

Equality & Human Rights Impact Assessment (EHRIA)



This Equality and Human Rights Impact Assessment (EHRIA) will enable you to assess the **new, proposed or significantly changed** policy/ practice/ procedure/ function/ service** for equality and human rights implications.

Undertaking this assessment will help you to identify whether or not this policy/ practice/ procedure/ function/ service** may have an adverse impact on a particular community or group of people. It will ultimately ensure that as an Authority we do not discriminate and we are able to promote equality, diversity and human rights.

Before completing this form please refer to the EHRIA guidance, for further information about undertaking and completing the assessment. For further advice and guidance, please contact your Departmental Equalities Group or equality@leics.gov.uk

***Please note: The term 'policy' will be used throughout this assessment as shorthand for policy, practice, procedure, function or service.*

Key Details	
Name of policy being assessed:	Adult Social Care, Communities and Wellbeing Strategy 2020-2024
Department and section:	Adults and Communities
Name of lead officer/ job title and others completing this assessment:	Katie Joondan Strategic Planning Officer
Contact telephone numbers:	0116 3055782
Name of officer/s responsible for implementing this policy:	Jon Wilson Director, Adults & Communities
Date EHRIA assessment started:	September 2019
Date EHRIA assessment completed:	(Screening for consultation) October 2019

Section 1: Defining the policy

Section 1: Defining the policy

You should begin this assessment by defining and outlining the scope of this policy. You should consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights, as outlined in Leicestershire County Council's Equality Strategy.

1 **What is new or changed in this policy?** *What has changed and why?*

Leicestershire County Council's (LCC's) Adults and Communities Department delivers library, heritage, adult learning and adult social care services to people living in Leicestershire. We aim to provide and commission high quality services which enrich the lives of individual people, families and their communities.

To achieve our ambitions, we have developed a strategy which brings together the functions of adult social care with those of community and wellbeing services and adult learning services.

The strategy is set within the context of the Leicestershire County Council Strategic Plan 2018-2022 and will contribute to all of its identified strategic outcomes, recognising the need to work with key stakeholders to make the best of available resources, improve customer experience, and to make the strategy a success. To that end, we will

- Work to enhance the wellbeing of individuals and communities, providing opportunities for people to live fulfilling lives
- Keep people safe whilst supporting people to live independently with as much control of their own lives as possible, as a positive approach to risk allows people to regain, grow and develop their skills
- Contribute to the development of flourishing communities which support people's wellbeing and happiness
- Help to develop accommodation and housing which supports people to remain safe and well in their own homes
- Recognise the impact that a great economy can have on the wellbeing of the population, and support individuals to enhance their own economic prosperity through learning, employment and wellbeing.

Our mission statement for adult social care, communities and wellbeing over the next four years is 'delivering wellbeing and opportunity in Leicestershire'. This is what we ultimately seek to achieve for the people who use and engage in our services, be that through support from their communities, social care, heritage sites, libraries or taking part in our learning services.

The Strategy focuses on our core values and transformation priorities, these include an asset/strengths based approach to meeting need, a new target

	<p>operating model and providing a heritage service to the people of Leicestershire.</p> <p>The strategy follows on from the previous adult social care; communities and wellbeing and adult learning strategies.</p>
2	<p>Does this relate to any other policy within your department, the Council or with other partner organisations? <i>If yes, please reference the relevant policy or EHRIA. If unknown, further investigation may be required.</i></p> <p>The Strategy will relate to a number of other policies and strategies, and is linked to the following strategies/work streams:</p> <ul style="list-style-type: none"> - LLR Carers' Strategy 2018-21 - Medium Term Financial Strategy 2019-2023 - Adult Social Care Workforce Strategy 2016-2020 - Equality Strategy 2016-2020 - Leicestershire County Council's Strategic Plan 2018-2022 - Promoting Independence, Supporting Communities: Our Vision and Strategy for Adult Social Care 2016-2020 - Communities and Wellbeing Strategy 2016-2020 - Leicestershire Adult Learning Services Strategy 2016-2020
3	<p>Who are the people/ groups (target groups) affected and what is the intended change or outcome for them?</p> <p>The potential impact is upon everyone living in Leicestershire with either an eligible social care need or someone who may utilise a universal wellbeing service such as a library or museum. Users of universal services may live outside of Leicestershire and be able to utilise them. To obtain social care services you must be ordinarily resident in Leicestershire.</p> <p>The intended outcomes of this strategy include a more cohesive department that is able to work together to meet the needs of residents. Adult Social Care depends on Communities and Wellbeing services contributing to meeting the wellbeing needs of social care service users and those that are not eligible for services.</p> <p>The strategy also highlights priority areas of work for the next four years, along with a commitment and explanation of what we will do by 2024 to meet our aspirations.</p> <p>The strategy outlines the Department's way of working which is a focus on using individual strengths and meeting individual goals in order to deliver wellbeing and opportunity in Leicestershire.</p>

