

**Appendix IV**  
**Shropshire Council**  
**Equality, Social Inclusion and Health Impact Assessment (ESHIA)**  
**Stage One Screening Record 2024**

**Summary Sheet on Accountability and Actions**

<p><b>Name of proposed service change</b></p> <p>Preventing Homelessness and Rough Sleeping Strategy 2024-2029</p>
<p><b>Name of the officer carrying out the screening</b></p> <p>Tami Sabanovic, Housing Strategy and Development Officer</p>

**Decision, review, and monitoring**

Decision	Yes	No
Initial (Stage One) ESHIA Only?	✓	
Proceed to Stage Two Full ESHIA or HIA (part two) Report?		✓

*If completion of a Stage One screening assessment is an appropriate and proportionate action at this stage, please use the boxes above, and complete both part A and part B of of this template. If a Full or Stage Two report is required, please move on to full report stage once you have completed this initial screening assessment as a record of the considerations which you have given to this matter.*

<p><b>Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations</b></p> <p>The draft “Preventing homelessness and rough sleeping Strategy” serves as a comprehensive policy framework, outlining strategies and initiatives aimed at addressing homelessness and rough sleeping within Shropshire. By outlining the advice and assistance that can be provided, the strategy seeks to mitigate risks to the council whilst ensuring effective support for individuals experiencing homelessness and rough sleeping.</p> <p>An initial Equality, Social inclusion and Health impact Assessment (ESHIA) was undertaken ahead of the proposed consultation on the draft Strategy. Given the recognised intersectionality across the nine Protected Characteristic groupings as set out in the Equality Act 2010, a predicted low to medium positive impact was identified for individuals and households across groupings, particularly in the groupings of Age and Disability. There are additional positive impacts anticipated</p>
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for people from the Gypsy, Roma and Traveller communities, who are considered as being included in the Protected Characteristic grouping of Race.

The initial screening process ahead of the proposed consultation had also indicated likely low to medium positive impacts for those individuals and households who are considered at risk of social exclusion. In Shropshire, this includes those whom we may regard as being vulnerable, either by virtue of their circumstances as individuals for example, young people leaving care or by virtue of their circumstances as households, for example, households living in fuel poverty and refugee households. In our definition of vulnerable individuals, we would also include people who experience rough sleeping, particularly over a long period. The Council will seek to maximise positive equality impacts for those we may consider to be vulnerable, including people fleeing hate crime and people with disabilities, for whom the Council seeks to have due regard to need through our tenth category of consideration of Social Inclusion. This is not an Equality Act category, rather representing our efforts as a Council to consider the needs of households in Shropshire and the circumstances in which they may find themselves.

Following indication through the feedback that these impacts remain achievable, the Council will seek to maximise positive equality impacts across groupings and for those we may consider to be vulnerable, including people fleeing hate crime and people with what may be a range of disabilities.

There will also be anticipated positive impact for women with multiple and complex needs who are struggling to escape domestic abuse situations, with the needs of this vulnerable grouping recognised and articulated by respondents. Additionally, there is an anticipated positive impact for vulnerable young people, including care leavers, who are homeless or at risk of homelessness and may have also suffered trauma and hardship within their lives, potentially leading to an increased use of alcohol and illegal substances and problems with mental ill health. This grouping may be at risk of exploitation, including involvement in county lines.

Additionally, there will be an anticipated positive impact for veterans and serving members of the armed forces and their families, for whom the Council seeks to have due regard as per the Armed Forces Act 2021. This builds upon consideration already given to this grouping and to care leavers, with the latter now regarded as a distinct local grouping.

A potential negative impact which had been identified at initial screening stage, pending consultation feedback, was displacement or disruption of support networks. Whilst this has not emerged as a significant issue, the Council will nevertheless seek to continue gauge the depth of this potential negative impact as well as ways to enhance predicted positive impacts.

Overall, we expect a positive impact on people from those protected or relevant characteristic groups who are homeless or at risk of homelessness. It is important to note that whilst this proposal has no potentially adverse impacts, we are working within a housing market where there are challenges in securing alternative accommodation. For example, it can be more challenging for younger people due

to welfare benefit restrictions and people who need adaptations to make a property accessible which limits the supply of suitable accommodation.

There is a likely positive impact accordingly across the nine Protected Characteristic groupings as set out in the Equality Act 2010. This is particularly with regard to Age, Disability and Sex and intersectionality across these groupings.

**Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of health and wellbeing considerations**

A potential negative health and well being impact which was identified, pending consultation feedback, was displacement or disruption of support networks. Efforts were made during the consultation process to obtain feedback from as wide a range of people and stakeholder organisations as possible, in order to seek to gauge the depth of this potential negative impact as well as ways to enhance predicted positive impacts. Notwithstanding that this has not come up directly through that channel of engagement, the Council will need to ensure that actions take account of and seek to minimise this potential negative impact.

The authority will also seek to share approaches with comparator authorities, particularly other rural unitary authorities and other authorities in the West Midlands, to promote good practice. Additionally, the proposed action plan will be subject to regular monitoring and the Strategy will be reviewed on an annual basis, building upon ongoing engagement with people in the Protected Characteristic groupings of Age and Disability as well as working with vulnerable groupings including young people leaving care, people who are homeless or at risk of homelessness, and veterans and serving members of the armed forces and their families. In evaluating the strategy's impact on housing stability, mental and physical health, and social inclusion, opportunities to enhance positive impacts will be at the forefront of monitoring and review.

Being able to access an affordable dwelling which meets a household's needs is essential to health and well-being. For example, this could be an allocation of a flat in an extra care sheltered scheme to an older person with disabilities, allowing them to be able to continue to have "their own front door" and live independently instead of moving into residential care or potentially being admitted to hospital due to a fall. Or instead providing a house which is affordable, of good quality and has security of tenure to a family threatened with homelessness, allowing them to create a home for their children and reducing the worry of a no fault eviction or being able to afford an increase in rent. Regarding homelessness, people who experience rough sleeping over a long period are more likely to die young than the general population. Rough sleepers also experience some of the most severe health inequalities.

## **Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations**

Whilst responses to the public consultation were low, points around domestic abuse and around clarity of terminology were well made. Explaining the definitions that we use and where and how we use them should lead to an anticipated positive impact for the communities that we serve, as what we are seeking to achieve will be clearer for everyone.

We will enhance data collection to identify individuals at risk of homelessness and design targeted interventions for prevention, accommodation and support. Adopting a reportable format for recording homeless individuals will integrate data into local development plans. Through data analytics, we will gain insights into how homelessness impacts specific demographic groups, including those with mental ill health, those with disabilities, those affected by domestic abuse, those leaving hospital, care leavers, veterans, people with an offending history, and any other disproportionately affected group.

We know that there are gaps in our data relating to sexual orientation. We know that there are an increased number of women in our rough sleeping population, but we do not currently know enough about the reasons why. In general, we acknowledge that there are gaps in our knowledge about the future demands on homelessness services as it affects a range of equalities groups and will be looking to improve the range of equalities data we gather, both as a local authority and through the homelessness services we commission.

We will introduce KPIs to measure our performance in delivering the homeless service, highlighting areas of success and areas for improvement. These indicators will inform decision-making and help us prioritise resources effectively to meet the needs of our customers.

To ensure a more streamlined customer experience and enhance service delivery, we will commission a detailed operational service review. This review will analyse the customer journey, service delivery model, legal compliance, and resource allocation to maximise prevention efforts while effectively managing demand. By redesigning our systems and processes, we aim to achieve positive prevention and relief outcomes and better support individuals facing homelessness.

It is acknowledged that the varied circumstances of homelessness cannot be tackled by one agency or service alone. Therefore, the Council must regularly review the way it delivers services to prevent and tackle homelessness, both directly and in partnership with local agencies. As part of the ongoing review process, we will actively engage with the Shropshire Homelessness Forum group, using the existing partnership framework and expertise of its member agencies.

The Council will continue to strengthen and improve multi-agency responses and engagement with a wide range of partners to ensure delivery of this strategy. Recognising the valuable work undertaken by partner organisations, the council

will look to support them where appropriate in funding bids that support delivery of this strategy.

Impacts will be measured through quarterly reporting to the Department for Levelling Up, Housing and Communities (DLUHC) and housing on homelessness presentation, homelessness preventions, households in Temporary Accommodation and households moving on into affordable housing. In addition to this the costs of Temporary Accommodation are monitored and reported on monthly.

