Camden Council Equality Impact Assessment Form

Camden

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Before beginning this equality impact assessment (EqIA) form, you should use the EqIA screening tool to decide whether you need to complete an EqIA for your activity and read the EqIA guidance.

The term "activities" is used by the Council to mean a range of things, such as policies, projects, functions, services, staff restructures, major developments or planning applications.

Most significant activities that affect Council stakeholders will require an EqIA when they are in the planning stage. Many will also require an EqIA to monitor their impact on equality over time or if there is a significant change that prompts a review, such as in local demographics.

EqIAs help the Council to fulfil its legal obligations under the Equality Act's public sector equality duty. The duty requires the Council to have due regard1 to the need to:

- eliminate unlawful behaviour, such as discrimination, harassment and victimisation;
- promote equality of opportunity between those who share a protected characteristic and those who don't; and
- promote good relations between people who share a protected characteristic and those who don't.

The way that we demonstrate that we have due regard for these three aims, and therefore that we are complying with the public sector equality duty, is by undertaking an EqIA.

EqIAs will almost certainly be required when a new activity affecting people who share the protected characteristics is being developed and when reviewing or changing such activities.

They will also be likely required before and during any staff re-organisations.

An EqIA should be started at the beginning of a new activity and developed in parallel with it. Activities such as services and projects should also be regularly reviewed for their impact.

An EqIA should be revisited and updated to determine whether any planned positive impacts have been achieved and whether any identified negative impacts have been mitigated. You can indicate the version of the EqIA below.

For more complex enquiries on EqIAs, in the first instance please contact equalities@camden.gov.uk where you will be able to receive dedicated support.

EqIAs should be signed off by the relevant sponsor, director or Head of Service.

1 Due regard is a legal requirement and means that decision makers have to consider the equality implications of a proposal before a commissioning or policy decision has been made that may affect people who share each of the protected characteristics. Paying 'due regard' means giving a proportionate amount of resource to this analytical exercise relevant to the potential impact on equality.

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Title of the activity	
Recommissioning the Mental Health Supported Living Accommodation Pathway in Camden.	
Officer accountable for the EqIA (e.g. director or project sponsor)	
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Person reviewing the EqIA (reviewer)	
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Version number and date of update	
FINAL- 300125	

Step 1: Clarifying aims

1.a Is it a new activity or one that is under review or being changed?

- [ ] New
- [X] **Under review**
- [ ] **Being changed**

1.b. Which groups are affected by this activity?

- [ ] Staff
- [X] **Residents**
- [X] **Contractor**
- [ ] Other (please detail):

1.c Which Directorate does the activity fall under:

- [X] **Supporting People**
- [ ] Supporting Communities
- [ ] Corporate Services
- [ ] More than one Directorate. Please specify:

1.d Outline the aims/objectives/scope of the activity. (You should aim for a summary, rather than copying large amounts of text from elsewhere.)

The Council plans to retender the current contracts for the Mental Health Supported Living (MHSL) Pathway, which are set to expire on 31 March 2026. The procurement exercise would result in new contracts commencing in April 2026, resulting in continuation of the current service offer.

The MHSL Pathway offers support and accommodation to 199 residents across 7 contracts, currently delivered by 2 support providers. Services are delivered from 19 buildings across Camden at a cost of approximately £4.14m per annum. The majority (72%, 143 spaces) of projects deliver high support services that are staffed 24/7, whilst the remaining spaces offer low-support services staffed from 9am-5pm (28%, 56 spaces).

Services that form the Mental Health Supported Living (MHSL) Pathway provide accommodation-based support for people with serious mental illness (SMI), which includes conditions such as psychotic disorders (including schizophrenia), bipolar disorder and personality disorder. The MHSL Pathway supports people to develop independent living skills, progress their mental health recovery and move away from homelessness/housing precarity and into their own home.

People may also present additional needs and risks associated with physical health issues, substance misuse and offending behaviour, with a rising level of ‘complexity’ of needs that are typically overlapping and mutually re-enforcing. This is often referred to as ‘multiple disadvantage’. Supported accommodation can have a significant positive impact on an individual’s quality of life, from their physical and mental wellbeing to promotion of social inclusion including but not limited to securing employment and stable housing as well as their engagement with the community.