4	Will this policy meet the Equality Act 2010 requirements to have due regard to the need to meet any of the following aspects? (Please tick and explain how)			
		Yes	No	How?
	Eliminate unlawful discrimination, harassment and victimisation	x		The strategy and delivery model focus on individual outcomes for each person and encompass the full range of need.
	Advance equality of opportunity between different groups	x		This is a holistic model which encompasses people who do not meet eligibility criteria. It is personalised and designed to meet individual needs, available to all regardless of any protected characteristics.
	Foster good relations between different groups	x		The model is based on inclusion, focussing on maximising family and community assets and supporting people to be part of a wider community network.

Section 2: Equality and Human Rights Impact Assessment (EHRIA) Screening

Section 2: Equality and Human Rights Impact Assessment Screening

The purpose of this section of the assessment is to help you decide if a full EHRIA is required.

If you have already identified that a full EHRIA is needed for this policy/ practice/ procedure/ function/ service, either via service planning processes or other means, then please go straight to [Section 3](#) on Page 7 of this document.

Section 2

A: Research and Consultation

5.	Have the target groups been consulted about the following? a) their current needs and aspirations and what is important to them; b) any potential impact of this change on them (positive and negative, intended and unintended); c) potential barriers they may face	Yes	No*
			X Although they have been consulted on many individual proposals
			X As above
			X As above

6.	If the target groups have not been consulted directly, have representatives been consulted or research explored (e.g. Equality Mapping)?	x	
7.	Have other stakeholder groups/ secondary groups (e.g. carers of service users) been explored in terms of potential unintended impacts?		x As above
8.	*If you answered 'no' to the question above, please use the space below to outline what consultation you are planning to undertake, or why you do not consider it to be necessary.		
The strategy and therefore the approach to consultation is relevant to the whole adult population of Leicestershire.			
In 2016 substantial research and subsequently a broad public consultation was conducted to gauge feedback on the proposed strategy model which is to prevent, reduce, delay and meet need.			
The new strategy has retained this mode of thinking and is at the heart of the strategy, developing the ambitions and approach to include wellbeing as an all-encompassing theme and combining the adult social care, adult learning, and communities and wellbeing aspects of the department's work. It is for this reason that a public consultation will be conducted. We want to see what impact the current strategy has had across Leicestershire, if the model is working and what we can do better through the revised approach.			
The public consultation will include the targeting of hard to reach voices and people with protected characteristics along with the general public. The consultation will specifically ask these groups if the strategy approach and model of working will meet their needs. We will ask them what the barriers are and what we can do to minimise or overcome them.			
The focus on communities throughout the ambition and approach is likely to make a positive contribution to inclusion and those most at risk of hate crime, whether because of race, sexual orientation or other characteristic.			

Section 2

B: Monitoring Impact

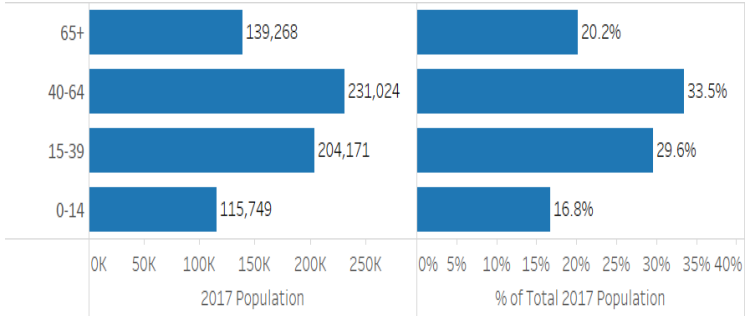
9.	Are there systems set up to:	Yes	No
	a) monitor impact (positive and negative, intended and unintended) for different groups;	x	
	b) enable open feedback and suggestions from different communities	x	

Note: If no to Question 8, you will need to ensure that monitoring systems are established to check for impact on the protected characteristics.

