

# Equality Impact Assessment (EIA)

For advice on this document please contact Clare Muir on 72119 or email [Clare.Muir@reading.gov.uk](mailto:Clare.Muir@reading.gov.uk).

Please contact the Project Management Office at [pmo@reading.gov.uk](mailto:pmo@reading.gov.uk) for advice and/or support to complete this form from a project perspective.

Name of proposal/activity/policy to be assessed: Multiple Disadvantage Outreach Team

Directorate: DACHS

Service: Public Health

Name: Sally Andersen

Job Title: Senior Commissioner drugs and alcohol

Date of assessment: 22/6/23

## Version History

Version	Reason	Author	Date	Approved By
1		SA	22.6.23	

## Scope your proposal

- **What is the aim of your policy or new service/what changes are you proposing?**

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Multiple Disadvantage outreach service for those with drug and alcohol needs.

Contract to provide an assertive response, improved support and recovery outcomes to those experiencing rough sleeping who have drug and alcohol dependence and mental/physical health support needs.

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- **Who will benefit from this proposal and how?**

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Those who are experiencing rough sleeping or assessed as being at risk of rough sleeping, with a drug and/or alcohol need.

The contract will work flexibly, delivering increased accessibility to drug and alcohol treatment outside of core working hours. The contract offers a targeted and bespoke community-based in-reach/outreach solution for those rough sleeping and those at risk of returning to rough sleeping, who are experiencing co-occurring mental ill-health and substance dependence in Reading.

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- **What outcomes does the change aim to achieve and for whom?**

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Key outcomes for this project are:

- To work with anyone rough sleeping requiring support to engage in drug and alcohol treatment and through the partnerships pathways as necessary.
  - access to treatment
  - sustained engagement
  - successful completion
  - stable accommodation
  - co-occurring drug and alcohol dependence and mental ill health needs
  - GP registration

- general health care engagement
- access to inpatient detox/residential rehab (where appropriate)
  
- Local and additional measures of success identified by Health, Housing and Public Health for Reading:
  - Number of service users being worked with by the project
  - Number of new service users being supported this month/quarter,
  - Number of service users who were closed to the service now engaging with mainstream mental health/substance dependence services,
  - Reduction in cyclical service users (rough sleeping ‘returners’ who have repeatedly been housed and returned to rough sleeping who are now sustaining accommodation),
  - Increase in those deemed as ‘entrenched’ rough sleeping who have begun engaging in an offer of accommodation due to outreach/in-reach mental health support/ D/A Treatment,
  - Increase in those now accessing mainstream services having previously had difficulties doing so,
  - Throughput of individuals through the service (where appropriate) to avoid dependency but ensure sustainability of healthcare within mainstream services.
  
- Wider outcomes
  - To improve the health of those rough sleeping
  - To increase community safety by reducing criminal activity and other court costs.
  - To share knowledge and best practice surrounding work with those rough sleeping and getting them engaged into drug and alcohol treatment.

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- **Who are the main stakeholders and what do they want?**
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Department for Housing, Levelling Up and Communities (DHLUC) have committed funding for this programme, which funds local areas to implement evidence-based

drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.

Public Health are responsible for improving the health of their local population and for public health services including providing services aimed at reducing drug and alcohol misuse.

Community/ residents will see an impact on reduced number of people experiencing rough sleeping and associated anti-social behaviour.

Evidence shows that those experiencing rough sleeping do not access mainstream services and therefore require a targeted and bespoke community-based in-reach/outreach solution. The proposal includes a clinical outreach team who will work flexibly, delivering increased accessibility outside of core working hours.

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## Assess whether an EqlA is Relevant

How does your proposal relate to eliminating discrimination; advancing equality of opportunity; promoting good community relations?

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- Do you have evidence or reason to believe that some groups may be affected differently than others (due to race, disability, sex, gender, sexuality, age, religious belief or due to belonging to the Armed Forces community)? Make reference to the known demographic profile of the service user group, your monitoring information, research, national data/reports etc.

No

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- Is there already public concern about potentially discriminatory practices/impact or could there be? Make reference to your complaints, consultation, feedback, media reports locally/nationally.

No

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If the answer is Yes to any of the above, you need to do an Equality Impact Assessment.

If No you **MUST** complete this statement.

**An Equality Impact Assessment is not relevant because:**

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Rough sleepers are some of the most marginalised and excluded individuals in society and the aim of the service is to improve health and treatment services for these people and enable them to achieve sustained recovery and play an active role in their community.

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X

X

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Completing Officer

Lead Officer

## Assess the Impact of the Proposal

Your assessment must include:

- **Consultation**
- **Collection and Assessment of Data**
- **Judgement about whether the impact is negative or positive**

Think about who does and doesn't use the service? Is the take up representative of the community? What do different minority groups think? (You might think your policy, project or service is accessible and addressing the needs of these groups, but asking them might give you a totally different view). Does it really meet their varied needs? Are some groups less likely to get a good service?