A demographic summary of people supported in MHSL services and their presenting needs, taken from the 23/24 annual report, is as follows:

- 67% are male, 33% are female and 1% are transgender
- 21% of people are aged 18-29, 11% are over 60
- Black ethnic groups are significantly overrepresented in MHSL services (27% of MHSL services and 9% of the wider Camden population). Asian ethnic groups are underrepresented.

Of all new referrals in 23/24, a high proportion had co-occurring needs around drug and alcohol use. Other needs, alongside serious mental illness, include physical disability, history of rough sleeping and domestic abuse/gender-based violence.

Step 2: Data and evidence

What data do you have about the people affected by the activity, for example those who use a service? Where did you get that data from (existing data gathered generally) or have you gone out and got it and what does it say about the protected characteristics and the other characteristics about which the council is interested?

Is there currently any evidence of discrimination or disadvantage to the groups?

What will the impact of the changes be?

You should try to identify any data and/or evidence about people who have a **combination, or intersection, of two or more characteristics.** For example, homeless women, older disabled people or young Black men.

2.a Consider any relevant data and evidence in relation to all Equality Act protected characteristics:

- [x] Age
- [x] Disability, including family carers[2]
- [x] Gender reassignment
- [ ] Marriage and civil partnership
- [ ] Pregnancy and maternity
- [x] Race
- [x] Religion or belief
- [x] Sex
- [x] Sexual orientation

2 This is the legal term in the Equality Act. In practice there are specific legal protections for a diverse range of people who have physical, mental and sensory impairments, long-term health conditions and/or neurodivergence, as well as carers who provide unpaid care for a friend or family member who cannot function without their support. Census and local datasets use the Equality Act definition and will include people who may not use the language of disability to describe themselves.

Age
There is a close correlation between the age distribution in the MH pathway services and Camden's population. In 2023/24, referrals of residents aged 18-49, accounted for 76%, compared to 66% of the total Camden population.

In 23/24, young adults aged 18-29 years made up 21% of referrals to MH Pathway service while they make up 28% of Camden's population

Nevertheless, the engagement events carried out as part of this project shows that there is currently a lack of bespoke offer for young people (18-30), for example, for people leaving care or being discharged from Tier 3 CAMHS placements. Young people who do not access the Children and Young People Pathway and are often then supported in the Adult Pathway or spot purchased care.

Younger residents may struggle in settings primarily designed for older adults, or vice versa, leading to a lack of appropriate peer support.

Disability, including family carers
15.2% of the Camden population reported being disabled under the definition of the Equalities Act (2010), meaning that they assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses.

A mental health condition is considered a disability if it has a long-term effect on normal day-to-day activity as defined under the Equality Act 2010; the condition is classed as 'long term' if it lasts, or is likely to last, 12 months. Under this definition, all people in mental health supported living services would be classified as disabled, therefore any changes in this service will have an impact on disabled people.

An estimated one-in-seven adults in Camden (about 30,600) have been diagnosed in primary care with one or more mental health conditions, including common mental health disorders such as anxiety and depression (28,397), serious mental illness (3,668 people) such as schizophrenia, bi-polar disorder and dementia (1,071). Camden has the 3rd highest diagnosed prevalence of serious mental illness in the country and the 8th highest diagnosed prevalence of depression in London.

The MH Supported Living Services is for people with severe mental health condition with referrals coming from secondary mental health services, with a proportion of residents with an additional need/disability.

While there is limited information from the current datasets collected and reported by MH Pathway services, there is good evidence of the prevalence of neuro-development conditions in people experiencing mental ill health and vice versa. Almost 8 in 10 autistic adults experience a mental health problem. While autism is not a mental health condition itself, mental health problems are one of the most common and serious challenges experienced by people across the spectrum. Up to 10% of adults in inpatient mental health settings are autistic.

Data collected from each project within the mental health supported living pathway in November 2024 showed that 26% of current residents in MHSL are reported as having

substance abuse as an additional support need, and 13% of residents have alcohol abuse as an additional support need. Of those with drug and alcohol as an additional support need, only 17% are actively engaging with treatment for their substance misuse. While substance misuse is not designated as a disability under the Equality Act, their impact can and do exacerbate mental and physical health conditions.