Section 2**C: Potential Impact****10.**

Use the table below to specify if any individuals or community groups who identify with any of the '[protected characteristics](#)' may potentially be affected by this policy and describe any positive and negative impacts, including any barriers.

	Yes	No	Comments
Age	x		<p>People of all adult ages are planned for within operational and strategic plans. Some services that will be developed or continued within the strategy are dependent upon national eligibility criteria for adult social care. People who require formal care and support will not be offered this if they do not meet the national eligibility criteria. The criteria is irrespective of age.</p> <p>The Strategy aims to ensure that people who might not approach social care or are not eligible can still access support.</p> <p>All universal services are available to people aged 18+ and where appropriate people under 18 too, this includes libraries, museums and heritage sites. Adult Learning is available to people over the age of 18 in order to differentiate these learners from those in compulsory full-time education. Learning over the age of 18 is not mandatory and is an enjoyable leisure pursuit for many.</p> <p>Some conditions are age related e.g. failing eyesight and higher incidence of dementia in older people, onset of psychosis in 16-25 year old men, or depression in 40+ year old women, etc. The Strategy aims to tackle these through personalised care packages for social care along with feedback from the community as to specific groups that may be on offer to all.</p> <p>Older people make up the largest group of users of social care, and numbers are increasing. 2093 (22%) of eligible service users are aged 80-89 and currently receiving services. This is the largest group per age bracket. In contrast only 1% of service users are aged 18-19.</p> <p>The total population of Leicestershire in 2017 was 690,212, an increase of 1.1 percent since 2016. There were approximately 7,000 more females (348,694) than males (341,518), with the male</p>

			<p>population rising at a fractionally slower rate (1 percent) compared to females (1.2 percent) since 2016. The chart below displays the total population by broad age band.</p>  <table border="1" data-bbox="715 315 1465 629"> <thead> <tr> <th>Age Band</th> <th>2017 Population</th> <th>% of Total 2017 Population</th> </tr> </thead> <tbody> <tr> <td>65+</td> <td>139,268</td> <td>20.2%</td> </tr> <tr> <td>40-64</td> <td>231,024</td> <td>33.5%</td> </tr> <tr> <td>15-39</td> <td>204,171</td> <td>29.6%</td> </tr> <tr> <td>0-14</td> <td>115,749</td> <td>16.8%</td> </tr> </tbody> </table> <p>Source: Mid-2017 Subnational Population Estimates, ONS, 2018</p> <p>Some areas of the business target a persons' whole life for example libraries. There is a target to issue 1.5 million library books to adults in 2019/20 and 358700 to children in the same year.</p> <p>Any areas that are identified in the public consultation in respect of age that can be improved by the Strategy will be added to an improvement and implementation plan.</p>	Age Band	2017 Population	% of Total 2017 Population	65+	139,268	20.2%	40-64	231,024	33.5%	15-39	204,171	29.6%	0-14	115,749	16.8%
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	<p>Disability</p>	<p>x</p>	<p>Currently 17% of eligible service users have a primary need of learning disability support, 20% mental health support, 49% physical support which equates to 4554 people, 11% social support and 4% support with memory and recognition.</p> <p>The 2011 census declared that 16.2% of the population considered their day to day activities to be limited by a long term illness. This means that there are many more people in the County who consider themselves disabled than receive formal social care support. This will be considered in demand modelling and strategic planning.</p> <p>All disability-related issues must be taken account of, for people with physical disability, sensory impairment, learning disability, and mental health conditions, when services are planned and commissioned.</p> <p>Attention should be paid to physical access, and the format of information and advice. This is prudent across social care, communities and adult learning. In 2018, 59.7% of service users stated in an annual survey that they thought information was easy to find. There is a target to make this 74% by 2021.</p>															

