid much higher costs further 'downstream' in areas such as social care, admissions to hospital and homelessness.

Many statutory services and many programmes depend on a sustainable and effective suite of preventative services. For example, the Social Prescribing programme in Shropshire relies on the availability of preventative solutions to be able to 'prescribe' for their clients.

Preventative services are valued by customers, partners, stakeholders and the Council itself. Services achieve this through focussing on those things which have an impact on an individual's ability to be able to live independently in a home of their own and then helping those individuals to overcome them.

Currently Shropshire Council's Adult Services commissions a number of different organisations to deliver preventative services, many of which are Voluntary, Community or Social Enterprises (VCSEs). Providers range in nature and size from very small, very local groups formed in response to a particular local need or specialist type of provision through to local housing providers and branches of national VCSEs. Providers are funded through a mixture of grants and/or contracts, a number of which have been in place for some time, although they have all been regularly reviewed through annual grant reviews or periodic procurement activity.

Some providers have formed themselves into consortia with the aim of delivering a consistent and joined-up response to a particular set of issues. Two examples of these are the CAAN consortium delivering information, advice and advocacy and the Sustain consortium delivering housing-related support.

Feedback from engagement with people who use services, providers of preventative services and stakeholders has identified a number of issues which this project aims to try and address. People who use services have told us:

- They find it difficult to access services which help with:
  - PIP / appeals
  - Transport
  - household help
  - help with IT
  - finding friends
  - social contact outside of people with similar issues
- They don't (or won't) access support due to:
  - unaware of services
  - not knowing who to talk to
  - cost / affordability
  - transport - availability
  - waiting times
  - service cuts / lack of funding
  - not enough coordination between services
  - personal issues /condition
  - finding it difficult to ask
  - IT – either not having access or not comfortable using it

Preventative service providers have told us:

- More customers are presenting with more acute, multiple and complex issues which require more support. This can be challenging for volunteers
- Reductions in services elsewhere have increased demand on remaining services
- People don't know how to navigate the system in order to self-refer or to support signposting
- People have difficulty in accessing the right service at the right time due to:

- Availability
- Difficulty in arranging transport
- Waiting times for support are increasing
- People with mental health issues accessing advice and advocacy present a challenge in terms of capability of dealing with the individual (not the issue)
- Form filling – online and paper – is becoming more complex and takes longer

Stakeholders have told us:

- It can be difficult for professionals to access advice and advocacy for their clients
- Difficult to access services immediately when required
- Reductions in services elsewhere have increased demand on their services
- No support for people who need to attend a benefits tribunal (following the ending of Legal Aid funding)

In light of the outcomes from this engagement work we have developed a set of principles on which preventative services are to be commissioned. These include:

- Preventative services help people to keep well, live well and to feel enabled to do things for themselves
- The services that are available to people should feel joined-up, with multiple access points, and all providing good quality information about how the 'system' works
- Preventative services will support complementary programmes such as Social Prescribing and 'out of hospital' initiatives
- Shropshire is a large and rural county with a dispersed population. Approaches that work in one part of the county may not necessarily work as well in others. Providers will can apply a locally tailored approach to the work they do with vulnerable people.
- Prevention is targeted at those areas which make the biggest difference.
- Providers will aim to maximise income from alternative funding streams to complement Shropshire Council funding
- Providers will need to be able to maximise the value of all available resources in the communities in which they operate. This will include their own staff, buildings, technology, expertise, volunteer capability and other infrastructure as well as all of these owned or operated by other partners and stakeholders.
- Meaningful and productive partnerships will be developed and sustained between commissioned services and non-commissioned activity as well as the public and private sectors.
- Providers will adopt the principles of ['Making Every Contact Count'](#)
- Providers will need to demonstrate that they are committed to maximising the social, economic and environmental benefits gained through the way that they organise themselves.

Given that there have been successful examples of consortium and partnership working in the county, and the requirement for services to be coordinated and feel joined-up we are proposing to procure 3 services, each aimed at a particular area of prevention, on the principles above. Organisations bidding to deliver the work will need to set out who else they plan to work with and demonstrate how they will retain choice and multiple access points for people who use services. The services will be for:

1. Wellbeing and Independence – practical support for people in the home and enabling people to get out and about and be active in their communities
2. Housing support - to support people whose needs are such that their ability to maintain a tenancy or remain independent in their home would be compromised without that

support. The focus of housing-related support will be on ensuring that people have access to appropriate and settled accommodation according to their circumstances and have the support networks in place to help them sustain that accommodation.

3. Advice, Advocacy & Benefits - to deliver advice and advocacy across a range of issues which impact on people's wellbeing and will incorporate support for people engaged with the welfare benefits system.