Delivery of the actions outlined in Appendix II to this document will be monitored through quarterly reviews. It is expected that some of the actions may evolve over the lifetime of the strategy, and any such changes agreed by the review group and reported to the management team before being incorporated into the action plan. Regular updates on delivery of the Homelessness Strategy Action Plan will be provided to elected Members, senior and corporate management teams, and other relevant boards and committees. The action plan will undergo quarterly monitoring and annual review to ensure responsiveness to emerging needs, policy and legislative changes, and achievements of contained priorities.

Particular attention will be paid to the needs of people with learning disabilities and people with neurodiverse conditions bearing in mind that their needs are complex and change over time. This is in direct response to the consultation feedback.

### **Associated ESHIAs**

Following the end of the public consultation on the draft “Preventing homelessness and rough sleeping strategy” this document is the second screening ESHIA which takes into account the feedback received.

There is commonality of policy intent with ESHIAs recently undertaken for housing related strategic policy approaches, including the Housing Allocations Policy and Scheme, and Tenancy Strategy and Tenancy Policy, and more widely with ESHIAs undertaken for the Local Plan Partial Review and for the Shropshire Plan.

### **Actions to mitigate likely negative impact, enhance positive impact, and review and monitor the overall impacts with regard to climate change impacts and with regard to economic and societal impacts**

#### *Climate change*

By embracing energy-efficient, housing solutions to reduce environmental impact and enhance long-term sustainability will enhance positive impacts in terms of climate change.

#### *Economic and societal/wider community*



Being able to access an affordable dwelling which meets a household's needs is essential to health and well-being as well as forming part of our wider socio-economic considerations.

Employment and productivity, reduction in public costs associated with emergency services and health care, diverse housing supply, including specialist accommodation, can contribute to housing market stability and affordability which is important to economic growth.

By tackling and preventing rough sleeping and homeless the Council ensures that the benefits are not limited to improving the individual health and wellbeing but can be much wider. For example, the financial cost to society through the increased use of the NHS (National Health Service) and other support services will reduce, and following resettlement once people are able to live independently, they can then contribute to society through taking up employment opportunity. Vulnerable young people, including care leavers, who are homeless or at risk of homelessness, will be provided with the foundations for being able to contribute to society through being supported to study, train, and have careers.

For example, supported accommodation not only provides a home, but also enables vulnerable young people to develop life skills, including budgeting, healthy cooking, and appropriate behaviours, giving them the foundation and confidence to undertake study or training or seek employment, with a view to sustaining independent accommodation in the longer term.



### **Scrutiny at Stage One screening stage**

<b>People involved</b>	<b>Signatures</b>	<b>Date</b>
<i>Lead officer for the proposed service change</i> <b>Tami Sabanovic, Housing Strategy and Development Officer</b>		05.08.2024
<i>Officer carrying out the screening</i> <b>Tami Sabanovic, Housing Strategy and Development Officer</b>		
<i>Any other internal service area support*</i>		
<i>Any external support**</i> <b>Mrs Lois Dale, Rurality and Equalities specialist</b>		29.08.2024

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

**\*\*This refers to support external to the service but within the Council, e.g, the Performance and Research Specialist for Rurality and Equalities, Public Health colleagues, the Feedback and Insight Team, performance data specialists, Climate Change specialists, etc.**

**Sign off at Stage One screening stage**

Name	Signatures	Date
Lead officer's name		16.08.2024
Service manager's name  Jane Trethewey		13.08.2024

***\*This may either be the Head of Service or the lead officer***

**A. Detailed Screening Assessment**

Aims of the service change and description
<p>The vision of the <a href="#">Shropshire Plan 2022-25</a> is living the best life; the Plan has four priorities:</p> <ul style="list-style-type: none"> <li>• Healthy People</li> <li>• Healthy Economy</li> <li>• Healthy Environment</li> <li>• Healthy Organisation</li> </ul> <p>All four of these priorities link to housing: from tackling inequality, promoting independent living, and preventing homelessness; to ensuring the right mix of housing, reducing carbon emissions, and promoting affordable warmth; to making the best use of the Council's resources. Of key importance to this Strategy is an objective of the Healthy People priority:</p> <p><i>We will tackle inequalities, including rural inequalities, and poverty in all its forms; providing early support and interventions that reduce risk and enable children, young people, adults, and families to achieve their full potential and enjoy life.</i></p> <p>The vision of the <a href="#">Housing Strategy 2020-25</a> is:</p> <p><i>All homes are well designed decent homes of high quality, which will protect Shropshire's unique urban and rural environments and ensure it is a great</i></p>