				<p>The strategy is targeting this group and people with no identified needs though a personalised model of care and support. Additionally, where no formal support is required or identified the strategy speaks of people using their own strengths and those of the community to help themselves. Examples of this include attending local community activities, talking to an isolated neighbour, visiting a local library, utilising social media to connect with people.</p> <p>Any areas that are identified in the public consultation in respect of disability that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Gender Reassignment		x	<p>The Strategy is not specifically intended to address any needs associated with this group.</p> <p>However, there is growing evidence to suggest that the number of gender reassignment surgeries is increasing each year as are reported incidents of bullying and hate crime towards this group. Therefore, the strategy is equally targeted to this group as with any other. Eligible social care needs will be addressed through a personalised plan. Universal services will be sensitive to the needs of this group for example offering appropriate literature in libraries, considering the use of accessible toilets.</p> <p>The number of gender reassignment surgeries carried yearly on the NHS has tripled since 2000, figures show. In 2000, 54 surgeries were carried out, compared with 143 in 2009, the Daily Telegraph reports. Since 2000, a total of 853 trans women and 12 trans men had state-funded surgery to change sex. However, the true number of transgender people is estimated to be far higher, as many do not wish to undergo painful or complex surgery, or are unable to access it. The average age for trans women to undergo surgery is 42. The same report states that the current prevalence may now be 20 in 100,000 people. Therefore, for every 100000 people 0.02 % have had gender reassignment surgery.</p> <p>Most people who have transitioned want to be identified as either a man or woman and do not want to disclose their transition. It is therefore difficult to obtain extensive statistics. There is no data available to determine how many Leicestershire social care service users this may affect as this is not recorded.</p>

			Any areas that are identified in the public consultation in respect of gender reassignment that can be improved by the Strategy will be added to an improvement and implementation plan.
	Marriage and Civil Partnership	x	<p>The Strategy is not specifically intended to address any needs associated with this group.</p> <p>Marital status is not part of the adult social care eligibility criteria and is irrelevant to any service they may receive. Where meeting a need may involve a residential placement, accessibility to a spouse will be considered in the personalised support plan.</p> <p>Any areas that are identified in the public consultation in respect of marriage and civil partnership that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Pregnancy and Maternity	x	<p>The Strategy is not specifically intended to address any needs associated with this group. People will not be excluded from services because they are pregnant or on maternity unless there is a legislative health and safety reason.</p> <p>However, adult learning courses are operated at different times of the day to account for maternity and breaks in learning are available for people who are on maternity leave.</p> <p>Any areas that are identified in the public consultation in respect of pregnancy and maternity that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Race	x	<p>The largest race of adult social care service users in Leicestershire is white consisting of 89% (8332 service users) of eligible service users. 5% are Asian or Asian British, 1% are black, 5% refused to answer or this information was not recorded in their assessment where this data is collected from.</p> <p>The focus on achieving individual outcomes will support equality of service delivery. Ongoing monitoring is required to ensure that services are accessible and inclusive.</p> <p>The race of adult social care service users is consistent with the overall demography of Leicestershire. The vast majority of the county</p>

			<p>population (91 percent) belong to White ethnic groups, including White British and White Irish. This equates to almost 600,000 people. This is slightly higher than the figure for the East Midlands (89 percent) and England (85 percent).</p> <p>The next largest ethnic group in Leicestershire is Asian, which constitutes 6.3 percent of the population, followed by the Mixed or Multiple Ethnic Group with 1.7 percent and Black ethnic groups, with 0.6 percent.</p> <p>Source: 2011 Census, Office for National Statistics, 2013.</p> <table border="1"> <thead> <tr> <th>Ethnic Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>91.4%</td> </tr> <tr> <td>Asian/Asian British</td> <td>6.3%</td> </tr> <tr> <td>Black/African/Caribbean/Black British</td> <td>0.6%</td> </tr> <tr> <td>Mixed/multiple ethnic group</td> <td>1.7%</td> </tr> </tbody> </table> <p>Any areas that are identified in the public consultation in respect of race that can be improved by the Strategy will be added to an improvement and implementation plan.</p>	Ethnic Group	Percentage	White	91.4%	Asian/Asian British	6.3%	Black/African/Caribbean/Black British	0.6%	Mixed/multiple ethnic group	1.7%
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	Religion or Belief	x	<p>In Leicestershire the largest religious group in the County is Christian, which constitutes 60.3 percent of the population according to the 2011 census. This is slightly higher than the figure for the East Midlands (58.8 percent) and England (59.4 percent). The same census reported that 27.1% had no religion, 6.5% not stated, Hindu 2.8%, Muslim 1.4%, Sikh 1.2%, Other religion 0.4%, Buddhist 0.2% and Jewish 0.1%.</p> <p>Religion is not routinely captured by adult social care services or by communities and wellbeing.</p> <p>Any areas that are identified in the public consultation in respect of religion or belief that can be improved by the Strategy will be added to an improvement and implementation plan.</p>										
	Sex	x	<p>The Mid-2017 Subnational Population Estimates, ONS, 2018 reports that between the ages of 0 and 24, males outnumber females in all quinary age bands. This is especially noticeable in the 20-24 age</p>										