### **Intended audiences and target groups for the service change**

This service change is relevant to the following:

- People who currently use preventative services
- People who would use preventative services in future
- Families, carers and advocates of people who use or may use preventative services
- Providers of preventative services
- Adult social care teams
- Health services including community health teams
- The council's First Point of Contact team
- Other Shropshire Council customer access points
- Councillors as community leaders
- MPs
- Neighbouring authorities
- Strategic partnerships including the Marches LEP and the West Midlands Combined Authority

### **Evidence used for screening of the service change**

Analysis has been undertaken on signposting data from the council to preventative service providers in order to understand signposting patterns. Demographic data and data from provider reporting has been reviewed and contributed to our understanding of the current position and potential future demand. Customer engagement which was undertaken during the development of the Adult Social Care Strategy 2018/19 – 2020/21 has identified a number of principles which can be applied to this specific review of preventative services including retention of specialist service providers, early intervention, making every conversation count, invest in lower level prevention, maximise use of resources and partnership work between health, social care, housing and the voluntary sector. In addition, evidence and feedback received from people who use services, service providers and stakeholders, as detailed below, has informed the Council's approach.

### **Specific consultation and engagement with intended audiences and target groups for the service change**

The council has engaged with people who use preventative services, providers (whether funded by Shropshire Council or not), internal teams and other stakeholders. Engagement has been through a number of methods:

- **People who use services** – proposals were raised and discussed at an early stage through existing meeting groups attended by people who use services, eg Making it Real. Council Officers attended 3 x Making it Real area groups to discuss preventative services and to ask members of the groups whether services were effective, how people access services and what people would like help with but can't seem to find.

Providers of preventative services, whether commissioned and funded by the Council or not, were asked to engage with people who use their services using a questionnaire on which to base their discussions and provide feedback. Over 30 organisations commissioned by the Council were invited to engage their clients and 18 organisations which are not commissioned by the Council were asked as well.

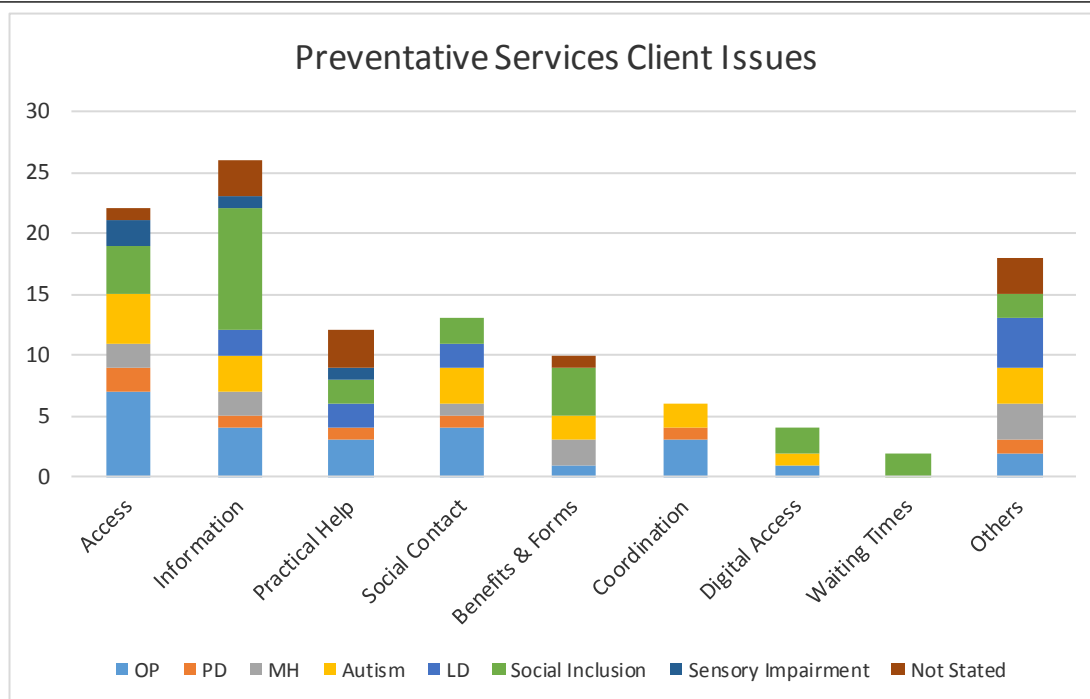
A questionnaire was also made available online.

In total over 150 responses from people were received of which 22 came from the online questionnaire and the remainder from clients of service providers.