*place to live. That all Shropshire residents have access to the 'right home in the right place' to support and promote their health and wellbeing throughout their lives.*

To strengthen the council's commitment to ensuring fair access to appropriate housing, the housing strategy has six key objectives. Among these, the first four focus specifically on providing specialist and supported accommodation, aligning with the broader goal of creating inclusive and supportive communities:

- To meet the overall current and future housing needs of Shropshire's growing population by addressing the housing needs of particular groups within communities.
- To ensure people whose housing needs are not met through the local open market housing can access housing that meets their needs.
- Preventing households from becoming homeless and where this is not possible ensuring they have safe, secure, and appropriate accommodation until they are able to resettle.
- To ensure people can access a mix of housing options within Shropshire's urban and rural landscape, that best meets their needs in terms of tenure, safety, size, type, design, and location of housing.
- To minimise the environmental impact of existing housing stock and future housing development in the interest of climate change. Maximise resource efficiencies and to ensure optimum use of sustainable construction techniques.
- Ensuring that there is enough housing supply to enable businesses to attract and retain the local workforce that they need.

The strategy informs of the current position and challenges for homelessness across Shropshire and covers the next five-year period. It also sets out the priorities and actions that together aim to prevent homelessness and reduce rough sleeping in line with the relevant legislation. Homelessness is not just a term for someone that is rough sleeping, but covers those that are in temporary accommodation, are at risk of losing their home, are in unsuitable accommodation or cannot afford to remain in their current home.

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

The Preventing Homelessness and Rough Sleeping Strategy is intended for the public, i.e. communities and service users, and their representatives, e.g. town and parish councils, and Shropshire Council councillors as community leaders.

Stakeholders include voluntary and community sector; registered providers; owners of empty homes; housing associations; Government Departments; and developers; and partner organisations

As the Council works with a range of statutory and voluntary organisations who together support refugees from Syria, Afghanistan and Ukraine and British National (Overseas) status holders from Hong Kong, they will also be involved.



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

A second Stage One ESHIA has been carried out following the public eight consultation, to say what the feedback is, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA draws more upon actions to review impacts in order to mitigate the negative and accentuate the positive.

In developing this draft Strategy, the Council has drawn upon the evidence base already collected for current housing policy initiatives, as well as upon the evidence base of the Council e.g. Census profiles and household analyses. The Council will also draw further upon feedback emerging from the draft Independent Living and Specialist Accommodation Strategy currently itself out for public consultation. For example, following feedback we have amended and considered further measures in how we can support individuals potentially excluded from digital access, particularly those who may not be technically inclined or physically able to attend face to face appointments.

Beyond urban areas, we further extend the visibility of outreach to rural communities, enhancing their understanding and tools to prevent homelessness in line with evidence contained in the [Final Report - Homelessness in the Countryside: A Hidden Crisis - Research at Kent %](#) report, a report commissioned, funded and co-designed by a coalition of housing and homelessness organisations concerned by the growing yet unacknowledged problem of rural homelessness.

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

The development of the Preventing Homelessness & Rough Sleeping Strategy 2024-2029 was informed by a full public consultation with external stakeholders and service users, town and parish councils and housing associations etc., as well as feedback opportunity for members of the public and other partner organisations in order to take all views possible into account when considering the provision of statutory homelessness prevention services. This strategy applies multi-agency governance that includes stakeholders.

The consultation report details responses on the draft preventing homelessness and rough sleeping strategy following a public and stakeholder consultation and comments received. The public consultation ran for over 10 weeks, extended from the initial eight-week timescale due to the fact that participation was low.

The public consultation received 24 responses in total. The full report and feedback received from the consultation can be found at Appendix V. It is difficult

to draw conclusions on the age profile, given 10 survey respondents completed the question asking for age group. However, the data suggests the following:

25 to 34 years: 4.17%  
45 to 54 years: 20.83%  
65 to 74 years: 16.67%  
Prefer not to say: 16.67%  
Did not answer: 41.67%

The key messages which were positively received include partnership working and approaching homelessness at an earlier preventative stage, building on the good progress that has been made in recent years. Comments received felt that it doesn't go far enough and whether the actions were achievable within the timescales and the ability to deliver the strategy.

Particular attention will be paid to victims and perpetrators of domestic abuse and commented that this should be specifically mentioned within the strategy, people with complex needs (e.g. care leavers) which is a direct response to the consultation feedback.