5% of residents in the pathway are reported to have a physical or sensory disability as their secondary support need, and 1.6% with a learning disability as their secondary support need.

People with a learning disability are more likely to experience poor mental health and have increased barriers to receiving help. 20-40% of people with a learning disability also have a mental health problem.

There is currently a lack of data on people with diagnosed autism and other neuro-diverse conditions in the pathway, there is good evidence of the prevalence of neuro-developmental conditions in people experiencing mental ill health and vice versa. Almost 8 in 10 autistic adults experience a mental health problem. While autism is not a mental health condition itself, mental health problems are one of the most common and serious challenges experienced by people across the spectrum.

Up to 10% of adults in inpatient mental health settings are autistic. Meeting the needs of autistic and neurodiverse adults is a growing area that requires further consideration and inclusion within future MHSL service specifications on how services can reasonably adjust services where they are working with an autistic adult. There will be environmental factors, such as sensory considerations within accommodation, as well as the need to develop clear standards for autism-informed support. For example, autistic adults could be prioritised for certain accommodation (such as self-contained properties).

Gender reassignment

The Government Equalities Office estimate that around 0.3 - 0.8% of the UK population are transgender. In Camden, this would equate to between 700 - 2000 people. In 2023/24, 1% of residents in mental health supported living accommodation identify as transgender.

People who identify as transgender have higher rates of mental health complications than those in the general population due to stigma and discrimination.
70% of non-binary people had experienced depression within the past year.
71% of trans people (including 79% of non-binary people) had experienced anxiety within the past year.
19% of trans people (including 24% of non-binary people) had experienced an eating disorder within the past year.
88% of trans individuals across the UK showed symptoms of depression and 75% of anxiety compared with 20% of people in the UK general population.

In addition to a higher prevalence of mental health issues, transgender people typically experience barriers to healthcare, such as refusal of care, violence, and a lack of provider knowledge.

Marriage and civil partnership Data on marriage and civil partnership for those who currently use the service is not collected. The Pathway is for single people who are vulnerable. Due to limitations in accommodation facilities, it is not possible to accommodate couples within the Pathway in double rooms. However, couples can be accommodated, separately and assisted to find independent accommodation together.
Pregnancy and maternity MH supported living services are not designed for mother and babies, there are other facilities/services such as mother and baby units for expectant mothers experiencing mental ill health.
Race Black ethnic groups are overrepresented in mental health supported living accommodation, accounting for 28% of residents in supported accommodation compared to 9% of the overall Camden population. As referrals to these services come from secondary mental health teams, referrals reflect the existing entrenched inequalities in the society with Black people being 4 times more likely to be detained under the Mental Health Act compared to their White counterparts. Young Black men are also more likely to enter the mental health system in crisis, e.g., through the justice sector, than through preventative services such as talking therapies[1]. The overrepresentation of Black people contrasts with White people who account for 60% of Camden's population but account for 51% of referrals/residents in mental health supported accommodation.
Religion or belief Data on religion or belief is not currently collected within mental health supported living services. There are no exclusions to the MH Pathway service on account of religion. Some women, for religious or cultural reasons, or reasons related to other beliefs, may consider themselves unable to use some mixed-sex facilities. This may include 'women only' facilities that can be accessed by trans people. Going forward, it is important that this information is collected to ensure that staff have the cultural competencies to work with a diverse range of residents and ensure that no groups face discrimination in the pathway. These might take the form of ensuring that that meals include halal and kosher dishes, provision/availability of quiet places for prayer and offer of appointments that take account of religious/faith practices or events.
Sex Camden has a slightly higher percentage of females (52.6%) than males (47.4%). In 23/24, females accounted for 32% of referrals to Mental Health Supported Living Accommodation, and Males accounted for 68% of referrals. This mirrors the number of Females (29%) and Males (70%) currently in Mental Health Supported Living Accommodation (1% transgender).

[1] Detentions under the Mental Health Act - GOV.UK Ethnicity facts and figures

There is a lack of 'women only' provision to meet their needs in a more trauma-informed and gender-informed way. Currently all services are mixed sex, with only 19 woman-only spaces within these, and with only four having secure fob access. This is compared to a total of 60 women in MHSL services at the end of 2023/24. In addition to this, all the spaces are supported by male and female staff members. It can be difficult for services to support women experiencing multiple disadvantage where a history of gender-based violence and abuse or their presentation of complex trauma can make it inappropriate to place them in mixed gendered services.