It isn't possible to ascertain the personal characteristics of all people who provided responses, but of those who have self-identified or whose characteristics can be drawn from their responses:

- 33 people have 'social inclusion' needs
- 25 people have a learning disability or difficulties
- 24 are older people
- 19 have a physical disability
- 15 have autism or related
- 14 have mental health issues
- 8 have a sensory impairment

Analysis of the issues raised by people as being important in terms of the help they need or that people feel could be improved show that overall access to good quality information is most important, followed by accessibility (including good transport), social contact, practical help and benefits & form-filling. The chart below shows how these issues are broken down by personal characteristics.



Finally, in addition a smaller number of people asked to be kept informed on progress of this project and the key points in the service specifications have been shared with these people for further comment.

- **Service providers** – Preventative service providers have been fully engaged throughout this project. 3 events have been held to introduce the project, develop proposals, discuss progress and share findings. Around 30 providers have been represented at these events. In addition, 6 smaller focus groups looking at particular aspects of commissioning for prevention have been held with providers. These smaller focus groups covered the following topics:
  - Data, reporting and outcomes
  - Networks between public, business and community sectors
  - Review of current preventative activity
  - Independently-funded prevention
  - Commissioning priorities
  - Commissioning structures

Providers have also contributed to a questionnaire aimed at understanding the nature of their clients, referrals and emerging issues or gaps. 19 providers responded in total.

- **Council teams and other stakeholders** – have also attended the provider events and focus groups

## Potential impact on Protected Characteristic groups and on social inclusion

Using the results of evidence gathering and specific consultation and engagement, please consider how the service change as proposed may affect people within the nine Protected Characteristic groups and people at risk of social exclusion.

1. Have the intended audiences and target groups been consulted about:

- their current needs and aspirations and what is important to them;
  - the potential impact of this service change on them, whether positive or negative, intended or unintended;
  - the potential barriers they may face.
2. If the intended audience and target groups have not been consulted directly, have their representatives or people with specialist knowledge been consulted, or has research been explored?
  3. Have other stakeholder groups and secondary groups, for example carers of service users, been explored in terms of potential unintended impacts?
  4. Are there systems set up to:
    - monitor the impact, positive or negative, intended or intended, for different groups;
    - enable open feedback and suggestions from a variety of audiences through a variety of methods.
  5. Are there any Human Rights implications? For example, is there a breach of one or more of the human rights of an individual or group?
  6. Will the service change as proposed have a positive or negative impact on:
    - fostering good relations?
    - social inclusion?

## Initial assessment for each group

*Please rate the impact that you perceive the service change is likely to have on a group, through inserting a tick in the relevant column. Please add any extra notes that you think might be helpful for readers.*

<b>Protected Characteristic groups and other groups in Shropshire</b>	<b>High negative impact</b> <i>Part Two ESIIA required</i>	<b>High positive impact</b> <i>Part One ESIIA required</i>	<b>Medium positive or negative impact</b> <i>Part One ESIIA required</i>	<b>Low positive or negative impact</b> <i>Part One ESIIA required</i>
<b>Age</b> (please include children, young people, people of working age, older people. Some people may belong to more than one group eg child for whom there are safeguarding concerns eg older person with disability)			Yes – positive impact aimed at ensuring that all adults are able to access	
<b>Disability</b> (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)			Yes – positive impact aimed at ensuring that all adults are able to access	
<b>Gender re-assignment</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X
<b>Marriage and Civil Partnership</b> (please include associated aspects: caring responsibility, potential for bullying and harassment)				X
<b>Pregnancy &amp; Maternity</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X



<b>Race</b> (please include: ethnicity, nationality, culture, language, gypsy, traveller)			X	
<b>Religion and belief</b> (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)			X	
<b>Sex</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				X
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				X
<b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people for whom there are safeguarding concerns; people you consider to be vulnerable)			Yes – positive impact. Services are required to focus on social inclusion	

## Guidance on what a negative impact might look like

<b>High Negative</b>	Significant potential impact, risk of exposure, history of complaints, no mitigating measures in place or no evidence available: urgent need for consultation with customers, general public, workforce
<b>Medium Negative</b>	Some potential impact, some mitigating measures in place but no evidence available how effective they are: would be beneficial to consult with customers, general public, workforce
<b>Low Negative</b>	Almost bordering on non-relevance to the ESIIA process (heavily legislation led, very little discretion can be exercised, limited public facing aspect, national policy affecting degree of local impact possible)

## Decision, review and monitoring

Decision	Yes	No
Part One ESIIA Only?	Yes	
Proceed to Part Two Full Report?		No

***If Part One, please now use the boxes below and sign off at the foot of the page. If Part Two, please move on to the full report stage.***

<b>Actions to mitigate negative impact or enhance positive impact of the service change</b>
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Services will be commissioned based on a set of principles developed with people who use services, providers and other stakeholders. Stakeholders will be critical to the success of services through good quality signposting and support for providers.