- To understand the overall feedback to a greater degree, all survey respondents were asked for their views on 6 statements about the strategy:
- The vision or aim of the Preventing Homelessness and Rough Sleeping Strategy is well described.
- The way the strategy fits with national and local policies and plans is made clear.
- The strategy sets out partnership working in Shropshire and links to other organisations and services.
- The strategy clearly describes the progress in Shropshire that has been made to address homelessness and rough sleeping over recent years and includes data to outline the current position.
- Priorities are clearly presented.

On average 12 of the 24 respondents agreed with each of the statements. The feedback was most positive about the vision or aim of the strategy. There was also positive feedback for the partnership focus within the strategy and the way the priorities were presented clearly within the draft document

**Initial equality impact assessment by grouping (Initial health impact assessment is included below this table)**

*Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Protected Characteristic groupings and other groupings locally identified in Shropshire</b>	<b>High negative impact</b> <i>Stage Two</i> <i>ESHIA required</i>	<b>High positive impact</b> <i>Stage One</i> <i>ESHIA required</i>	<b>Medium positive or negative impact</b> <i>Stage One</i> <i>ESHIA required</i>	<b>Low positive, negative, or neutral impact (please specify)</b> <i>Stage One</i> <i>ESHIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			Accommodation is less affordable to single people under the age of 35 years.  Low to medium positive impact	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)			Mental health needs, are a majority issue for our customers and will have a low to medium positive impact	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)				This strategy is applied equally amongst the groups and cases dealt with on a case-to-case basis. The strategy will have a neutral effect on this group
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)				Neutral to low positive, potentially medium positive in regard to women fleeing domestic abuse

<p><u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>				<p>Neutral to low positive, potentially medium positive in regard to women fleeing domestic abuse</p>
<p><u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)</p>			<p>Low to medium positive impact particularly for those in the GRT community</p>	
<p><u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)</p>				<p>Neutral to low positive</p>
<p><u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)</p>			<p>Low to medium positive impact</p>	
<p><u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)</p>				<p>Neutral to low positive</p>
<p><u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities)</p>			<p>Low to medium positive impact</p>	
<p><u>Other: Veterans and serving members of the armed forces and their families</u></p>			<p>Low to medium positive impact</p>	
<p><u>Other: Young people leaving care</u></p>			<p>Low to medium positive impact; accommodation is less</p>	

			affordable to single people under the age of 35 years	
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**Initial health and wellbeing impact assessment by category**

*Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.*

*Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.*

<b>Health and wellbeing: individuals and communities in Shropshire</b>	<b>High negative impact</b> <i>Part Two HIA required</i>	<b>High positive impact</b>	<b>Medium positive or negative impact</b>	<b>Low positive negative or neutral impact (please specify)</b>
<p><b>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</b></p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			Medium positive for individual health and well being	
<p><b>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</b></p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>				Neutral to low positive
<p><b>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</b></p>				Neutral to low positive

For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .				
<b>Will there be a likely change in <i>demand</i> for or access to health and social care services?</b>  For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .				Neutral to low positive, as demand for some services should lessen if people are in housing that is suitable for their needs

## **Guidance Notes**

### **1. Legal Context**

It is a legal requirement for local authorities to assess the equality and human rights impact of changes proposed or made to services. It is up to us as an authority to decide what form our equality impact assessment may take. By way of illustration, some local authorities focus more overtly upon human rights; some include safeguarding.

It is about what is considered to be needed in a local authority's area, in line with local factors such as demography and strategic objectives as well as with the national legislative imperatives.

Carrying out these impact assessments 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.

These screening assessments for any proposed service change go to Cabinet as part of the committee report, or occasionally direct to Full Council, unless they are ones to do with Licensing, in which case they go to Strategic Licensing Committee.

Service areas would ordinarily carry out a screening assessment, or Stage One equality impact assessment. This enables energies to be focussed on review and monitoring and ongoing evidence collection about the positive or negative impacts of

a service change upon groupings in the community, and for any adjustments to be considered and made accordingly.

These screening assessments are recommended to be undertaken at timely points in the development and implementation of the proposed service change.

For example, a Stage One ESHIA would be a recommended course of action before a consultation. This would draw upon the evidence available at that time, and identify the target audiences, and assess at that initial stage what the likely impact of the service change could be across the national Protected Characteristic groupings and our additional local categories. This ESHIA would set out intended actions to engage with the groupings, particularly those who are historically less likely to engage in public consultation eg young people, as otherwise we would not know their specific needs.