Sexual orientation

Data has not been routinely collected around the sexual orientation of residents referred into Mental Health Supported Accommodation. 2021 Census data for Camden shows that:

82.6% of residents identify as straight/ heterosexual
3.7% of residents identify as gay/ lesbian
2.5% of residents identify as bisexual
10.5% of residents chose not to disclose their sexual orientation
0.7% of residents identified as "other"

There has been little focus on the needs of LGBTQ+ population and their access, experience and outcomes from the MHSL Pathway. It is well known that the LGBTQ+ population are more likely to experience mental ill health and have specific risks around homelessness, meaning supported accommodation is a vital intervention. There is research that shows such settings can be, or feel, physically and psychologically unsafe for LGBTQ+ people, which needs to be explored.

In the 2018 Community Mental Health Survey LGBT patients were less likely to rate their overall experience as 7 or above (48% vs 64% for heterosexuals).

Intersectional Groups

See section 2c

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2.b Consider evidence in relation to the additional characteristics that the Council is concerned about:

- [ ] Foster carers
- [x] **Looked after children/care**
- [x] **leavers**

Low-income households **Refugees and**

- [x] **asylum seekers**

Parents (of any gender, with children aged under 18)

- [x] **People who are homeless**
- [ ] Private rental tenants in deprived areas
- [ ] Single parent households
- [x] **Social housing tenants**
- [ ] Any other, please specify

Foster carers Not applicable
Looked after children/care leavers There are no looked after children in MHSL as the service is for adults aged 18+. There are no recorded care leavers currently in the service. Looked-after children and care leavers are a significant concern as they often face higher rates of mental health conditions compared to their peers due to factors such as trauma, instability, and lack of consistent support systems.
Low-income households Of the 133 local neighbourhoods in Camden, 32 are among the 20% most income-deprived in England, while 21 are in the 20% most affluent. This demonstrates that we have some of the UK's richest and poorest people living in our borough. In Camden, 24% of its residents live within the 20% most deprived areas of England (Census, 2011). The impact of living in the most deprived wards also includes 83% higher prevalence of serious mental illness. Many residents in supported living are from low-income backgrounds, which can limit access to supplementary healthcare, legal support, or meaningful activities. Economic marginalization may worsen mental health symptoms, creating a cycle of disadvantage.

Refugees and asylum seekers Camden has the 3rd largest inflow of international migrants in England from mid 2019 to mid 2020 – at approx. 20,000 people (The Migration Observatory). Research suggests that asylum seekers are five times more likely to have mental health needs than the general population, and more than 61% will experience severe mental distress (2011, Mental Health and Wellbeing in Leeds: An Assessment of Need in the Adult Population. NHS Leeds). However, data shows that they are less likely to receive support than the general population (2010, Refugees and asylum seekers: A review from an equality and human rights perspective. Equality and Human Rights Commission Research report 52, University of Kent). Feedback from stakeholders show that people with no recourse to public funds often experience barriers and delays access appropriate mental health support.
Parents (of any sex, with children aged under 18) Data specific to parents with Mental health needs that have children under aged 18 is not readily available, however Camden council provides a range of support services targeting mental health challenges for parents and families. Camden Parents Wellbeing service focuses on improving mental health to positively impact children's care and mental health. Camden also offers therapeutic support through services like iCope and Camden Carers, which cater to diverse mental health needs, including stress and anxiety management for families. The Open Minded (CAMHS) initiative addresses emotional and behavioural issues in children and adolescents, indirectly supporting parents by providing targeted mental health interventions for their children.