			<p>band, where there are over 4,000 additional males; (24,507 males compared with 20,217 females).</p> <p>However, from the 25-29 age band onwards, females outnumber males. This is especially noticeable in older age bands; there are almost 10,000 additional females aged 65 and over (74,889) compared with males (64,379).</p> <p>In adult social care 60% (5605 people) of services are attributed to females and 40% for males.</p> <p>Communities and wellbeing services are targeted universally.</p> <p>The correlation between population size and the number of people who are male or female and in receipt of services is similar. However, it is acknowledged that men are less likely to seek support before they hit a crisis point and therefore it may be appropriate to target prevention campaigns towards males.</p> <p>Any areas that are identified in the public consultation in respect of sex that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	Sexual Orientation	x	<p>According to ONS in 2017 the proportion of the UK population aged 16 years and over identifying as heterosexual or straight has decreased from 94.4% in 2012 to 93.2% in 2017.</p> <p>Between 2012 and 2017 the proportion of the UK population identifying as lesbian, gay or bisexual (LGB) increased from 1.5% in 2012 to 2.0% in 2017.</p> <p>In 2017, there were an estimated 1.1 million people aged 16 years and over identifying as LGB out of a UK population aged 16 years and over of 52.8 million. This is around 2%. Using the same figure mapped against Leicestershire this would mean that in total around 13800 people identify as LGB and approximately 187 service users.</p> <p>Research suggests that people who identify as LGB are more likely to have mental ill health. Early intervention with this group may delay the onset of more pronounced problems.</p>

			<p>The Strategy has not been developed to target this group specifically, but the Strategy does take account of personalised care and support.</p> <p>Any areas that are identified in the public consultation in respect of sexual orientation that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	<p>Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities</p>	x	<p>We will need to be mindful of people at risk of or with social care needs and/or wishing to access universal services in more rural areas of Leicestershire. There are fewer formal services available where they live and more limited access to community support, services and facilities. Also, transport links are generally more variable and poorer. This means that there is a greater risk that Adults and Communities service users would find it harder to access services and become isolated which impacts on their wellbeing, resilience and independence.</p> <p>Carers are at the heart of the Adults and Communities Strategy, in terms of delivering the “wellbeing and needs” and “right” models. Achieving the ambitions within the Strategy will heavily rely on the carers so we will need to understand how the approach would impact on the sustainability of our carer community and the resilience and motivation of individual carers.</p> <p>Attention should be paid to physical access including the location of service provision, and the format of information and advice.</p> <p>Integration with health services will contribute to addressing health inequalities.</p> <p>Any areas that are identified in the public consultation in respect of other groups that can be improved by the Strategy will be added to an improvement and implementation plan.</p>
	<p>Community Cohesion</p>	x	<p>The focus on maximising use of community strengths should promote greater inclusion and community cohesion.</p>

11.	Are the human rights of individuals <u>potentially</u> affected by this proposal? Could there be an impact on human rights for any of the protected characteristics? (Please tick)		
	Explain why you consider that any particular article in the Human Rights Act may apply to your policy/ practice/ function or procedure and how the human rights of individuals are likely to be affected below: [NB. Include positive and negative impacts as well as barriers in benefiting from the above proposal]		
	Yes	No	Comments
Part 1: The Convention- Rights and Freedoms			
Article 2: Right to life	x		Safeguarding is likely to engage this article
Article 3: Right not to be tortured or treated in an inhuman or degrading way	x		The Strategy is underpinned by an adult social care duty to promote wellbeing and personal dignity
Article 4: Right not to be subjected to slavery/ forced labour		x	
Article 5: Right to liberty and security	x		Safeguarding will protect these rights
Article 6: Right to a fair trial		x	
Article 7: No punishment without law		x	
Article 8: Right to respect for private and family life	x		Adult social care aspects of the Strategy are focused on how to support people to remain independent in the setting of their choice
Article 9: Right to freedom of thought, conscience and religion		x	
Article 10: Right to freedom of expression		x	
Article 11: Right to freedom of assembly and association		x	
Article 12: Right to marry		x	
Article 14: Right not to be discriminated against	x		The Strategy's values and principles are designed to ensure that no particular groups are intentionally or unintentionally excluded or disadvantaged from accessing or benefiting from them.