A second Stage One ESHIA would then be carried out after the consultation, to say what the feedback was, to set out changes proposed as a result of the feedback, and to say where responses were low and what the plans are to engage with groupings who did not really respond. This ESHIA would also draw more upon actions to review impacts in order to mitigate the negative and accentuate the positive.

Meeting our Public Sector Equality Duty through carrying out these ESHIAs is very much about using them as an opportunity to demonstrate ongoing engagement across groupings and to thus visibly show we are taking what is called 'due regard' of the needs of people in Protected Characteristic groupings.

If the screening indicates that there are likely to be high negative impacts for groupings within the community, the service area would need to take advice on whether or not to carry out a full report, or Stage Two assessment. This is resource intensive but will enable more evidence to be collected that will help the service area to reach an informed opinion.

In practice, Stage Two or Full Screening Assessments have only been recommended twice since 2014, as the ongoing mitigation of negative equality impacts should serve to keep them below the threshold for triggering a Full Screening Assessment. The expectation is that Full Screening Assessments in regard to Health Impacts may occasionally need to be undertaken, but this would be very much the exception rather than the rule.

## **2. Council Wide and Service Area Policy and Practice on Equality, Social Inclusion and Health**

This involves taking an equality and social inclusion approach in planning changes to services, policies, or procedures, including those that may be required by Government. The decisions that you make when you are planning a service change need to be recorded, to demonstrate that you have thought about the possible equality impacts on communities and to show openness and transparency in your decision-making processes.

This is where Equality, Social Inclusion and Health Impact Assessments (ESHIA) come in. Where you carry out an ESHIA in your service area, this provides an opportunity to show:

- What evidence you have drawn upon to help you to recommend a strategy or policy or a course of action to Cabinet or to Strategic Licensing Committee.
- What target groups and audiences you have worked with to date.
- What actions you will take in order to mitigate any likely negative impact upon a group or groupings, and enhance any likely positive effects for a group or groupings; and
- What actions you are planning to monitor and review the impact of your planned service change.

The formal template is there not only to help the service area but also to act as a stand-alone for a member of the public to read. The 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.

There are nine Protected Characteristic groupings defined in the Equality Act 2010. The full list of groupings is: Age; Disability; Gender Reassignment; Marriage and Civil Partnership; Pregnancy and Maternity; Race; Religion or Belief; Sex; and Sexual Orientation.

There is also intersectionality between these. Eg a young person with a disability would be in the groupings of Age and Disability, and if they described themselves as having a faith they would then also be in the grouping of Religion or Belief. 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.

For the individuals and groupings who may be affected, ask yourself what impact do you think is likely and what actions will you currently anticipate taking, to mitigate or enhance likely impact of the service change? If you are reducing a service, for example, there may be further use you could make of awareness raising through social media and other channels to reach more people who may be affected.

Social inclusion is then a wider additional local category we use in Shropshire, in order to help us to go beyond the equality legislation in also considering impacts for individuals and households with regard to the circumstances in which they may find themselves across their life stages. This could be households on low incomes, or households facing challenges in accessing services, such as households in rural areas, and veterans and serving members of the armed forces and their families, or people that we might consider to be vulnerable, such as young people leaving care or refugee families.



Please note that the armed forces are now a grouping to whom we are required to give due regard under recent Armed Forces legislation, although in practice we have been doing so for a number of years now.

We are now also identifying care leavers as a distinct separate local grouping due to their circumstances as vulnerable individuals.

When you are not carrying out an ESHIA, you still need to demonstrate and record that you have considered equality in your decision-making processes. It is up to you what format you choose.-You could use a checklist, an explanatory note, or a document setting out our expectations of standards of behaviour, for contractors to read and sign. It may well not be something that is in the public domain like an ESHIA, but you should still be ready for it to be made available.