People who are homeless According to CHAIN (Combined Homelessness and Information Network) there were 11,018 rough sleepers in London in 2020/21, and of these, 639 in Camden. Homelessness as measured by the total number of households assessed and owed a prevention or relief duty, has increased in Camden by 7% since 2018, from 1,026 to 1,098 in the 2020/2021 financial year. In London, the same figure has reduced slightly, by 3%, to 51,760. Poor mental health is both a cause and consequence of homelessness, with the onset of mental illness triggering or being part of a series of events that can lead to homelessness. Housing insecurity and homelessness is stressful and traumatic and can cause mental health problems. 45% of people experiencing homelessness have been diagnosed with a mental health issue, rising to 8 out of 10 people who are sleeping rough (Crisis, 2023). The pathway provides an opportunity to stabilize mental health, which can improve tenancy sustainment and reduce homelessness. Every individual who leaves the pathway to live within independent accommodation is referred to a floating support service, to provide ongoing support around their tenancies and promote sustained moves into independence.
Private rental tenants in deprived areas As of the 2021 Census, 33,012 households were renting privately in Camden, representing 35.6% of the borough's 92,758 households. This figure includes areas of varying deprivation within Camden but does not break down tenants specifically by levels of deprivation within the borough. In the most deprived areas of Camden, private rental figures are not explicitly stated in available data, but these areas often see higher concentrations of renters due to housing affordability challenges. Camden's private rental market is one of the most expensive in London, with median rents in 2022 ranging from £1,550 for a one-bedroom flat to £3,575 for a four-bedroom property. Many renters in Camden rely on housing benefits, though these often fall short of covering full rent costs.
Single parent households Data on the mental health experiences of single-parent households in Camden is limited, but there are some broader insights into challenges they face that can contribute to mental health difficulties. Camden's data highlights that groups in socio-economic disadvantage, including single parents, are more likely to experience mental health challenges. National trends suggest that single parents often face higher levels of stress and mental health conditions, such as anxiety and depression, due to economic pressures, childcare responsibilities, and social isolation. Single parents are disproportionately affected by issues like housing insecurity and financial struggles. For example, during the pandemic, many single parents in the UK, including those in Camden, faced significant discrimination and economic challenges, which worsened their mental well-being. Although Camden offers mental health services and support groups, there remains a gap in services tailored to the unique needs of single-parent families, which can hinder their ability

to access timely and adequate mental health support.
Social housing tenants Housing tenure across Camden is split almost equally, with around a third of residents owning their home (30%), renting privately (36%), or in social housing (34%). Many residents in the MHSL pathway either transition to or come from social housing, facing challenges such as maintaining tenancies during recovery and managing rent arrears. The pathway provides an opportunity to stabilize mental health, which can improve tenancy sustainment and reduce homelessness.
Any other, please specify

2.c Have you found any data or evidence about intersectionality. This could be statistically significant data on disproportionality or evidence of disadvantage or discrimination for people who have a combination, or intersection, of two or more characteristics.

Intersectional factors exist across a number of protected groups including but not limited to women, people from Black, Asian and Minority who are likely to face racism and structural difficulties accessing services social and housing deprivation, on low income or experience higher levels of unemployment, conditions exacerbated by the cost of living crisis as well as prevalence of mental ill health.

An estimated 31% of disabled people in Camden have poor health, 61% are social renters and 64% are economically inactive. They are also likely to experience poor access to services and disproportionately impacted by the cost-of-living crisis.

Homeless women are particularly vulnerable and typically experience multiple and complex issues related to their gender that result in or perpetuate housing and health crisis. Research conducted by Crisis suggests that 26% of people accessing homelessness services are women, and 12% of rough sleepers are women. The Homeless Link Health Audit identifies homeless women as more likely to have mental health conditions & to have used heroin or crack cocaine in the last month than their male counterparts.

Women with multiple disadvantages experience a combination of complex and overlapping problems including homelessness, substance misuse, mental ill health, poverty, and contact with the criminal justice system. But women often find themselves bounced between services or excluded because of the complexity of issues they face.

Agenda research (Agenda alliance) reveals one in 20 women have experienced extensive physical and sexual violence as both a child and an adult. These women face very high rates of problems like mental ill-health, addiction, homelessness, and poverty:

- 54% have a common mental health condition
- 52% have a disability
- 35% are in the lowest income tertile
- One in three have attempted suicide
- One in five have been homeless

- One in three have an alcohol problem

Rates of mental illness for people from Black, Asian and Minority Ethnic backgrounds are sometimes greater than for white people.