As the engagement exercise has not identified race, religion or belief we will need to ensure that providers are inclusive and are culturally appropriate and accessible in the way that services are delivered. This will need to form part of monitoring arrangements.

The engagement exercise has not identified people in rural and isolated areas so we will need to ensure that services are available across the county, with effective links made with other organisations who can assist with accessibility including transport, digital access, support provision and physical locations. This approach will go some way towards mitigation of the higher costs of service delivery across rural Shropshire. This will form part of monitoring arrangements.

#### **Actions to review and monitor the impact of the service change**

We are developing reporting arrangements to evaluate the effectiveness of preventative services across all 3 commissioned themes. This will involve the council's First Point of Contact monitoring and will also require providers to use validated assessment tools to report on outcomes. There will be quarterly review of progress with all 3 commissioned theme leads, council leads and other stakeholders.

As part of the ongoing review of preventative services, commissioners will keep up to date with commissioning practice elsewhere and take opportunities to learn from good practice and share with local providers.

The Health and Wellbeing Board is being kept informed of commissioning proposals and will be updated with progress as services develop.

### **Scrutiny at Part One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer carrying out the screening</i>		
<i>Any internal support*</i>		
<i>Any external support**</i>		

<i>Head of service</i>		

*\*This refers to other officers within the service area*

*\*\*This refers either to support external to the service but within the Council, eg from the Rurality and Equalities Specialist, or support external to the Council, eg from a peer authority*

## Sign off at Part One screening stage

<b>Name</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer's name</i>		
<i>Head of service's name</i>		

## Shropshire Council Part 2 ESIIA: full report

### Guidance notes on how to carry out the full report

The decision that you are seeking to make, as a result of carrying out this full report, will take one of four routes:

1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through your further analysis of the evidence to hand;
2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion;
3. To adopt the service change as it stands, with evidence to justify your decision even though it could adversely affect some groups;
4. To find alternative means to achieve the aims of the service change.

The Part Two Full Report therefore starts with a forensic scrutiny of the evidence and consultation results considered during Part One Screening, and identification of gaps in data for people in any of the nine Protected Characteristic groups and people who may be at risk of social exclusion, eg rural communities. There may also be gaps identified to you independently of this process, from sources including the intended audiences and target groups themselves.

The forensic scrutiny stage enables you to assess:

- **Which gaps need to be filled right now, to help you to make a decision about the likely impact of the proposed service change?**

This could involve methods such as: one off service area focus groups; use of customer records; examination of data held elsewhere in the organisation, such as corporate customer complaints; and reference to data held by similar authorities or at national level from which reliable comparisons might be drawn, including via the Rural Services Network. Quantitative evidence could include data from NHS Foundation Trusts, community and voluntary sector bodies, and partnerships including the Local Enterprise Partnership and the Health and Well Being Board. Qualitative evidence could include commentary from stakeholders.

- **Which gaps could be filled within a timeframe that will enable you to monitor potential barriers and any positive or negative impacts on groups and individuals further along into the process?**

This could potentially be as part of wider corporate and partnership efforts to strengthen the evidence base on equalities. Examples would be: joint information sharing protocols about victims of hate crime incidents; the collection of data that will fill gaps across a number of service areas, eg needs of young people with learning disabilities as they progress through into independent living; and publicity awareness campaigns that encourage open feedback and suggestions from a variety of audiences.

Once you have identified your evidence gaps, and decided on the actions you will take right now and further into the process, please record your activity in the following boxes. Please extend the boxes as needed.

**Evidence used for assessment of the service change: activity record**

*How did you carry out further research into the nine Protected Characteristic groups and those who may be at risk of social exclusion, about their current needs and aspirations and about the likely impacts and barriers that they face in day to day living?*

*And what did it tell you?*

**Specific consultation and engagement with intended audiences and target groups for the service change: activity record**

*How did you carry out further specific consultation and engagement activity with the intended audiences and with other stakeholders who may be affected by the service change?*

*And what did it tell you?*

**Further and ongoing research and consultation with intended audiences and target groups for the service change: activity record**

*What further research, consultation and engagement activity do you think is required to help fill gaps in our understanding about the potential or known affect that this proposed service change may have on any of the ten groupings and on the intended audiences and target groups? This could be by your service area and/or at corporate and partnership level.*

## Full report assessment for each group

*Please rate the impact as you now perceive it, by inserting a tick. Please give brief comments for each group, to give context to your decision, including what barriers these groups or individuals may face.*