Part 2: The First Protocol				
	Article 1: Protection of property/ peaceful enjoyment	x		Supporting people to remain independent in the setting of their choice supports this article, together with safeguarding policy
	Article 2: Right to education		x	
	Article 3: Right to free elections		x	
Section 2				
D: Decision				
12.	Is there evidence or any other reason to suggest that:	Yes	No	Unknown
	a) this policy could have a different affect or adverse impact on any section of the community;		x	
	b) any section of the community may face barriers in benefiting from the proposal		x	
13.	Based on the answers to the questions above, what is the likely impact of this policy			
	No Impact <input type="checkbox"/>	Positive Impact <input checked="" type="checkbox"/>	Neutral Impact <input type="checkbox"/>	Negative Impact or Impact Unknown <input type="checkbox"/>
<p>Note: If the decision is 'Negative Impact' or 'Impact Not Known' an EHRIA Report is required.</p> <p>Although this EHRIA has identified a positive outcome it is envisaged that a full report will be produced in order to identify, analyse and implement any feedback from the public consultation. This will help to ensure any areas of disadvantage are identified and can be targetted effectively through the model highlighted in the strategy, and through the specific services, activities and interventions that will deliver its ambitions.</p>				
14.	Is an EHRIA report required?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	

Section 2: Completion of EHRIA Screening

Upon completion of the screening section of this assessment, you should have identified whether an EHRIA Report is required for further investigation of the impacts of this policy.

Option 1: If you identified that an EHRIA Report is required, continue to [Section 3](#) on Page 7 of this document to complete.

Option 2: If there are no equality, diversity or human rights impacts identified and an EHRIA report is not required, continue to [Section 4](#) on Page 14 of this document to complete.

Section 3: Equality and Human Rights Impact Assessment (EHRIA) Report

Section 3: Equality and Human Rights Impact Assessment Report

This part of the assessment will help you to think thoroughly about the impact of this policy and to critically examine whether it is likely to have a positive or negative impact on different groups within our diverse community. It is also to identify any barriers that may detrimentally affect under-represented communities or groups, who may be disadvantaged by the way in which we carry out our business.

Using the information gathered either within the EHRIA Screening or independently of this process, this EHRIA Report should be used to consider the impact or likely impact of the policy in relation to all areas of equality, diversity and human rights as outlined in Leicestershire County Council's Equality Strategy.

Section 3

A: Research and Consultation

When considering the target groups it is important to think about whether new data needs to be collected or whether there is any existing research that can be utilised.

15. Based on the gaps identified either in the EHRIA Screening or independently of this process, how have you now explored the following and what does this information/data tell you about each of the diverse groups?

- a) current needs and aspirations and what is important to individuals and community groups (including human rights);
- b) likely impacts (positive and negative, intended and unintended) to individuals and community groups (including human rights);
- c) likely barriers that individuals and community groups may face (including human rights)

16. Is any further research, data collection or evidence required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

When considering who is affected by this proposed policy, it is important to think about consulting with and involving a range of service users, staff or other stakeholders who may be affected as part of the proposal.	
17.	Based on the gaps identified either in the EHRIA Screening or independently of this process, <u>how</u> have you further consulted with those affected on the likely impact and <u>what</u> does this consultation tell you about each of the diverse groups?
18.	Is any further consultation required to fill any gaps in your understanding of the potential or known effects of the policy on target groups?

Section 3																	
B: Recognised Impact																	
19.	Based on any evidence and findings, use the table below to specify if any individuals or community groups who identify with any 'protected characteristics' are <u>likely</u> be affected by this policy. Describe any positive and negative impacts, including what barriers these individuals or groups may face.																
	<table border="1"> <thead> <tr> <th></th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Age</td> <td></td> </tr> <tr> <td>Disability</td> <td></td> </tr> <tr> <td>Gender Reassignment</td> <td></td> </tr> <tr> <td>Marriage and Civil Partnership</td> <td></td> </tr> <tr> <td>Pregnancy and Maternity</td> <td></td> </tr> <tr> <td>Race</td> <td></td> </tr> <tr> <td>Religion or Belief</td> <td></td> </tr> </tbody> </table>		Comments	Age		Disability		Gender Reassignment		Marriage and Civil Partnership		Pregnancy and Maternity		Race		Religion or Belief	
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	Sex	
	Sexual Orientation	
	Other groups e.g. rural isolation, deprivation, health inequality, carers, asylum seeker and refugee communities, looked after children, deprived or disadvantaged communities	
	Community Cohesion	