Compared to white people:

- Black women are more likely to experience a common mental illness such as anxiety disorder or depression,
- older South Asian women are an at-risk group for suicide,
- Black men are more likely to experience psychosis, and
- Black people are 4 more times likely to be detained under the Mental Health Act.

But more white people receive treatment for mental health issues than people from Black, Asian and Minority Ethnic backgrounds and they have better outcomes.

Some of the reasons why there are different rates of mental illness for people from Black, Asian and Minority Ethnic backgrounds are due to:

- inequalities in wealth and living standards,
- bias, discrimination and racism,
- stigma about mental health, and
- they are more likely to have mental health issues identified in the criminal justice system

People from Black, Asian and Minority Ethnic backgrounds are more likely to be living in poverty than white people. And people living in poverty are more likely to develop and experience mental health issues[2].

[2] Mental Health 360 | Inequalities | The King's Fund

Step 3: Impact

Given the evidence listed in step 2, consider and describe what potential **positive and negative impacts** this work could have on people, related to their **protected characteristics** and the **other characteristics** about which the Council is interested.

Make sure you think about all three aims of the public sector equality duty. Have you identified any actual or potential discrimination against one or more groups? How could you have a positive impact on advancing equality of opportunity for a particular group? Are there opportunities within the activity to promote “good relations” – a better understanding or relationship between people who share a protected characteristic and others?

3.a Potential negative impact on protected characteristics

Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Age	No	
Disability including carers	No	
Gender reassignment	No	
Marriage/civil partnership	No	

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Protected Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Pregnancy/ maternity	No	
Race	No	
Religion or belief	No	
Sex	No	
Sexual orientation	No	

3.b Potential positive impact on protected characteristics

Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Age	Yes	The service is open to all adults aged 18+ Better tracking across all protective groups with the view and mitigating disparity in access outcomes and experience
Disability including carers	Yes	MH pathway services support people with a primary mental health condition as well as additional disabilities or conditions, for example neuro-developmental conditions and/or substance misuses, the latter resulting in poorer physical and mental health While autism is not a mental health condition itself, mental health problems are one of the most common and serious challenges experienced by people across the spectrum. Future MHSL will be required to make reasonable adjustments to their service offer where they are working with an autistic adult. This would include but not limited to environmental factors, such as sensory considerations within accommodation, as well as adaptation of communication styles and staff training. In addition, autistic adults being prioritised for certain accommodation (such as self-contained properties). Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Gender reassignment	Yes	Mental Health supported living accommodation is open to all genders, and residents that identify as trans will be supported in an appropriate service for their needs. Referrals in such cases will be considered in a person-centred and trauma informed way, case by case, including consideration of the consequences of placing transgender women in ‘women only’ services on women who may be impacted negatively for reasons associated with religion, belief or otherwise, or where there may be concerns about accommodation with shared facilities, especially regarding transgender people’s dignity and privacy.

		Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Marriage/civil partnership	Yes	Mental Health supported living accommodation is open to all regardless of marital status. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Pregnancy/ maternity	N/A	This provision does not apply to as there are specialist Mother and Baby Units which are more suitable for this cohort.

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Protected Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Race	Yes	Mental Health supported living accommodation will provide support to all the borough's diverse ethnic communities. The service will be expected to recruit a diverse workforce reflective of the ethnic and cultural diversity of the borough's population including provision of focussed training to promote a high cultural competence of the workforce. Robust monitoring systems to understand and triangulate differentials in access, experiences and outcomes achieved across key protected groups in order to take action to mitigate such disparities. Compliance with Workforce Race Equality Standards.
Religion or belief	Yes	The service will support residents with severe mental illness irrespective of religion or belief. Data will be captured on residents' religious beliefs in the new contracts and residents are able to express their religious belief in any setting. Services would be required to make reasonable adjustments to enable clients express and observe their religion and belief, examples include but not limited to observance of dietary requirements (kosher/halal), flexible appointment around religious festivities/events (Ramadan/Diwali) and celebrating religious events to raise awareness and understanding. Where the inclusion of trans women within ‘female only’ spaces may impact negatively on other women for reasons associated with religion, belief or otherwise, provision will be made for self-contained accommodation within the pathway to balance the needs of transgender users and others.
Sex	Yes	People of all sexes are supported in Mental Health supported living accommodation, and specific services are being scoped where a particular sex may face disadvantage e.g. a women’s only services for women with multiple disadvantage. Consideration will be given to the accommodation of women who have experienced gender-based violence, or otherwise have a particular need, in women-only

		spaces and/more self-contained accommodation that maximises their privacy.
Sexual orientation	Yes	Mental Health supported living accommodation can address the unique intersection of mental health issues and sexual orientation, such as depression, anxiety and PTSD resulting from homophobia or rejection. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.