**Both the approaches sit with a manager, and the manager has to make the call, and record the decision made on behalf of the Council.**

*Carry out an ESHIA:*

- If you are building or reconfiguring a building.
- If you are planning to reduce or remove or reconfigure a service.
- If you are consulting on a policy or a strategy.
- If you are bringing in a change to a process or procedure that involves other stakeholders and the wider community as well as particular groupings

*Carry out and record your equality and social inclusion approach:*

- If you are setting out how you expect a contractor to behave with regard to equality, where you are commissioning a service or product from them.
- If you are setting out the standards of behaviour that we expect from people who work with vulnerable groupings, such as taxi drivers that we license.
- If you are planning consultation and engagement activity, where we need to collect equality data in ways that will be proportionate and non-intrusive as well as meaningful for the purposes of the consultation itself.
- If you are looking at services provided by others that help the community, where we need to demonstrate a community leadership approach

### **3. Council wide and service area policy and practice on health and wellbeing**

This is a relatively new area to record within our overall assessments of impacts, for which we are asking service area leads to consider health and wellbeing impacts, and to look at these in the context of direct and indirect impacts for individuals and for communities.

A better understanding across the Council of these impacts will also better enable the Public Health colleagues to prioritise activities to reduce health inequalities in ways that are evidence based and that link effectively with equality impact considerations and climate change mitigation.

## **Health in All Policies – Health Impact Assessment**

Health in All Policies is an upstream approach for health and wellbeing promotion and prevention, and to reduce health inequalities. The Health Impact Assessment (HIA) is the supporting mechanism

- Health Impact Assessment (HIA) is the technical name for a process that considers the wider effects of local policies, strategies and initiatives and how they, in turn, may affect people's health and wellbeing.
- Health Impact Assessment is a means of assessing both the positive and negative health impacts of a policy. It is also a means of developing good evidence-based policy and strategy using a structured process to review the impact.
- A Health Impact Assessment seeks to determine how to maximise health benefits and reduce health inequalities. It identifies any unintended health consequences. These consequences may support policy and strategy or may lead to suggestions for improvements.
- An agreed framework will set out a clear pathway through which a policy or strategy can be assessed and impacts with outcomes identified. It also sets out the support mechanisms for maximising health benefits.

The embedding of a Health in All Policies approach will support Shropshire Council through evidence-based practice and a whole systems approach, in achieving our corporate and partnership strategic priorities. This will assist the Council and partners in promoting, enabling and sustaining the health and wellbeing of individuals and communities whilst reducing health inequalities.

### **Individuals**

#### **Will the proposal have a *direct impact* on health, mental health and wellbeing?**

For example, would it cause ill health, affecting social inclusion, independence and participation?

Will the proposal directly affect an individual's ability to improve their own health and wellbeing?

This could include the following: their ability to be physically active e.g., being able to use a cycle route; to access food more easily; to change lifestyle in ways that are of positive impact for their health.

An example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g., green highways), and changes to public transport that could encourage people away from car usage. and

increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve lives.

**Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing?**

This could include the following: their ability to access local facilities e.g., to access food more easily, or to access a means of mobility to local services and amenities? (e.g. change to bus route)

Similarly to the above, an example of this could be that you may be involved in proposals for the establishment of safer walking and cycling routes (e.g. pedestrianisation of town centres), and changes to public transport that could encourage people away from car usage, and increase the number of journeys that they make on public transport, by foot or on bicycle or scooter. This could improve their health and well being.

**Communities**

Will the proposal directly or indirectly affect the physical health, mental health, and wellbeing of the wider community?

A *direct impact* could include either the causing of ill health, affecting social inclusion, independence and participation, or the promotion of better health.

An example of this could be that safer walking and cycling routes could help the wider community, as more people across groupings may be encouraged to walk more, and as there will be reductions in emission leading to better air quality.

An *indirect impact* could mean that a service change could indirectly affect living and working conditions and therefore the health and well being of the wider community.

An example of this could be: an increase in the availability of warm homes would improve the quality of the housing offer in Shropshire and reduce the costs for households of having a warm home in Shropshire. Often a health promoting approach also supports our agenda to reduce the level of Carbon Dioxide emissions and to reduce the impact of climate change.

Please record whether at this stage you consider the proposed service change to have a direct or an indirect impact upon communities.

**Demand**

**Will there be a change in demand for or access to health, local authority and social care services?**

For example: Primary Care, Hospital Care, Community Services, Mental Health and Social Services?

An example of this could be: a new housing development in an area would affect demand for primary care and local authority facilities and services in that location and surrounding areas. If the housing development does not factor in consideration of availability of green space and safety within the public realm, further down the line there could be an increased demand upon health and social care services as a result of the lack of opportunities for physical recreation, and reluctance of some groupings to venture outside if they do not perceive it to be safe.

***For further advice: please contact***

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