20.	Based on any evidence and findings, use the table below to specify if any particular Articles in the Human Rights Act are <u>likely</u> apply to your policy. Are the human rights of any individuals or community groups affected by this proposal? Is there an impact on human rights for any of the protected characteristics?	
		Comments
	Part 1: The Convention- Rights and Freedoms	
	Article 2: Right to life	
	Article 3: Right not to be tortured or treated in an inhuman or degrading way	
	Article 4: Right not to be subjected to slavery/ forced labour	
	Article 5: Right to liberty and security	
	Article 6: Right to a fair trial	
	Article 7: No punishment without law	
	Article 8: Right to respect for private and family life	

	Article 9: Right to freedom of thought, conscience and religion	
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	Part 2: The First Protocol	
	Article 1: Protection of property/peaceful enjoyment	
	Article 2: Right to education	
	Article 3: Right to free elections	
Section 3		
C: Mitigating and Assessing the Impact		
Taking into account the research, data, consultation and information you have reviewed and/or carried out as part of this EHRIA, it is now essential to assess the impact of the policy.		
21.	If you consider there to be actual or potential adverse impact or discrimination, please outline this below. State whether it is justifiable or legitimate and give reasons.	
N.B.		
i) If you have identified adverse impact or discrimination that is <u>illegal</u> , you are required to take action to remedy this immediately.		
ii) If you have identified adverse impact or discrimination that is <u>justifiable or legitimate</u> , you will need to consider what actions can be taken to mitigate its effect on those groups of people.		

22.	<p>Where there are potential barriers, negative impacts identified and/or barriers or impacts are unknown, please outline how you propose to minimise all negative impact or discrimination.</p> <p>a) include any relevant research and consultations findings which highlight the best way in which to minimise negative impact or discrimination</p> <p>b) consider what barriers you can remove, whether reasonable adjustments may be necessary, and how any unmet needs that you have identified can be addressed</p> <p>c) if you are not addressing any negative impacts (including human rights) or potential barriers identified for a particular group, please explain why</p>
<p>Section 3 D: Making a decision</p>	
23.	<p>Summarise your findings and give an overview as to whether the policy will meet Leicestershire County Council's responsibilities in relation to equality, diversity, community cohesion and human rights.</p>

<p>Section 3 E: Monitoring, evaluation & review of your policy</p>	
24.	<p>Are there processes in place to review the findings of this EHRIA and make appropriate changes? In particular, how will you monitor potential barriers and any positive/ negative impact?</p>
25.	<p>How will the recommendations of this assessment be built into wider planning and review processes? <i>e.g. policy reviews, annual plans and use of performance management systems</i></p>

**Section 3:
F: Equality and human rights improvement plan**

Please list all the equality objectives, actions and targets that result from the Equality and Human Rights Impact Assessment (EHRIA) (continue on separate sheets as necessary). These now need to be included in the relevant service plan for mainstreaming and performance management purposes.

Equality Objective	Action	Target	Officer Responsible	By when

Section 4: Sign off and scrutiny

Upon completion, the Lead Officer completing this assessment is required to sign the document in the section below.

It is required that this Equality and Human Rights Impact Assessment (EHRIA) is scrutinised by your [Departmental Equalities Group](#) and signed off by the Chair of the Group.

Once scrutiny and sign off has taken place, a depersonalised version of this EHRIA should be published on Leicestershire County Council's website. Please send a copy of this form to louisa.jordan@leics.gov.uk, Members Secretariat, in the Chief Executive's department for publishing.

Section 4

A: Sign Off and Scrutiny

Confirm, as appropriate, which elements of the EHRIA have been completed and are required for sign off and scrutiny.

Equality and Human Rights Assessment Screening (for consultation)

Equality and Human Rights Assessment Report

1st Authorised Signature (EHRIA Lead Officer): **Michael Rose (signed)**

Date: **28th October 2019**

2nd Authorised Signature (DEG Chair):



Date: **28/10/2019**

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