3.c Potential negative impact on other characteristics

Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
Foster carers	N/A	
Looked after children/care leavers	No	
Low-income households	No	
Refugees and asylum seek-ers	No	
Parents (of any gender, with children aged under 18)	No	

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Characteristic	Is there potential negative impact? (Yes or No)	Explain the potential negative impact
People who are homeless	No	
Private rental tenants in deprived areas	No	
Single parent households	No	
Social housing tenants	No	
Any other, please specify	N/A	

3.d Potential positive impact on other characteristics

Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
Foster carers	N/A	
Looked after children/care leavers	Yes	The service is open to all adults aged 18+ regardless of their care leaving status. Mental Health supported living accommodation offer looked after children and care leavers the stability, care, and resources they need to heal from past trauma, develop independence, and build fulfilling lives. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Low-income households	Yes	Mental Health supported living accommodation provides a foundation for stability, empowerment and growth which benefits the individual directly and their low-income household. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Refugees and asylum seekers	Yes	Mental Health supported living accommodation can offer refugee's and asylum seekers a safe and nurturing environment to heal from trauma, rebuild and integrate, addressing both immediate mental health needs and long-term societal inclusion. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Parents (of any gender, with children aged under 18)	No	Mental Health supported living accommodation can have a positive impact on parents by addressing and stabilizing mental health needs, creating a more stable and nurturing environment for their families. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.

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Characteristic	Is there potential positive impact? (Yes or No)	Explain the potential positive impact
People who are homeless	Yes	Mental Health supported living accommodation reduces the incidence of homelessness amongst people with MH conditions. Nevertheless, we need to ensure we have effective wraparound services to support people when they move into their own tenancies to prevent tenancy breakdown and create capacity in the scheme for those who need it. Better tracking across all protective groups with the view of identifying and mitigating disparities in access outcomes and experience that they face.
Private rental tenants in deprived areas	No	Mental Health supported living accommodation provides an opportunity to stabilize mental health, which can improve tenancy sustainment and reduce homelessness
Single parent households	Not applicable	This provision does not apply to as there are schemes which are more suited for this cohort
Social housing tenants	Yes	Mental Health supported living accommodation provides an opportunity to stabilize mental health, which can improve tenancy sustainment and reduce homelessness.
Any other, please specify		**Substance Misuse** Mental Health supported living accommodation can have a transformative effect on people dealing with substance misuse by providing a safe and structured environment, access to professional integrated care, and opportunities for recovery. **Neurodiversity** Mental Health supported living accommodation can have a positive impact on people that are neurodiverse by providing tailored support, fostering independence by learning essential life skills and promoting overall wellbeing. Further details noted under disability.

3.e Consider intersectionality.[4] Given the evidence listed in step 2, consider and describe any potential **positive and negative impacts** this activity could have on people who have a **combination, or intersection, of two or more characteristics.** For example, people who are young, trans and homeless, disabled people on low incomes, or Asian women.

There needs to be an emphasis on trauma informed practice and the skillset of the workforce, as well as closer working between clinical teams, adult social care and MHSL providers.

4 Intersectionality refers to the interconnected nature of social categorisations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.

Step 4: Engagement - co-production, involvement or consultation with those affected

4.a How have the opinions of people potentially affected by the activity, or those of organisations representing them, informed your work?

List the groups you intend to engage and reference any previous relevant activities, including relevant formal consultation?[5]	If engagement has taken place, what issues were raised in relation to one or more of the protected characteristics or the other characteristics about which the Council takes an interest, including multiple or intersecting impacts for people who have two or more of the relevant characteristics?
In-person Engagement Sessions with Residents in MHSL	Sessions focussed on what is working well and what can be improved in the service.
Survey with residents in MHSL	Results informed what is working well and what can be improved in the service.
Camden Borough Users Group (CBUG)	Engagement session on what is working well and what can be improved in the pathway.
Service User Alliance	As above.
Survey with anyone that has experience of the MHSL pathway	Online survey open to all residents in Camden, closing on 12th January 2025.