How do your proposals relate to other services - will your proposals have knock on effects on other services elsewhere? Are there proposals being made for other services that relate to yours and could lead to a cumulative impact?

**Example:** A local authority takes separate decisions to limit the eligibility criteria for community care services; increase charges for respite services; scale back its accessible housing programme; and cut concessionary travel.

Each separate decision may have a significant effect on the lives of disabled residents, and the cumulative impact of these decisions may be considerable.

This combined impact would not be apparent if decisions are considered in isolation.

### Consultation

How have you consulted with or do you plan to consult with relevant groups and experts. If you haven't already completed a Consultation form do it now. The checklist helps you make sure you follow good consultation practice.

[Consultation manager form - Reading Borough Council Dash](#)

Relevant groups/experts	How were/will the views of these groups be obtained	Date when contacted

Those experiencing rough sleeping	121 conversations	December 2022 when re-profiling the grant for 23/24.  Ongoing consultations take place with the incumbent Provider regarding service delivery and accessibility.
Drug and Alcohol Treatment Provider	Contract monitoring	Quarterly and ongoing
Housing Commissioned services/ Providers	Contract Monitoring and regular stakeholder groups	Quarterly and ongoing
Thames Valley Police and Probation	Combating Drugs Partnership and Community Safety Partnership meeting updates	Bi Monthly/ Monthly



## Collect and Assess your Data

Using information from Census, residents survey data, service monitoring data, satisfaction or complaints, feedback, consultation, research, your knowledge and the knowledge of people in your team, staff groups etc. describe how the proposal could impact on each group. Include both positive and negative impacts.

(Please delete relevant ticks)

- **Describe how this proposal could impact on racial groups**
  - **Is there a negative impact?**      No
- 

The new service will be required to deliver a service to rough sleepers regardless of their racial status.

We are however aware that current mainstream services tend to see a majority of White British individuals. The service will be required to actively look to engage with all BAME groups.

Data collection will be a requirement for the provider to ensure we are meeting the needs of all.

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- **Describe how this proposal could impact on Sex and Gender identity (include pregnancy and maternity, marriage, gender re-assignment)**
  - **Is there a negative impact?** No
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The new service will be required to ensure the safeguarding of female rough sleepers including pregnant women.

The service works within the current Couple Pathways

There is no impact on gender/ transgender identified.

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- **Describe how this proposal could impact on Disability**
  - **Is there a negative impact?** No
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The new service is to be delivered on an outreach basis so there is no impact on disabilities. Current use of building for clinical work offers disability access.

The provider of the service is expected to offer language translators and a range of literature on the new service.

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- **Describe how this proposal could impact on Sexual orientation (cover civil partnership)**
  - **Is there a negative impact? No**
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No impact identified, the service is required to offer a service regardless of sexual orientation.

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- **Describe how this proposal could impact on age**
  - **Is there a negative impact? No**
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The service is available to anyone aged 18+. In the event that a young person is identified on the street, the relevant safeguarding measures will be followed to ensure the young person is referred to the relevant services.

According to the latest rough sleeping data head counts, there are 0 young people identified as rough sleeping in Reading.

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- **Describe how this proposal could impact on Religious belief**
  - **Is there a negative impact? No**
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There is no known impact on religious belief. The service is to offer a service in a range of languages.

The service will not discriminate, harass or victimise for any characteristic.

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- **Describe how this proposal could impact on the Armed Forces community (including reservists and veterans and their families)**
  - **Is there a negative impact? No**
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No known impact on the armed forces community - previous experience has shown the incumbent provider work with partner agencies to support those in and ex armed forces worker.

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## Make a Decision

If the impact is negative then you must consider whether you can legally justify it. If not you must set out how you will reduce or eliminate the impact. If you are not sure what the impact will be you **MUST** assume that there could be a negative impact. You may have to do further consultation or test out your proposal and monitor the impact before full implementation.

(Delete numbers below which don't apply)

**1. No negative impact identified - Go to sign off**

**2. Negative impact identified but there is a justifiable reason**

You must give due regard or weight but this does not necessarily mean that the equality duty overrides other clearly conflicting statutory duties that you must comply with.

**3. Negative impact identified or uncertain**

What action will you take to eliminate or reduce the impact? Set out your actions and timescale

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The contract is required to monitor needs and tailor services to avoid any negative impact on anyone with a protected characteristic

Access to the service must be promoted and tailored for differing needs and personalised for each individual.

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- **How will you monitor for adverse impact in the future?**
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Quarterly contract monitoring meetings

Monthly Provider meetings

Regular quarterly data analysis

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X

Completing Officer

X

Lead Officer