<b>Protected Characteristic groups and other groups in Shropshire</b>	<b>High negative impact</b>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive or negative impact</b>
<b>Age</b> (please include children, young people, people of working age, older people. Some people may belong to more than one group eg child for whom there are safeguarding concerns eg older person with disability)				
<b>Disability</b> (please include: mental health conditions and syndromes including autism; physical disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; HIV)				
<b>Gender re-assignment</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<b>Marriage and Civil Partnership</b> (please include associated aspects: caring responsibility, potential for bullying and harassment)				
<b>Pregnancy &amp; Maternity</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<b>Race</b> (please include: ethnicity, nationality, culture, language, gypsy, traveller)				
<b>Religion and belief</b> (please include: Buddhism, Christianity, Hinduism, Islam, Judaism, Non conformists; Rastafarianism; Sikhism, Shinto, Taoism, Zoroastrianism, and any others)				
<b>Sex</b> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				
<b>Sexual Orientation</b> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)				
<b>Other: Social Inclusion</b> (please include families and friends with caring responsibilities; people with health inequalities; households in poverty; refugees and asylum seekers; rural communities; people for whom there are safeguarding concerns; people you consider to be vulnerable)				

## ESIIA Full Report decision, review and monitoring

### Summary of findings and analysis - ESIIA decision

*You should now be in a position to record your decision. Please highlight in bold the route that you have decided to take.*

1. To make changes to satisfy any concerns raised through the specific consultation and engagement process and through your further analysis of the evidence to hand;
2. To make changes that will remove or reduce the potential of the service change to adversely affect any of the Protected Characteristic groups and those who may be at risk of social exclusion;
3. To adopt the service change as it stands, with evidence to justify your decision even though it could adversely affect some groups;
4. To find alternative means to achieve the aims of the service change.

*Please add any brief overall comments to explain your choice.*

*You will then need to create an action plan and attach it to this report, to set out what further activity is taking place or is programmed that will:*

- *mitigate negative impact or enhance positive impact of the service change,*
- AND*
- *review and monitor the impact of the service change*

*Please try to ensure that:*

- *Your decision is based on the aims of the service change, the evidence collected, consultation and engagement results, relative merits of alternative approaches and compliance with legislation, and that records are kept;*
- *The action plan shows clear links to corporate actions the Council is taking to meet the general equality duty placed on us by the Equality Act 2010, to have due regard to the three equality aims in our decision making processes.*

## Scrutiny at Part Two full report stage

People involved	Signatures	Date
<i>Lead officer</i>		
<i>Any internal support</i>		
<i>Any external support</i>		
<i>Head of service</i>		

## Sign off at Part Two full report stage

Signature (Lead Officer)	Signature (Head of Service)
Date:	Date:



## Appendix: ESIIA Part Two Full Report: Guidance Notes on Action Plan

Please base your action plan on the evidence you find to support your decisions, and the challenges and opportunities you have identified. It could include arrangements for:

- continuing engagement and involvement with intended audiences, target groups and stakeholders;
- monitoring and evaluating the service change for its impact on different groups throughout the process and as the service change is carried out;
- ensuring that any pilot projects are evaluated and take account of issues described in the assessment, and that they are assessed to make sure they are having intended impact;
- ensuring that relevant colleagues are made aware of the assessment;
- disseminating information about the assessment to all relevant stakeholders who will be implementing the service change;
- strengthening the evidence base on equalities.

Please also consider:

- resource implications for in-house and external delivery of the service;
- arrangements for ensuring that external providers of the service are monitored for compliance with the Council's commitments to equality, diversity and social inclusion, and legal requirements including duties under the Equality Act 2010.

And finally, please also ensure that the action plan shows clear links to corporate actions the Council is taking to meet the general equality duty placed on us by the Equality Act 2010, to have due regard to the three equality aims in our decision making processes.

These are:

- Eliminating discrimination, harassment and victimisation
- Advancing equality of opportunity
- Fostering good relations

***Note: Shropshire Council has referred to good practice elsewhere in refreshing previous equality impact assessment material in 2014 and replacing it with this ESIIA material. The Council is grateful in particular to Leicestershire County Council, for graciously allowing use to be made of their Equality and Human Rights Impact Assessments (EHRIAs) material and associated documentation.***

***For further information on the use of ESIIAs: please contact your head of service or contact Mrs Lois Dale, Rurality and Equalities Specialist and Council policy support on equality, via telephone 01743 255684, or email [lois.dale@shropshire.gov.uk](mailto:lois.dale@shropshire.gov.uk).***