5 This could include our staff networks, advisory groups and local community groups, advice agencies and charities.

4.b. Where relevant, record any engagement you have had with other teams or directorates within the Council and/or with external partners or suppliers that you are working with to deliver this activity. This is essential where the mitigations for any potential negative impacts rely on the delivery of work by other teams.

- MH Social Work Forum – 25th September 2024
- Mental Health Providers Forum – 22nd October 2024
- Market Engagement – 4th December 2024
- Community Rehab Team (NLFT) – 18th October 2024
- Hospital Discharge Team – 11th November 2024
- Mental Health Carers Forum – 15th November 2024
- Children and Young Peoples Pathway – 25th November 2024
- Adults Pathway/ Single Homelessness – 28th October 2024
- Public Health Substance Misuse Service – 25th November 2024
- Women's Homelessness Forum – 5th December 2024
- Mental Health Autism Partnership Board – 18th October 2024

Step 5: Informed decision-making

5. Having assessed the potential positive and/or negative impact of the activity, what do you propose to do next?

Please select one of the options below and provide a rationale (for most EqIAs this will be box 1). Remember to review this and consider any additional evidence from the operation of the activity.

1. Change the activity to mitigate potential negative impacts identified and/or to include additional positive impacts that can address disproportionality or otherwise promote equality or good relations.	
2. Continue the work as it is because no potential negative impacts have been found	No negative impacts found. The current system needs to better understand how we collect information to support the needs of our population, which will be reflected in the specification for the new services.
3. Justify and continue the work despite negative impacts (please provide justification – this must be a proportionate means of achieving a legitimate aim)	

4. Stop the work because discrimination is unjustifiable and there is no obvious way to mitigate the negative impact	

Step 6: Action planning

6. You must address any negative impacts identified in steps 3 and/or 4. Please demonstrate how you will do this or record any actions already taken to do this.

Please remember to add any positive actions you can take that further any potential or actual positive impacts identified in step 3 and 4.

Make sure you consult with or inform others who will need to deliver actions.

Action	Due	Owner
1) Implement standardised monitoring and reporting arrangements to help understand and triangulate differentials in access, experiences and outcomes achieved across key protected groups, such as gender, sexual orientation, ethnicity/race, substance misuse etc. Reporting to include additional needs.	April 2026	Service providers (when contracts awarded)
2) Agree and implement a set of core training/competencies for workforce in the MH pathway services to include cultural competence, autism and neuro-diversity awareness and other areas identified in this EQIA.	October 2026	MH Commissioner
3) Develop and implement a gender informed service offer, including clear policies and training regarding the Equality Act and Health and Safety Act as it relates to gender-informed approaches.	October 2026	MH Commissioner
4) Improved partnership arrangements between substance misuse support and treatment services across MH pathway services.	April 2026	Substance misuse and mental health commissioners (joint)
5) Provider to develop partnership working arrangements to promote social inclusion and meaningful activities of residents, for example with Reach Out Camden, Day opportunities and Mental Health employment services, Good Work Camden etc	October 2026	Service providers (following contract award)

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Step 7: EqIA Advisor

Ask a colleague, preferably in another team or directorate, to 'sense check' your approach to the EqIA and ask them to review the EqIA form before completing it.

They should be able to clearly understand from what you have recorded here the process you have undertaken to assess the equality impacts, what your analysis tells you about positive and negative actual or potential impact, and what decisions you have made and actions you have identified as a result.

They may make suggestions for evidence or impacts that you have not identified. If this happens, you should consider revising the EqIA form before completing this version and setting a date for its review.

If you feel you could benefit from further advice, please contact the Equalities service.

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Step 8: Sign-off

EqIA author	Miranda Griffith Strategic Commissioner, Learning Disability, Autism and Mental Health Commissioning Team
EqIA advisor / reviewer	Liya Habte Senior Policy and Project Officer, Equalities and Community Strength
Senior accountable officer	Jonathon Horn Head of Learning Disability, Autism and Mental Health Commissioning Team