Appendix IV: Equality, Social, Health Impact Assessment

Initial Screening Record

A. Summary Sheet on Accountability and Actions

Name of proposed service change
Draft Preventing Homelessness and Rough Sleeping Strategy

Name of lead officer carrying out the screening
Tami Sabanovic, Housing Strategy and Development Officer

Decision, review, and monitoring

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

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

Actions to mitigate negative impact or enhance positive impact of the service change in terms of equality, social inclusion, and health considerations
We have a strong commitment to promoting equality, tackling disadvantage and improving the life chances of our residents. We are aware that many factors combine to cause and contribute to homelessness in Shropshire. We are also aware that homelessness, and poor and insecure housing have adverse effects on the overall health and wellbeing of individuals and communities. Housing inequality will also have an impact on other areas such as income, education, health and wellbeing, life experiences, behaviours and choices, along with relationships with friends and family. There is a likely positive impact accordingly across the nine Protected Characteristic

groupings as set out in the Equality Act 2010. This is particularly with regard to Age, Disability and Sex and intersectionality across these groupings.

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

The initial screening process ahead of the proposed consultation has also indicated likely low to medium positive impacts for those individuals and households who are considered at risk of social exclusion. In Shropshire, this includes those whom we may regard as being vulnerable, either by virtue of their circumstances as individuals or by virtue of their circumstances as households, for example, households living in fuel poverty and refugee households. In our definition of vulnerable individuals, we would also include people who experience rough sleeping, particularly over a long period. The Council will seek to maximise positive equality impacts for those we may consider to be vulnerable, including people fleeing hate crime and people with disabilities including hidden disabilities such as Crohn's disease, and neurodiverse conditions.

Social Inclusion is not an Equality Act category, rather representing our efforts as a Council to consider the needs of households in Shropshire and the circumstances in which they may find themselves.

Actions to review and monitor the impact of the service change in terms of equality, social inclusion, and health considerations
The equality, social inclusion and health impacts of the programme will be monitored as it progresses. The strategy will have an annual review which will be based on updated information from relevant council services and partner agencies we will also undertake an annual consultation exercise to ensure continuing engagement with service users. The authority will also seek to share approaches with comparator authorities, particularly other rural unitary authorities and other authorities in the West Midlands, to promote

good practice. Additionally, the proposed action plan will be subject to regular monitoring, building upon ongoing engagement with people in the Protected Characteristic groupings as well as working with vulnerable groupings including young people leaving care, people who are homeless or at risk of homelessness, and veterans and serving members of the armed forces and their families.

In evaluating the strategy's impact on housing stability, mental and physical health, and social inclusion, opportunities to enhance positive impacts will be at the forefront of monitoring and review, with the aim that regular monitoring and ongoing engagement will ensure such impacts are identified and adjustments made to project delivery.

Associated ESHIAs

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

Following the end of the public consultation on the draft "Preventing homelessness and rough sleeping strategy," a second screening ESHIA will be carried out, to take account of feedback received.

Actions to mitigate negative impact, enhance positive impact, and review and monitor overall impacts in terms of any other considerations. This includes climate change considerations

Climate change

The following will help to enhance positive impacts in terms of climate change:

Embrace energy-efficient, housing solutions to reduce environmental impact and enhance long-term sustainability.

Health and well being

The most extreme form of housing inequality is homelessness; therefore, it is vital that the Council seeks to prevent homelessness and where households become homeless the Council ensures that they can access affordable dwellings which meet their needs. People experiencing homelessness, and in particular rough sleeping, face significant health inequalities and poorer health outcomes as compared to the rest of the population. The majority of people who rough sleep will have previously suffered trauma and hardship within their lives, which may often lead to an increased use of alcohol and illegal

substances. There is also often an increase in suffering with mental ill health. Individuals who have rough slept also have a significantly reduced life expectancy.

Improved mental health and stress. Individuals in supportive living environments are more likely to achieve better mental well-being. Preventing homelessness and providing supportive housing can alleviate the strain on healthcare services. Specialist accommodation schemes incorporating support services directly contributes to physical and mental well-being.

Economic and societal/wider community

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

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

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

Healthy Environment: Societal and Wider Community Priorities.
Social Inclusion, allowing individuals to actively participate in their communities, Reducing Disparities in housing access and quality, promoting social equity and reducing social inequalities.

Health and wellbeing and economic and societal/wider community impacts will be incorporated as part of the business cases for each of these priority actions.

Being able to access an affordable dwelling which meets a household's needs is essential to health and well-being. Providing a house which is affordable, of good quality and has security of tenure to a family threatened with homelessness allows them to create a home for their children and reduces the worry of a 'no fault' eviction or of being unable to afford

an increase in rent and supported accommodation allows individuals to settle and find structure, enabling them to focus on a journey of recovery and integration back into society.

In regard to homelessness, people who experience rough sleeping over a long period are more likely to die young than the general population. Rough sleepers also experience some of the most severe health inequalities. Often rough sleepers also have mental ill health, substance misuse, and physical health needs and may have experienced trauma.

There is therefore an anticipated impact of a fundamental improvement in societal issues through: a reduction in presentations at Accident and Emergency departments; a reduction in accessing services for mental health and substance misuse use; and a reduction in crime and ASB (Anti-Social Behaviour) related to rough sleeping, homelessness and the lack of suitable supported accommodation for vulnerable young people and for the adults over 25 whom we are seeking to reach.

Scrutiny at Part One screening stage

People involved	Signatures	Date
Lead officer carrying out the screening **Tami Sabanovic Housing Strategy and Development Officer**	T. Šabanović	11th March 2024
*Any internal service area support**		
*Any external support*** **Mrs Lois Dale Rurality and Equalities Specialist**	Lois Dale	11th March 2024

This refers to other officers within the service area
This refers to support external to the service but within the Council, e.g., the Rurality and Equalities Specialist, the Feedback and Insight Team, performance data specialists, Climate Change specialists, and Public Health colleagues

Sign off at Part One screening stage

Name	Signatures	Date
Lead officer's name		
Accountable officer's name **Jane Trethewey** **Assistant Director** **Homes & Communities**	*Trethewey*	11.3.24

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

B. Detailed Screening Assessment

Aims of the service change and description

The vision of the Shropshire Plan 2022-25 is living the best life; the Plan has four priorities:

- Healthy People
- Healthy Economy
- Healthy Environment
- Healthy Organisation

All four of these priorities link to housing: from tackling inequality, promoting independent living, and preventing homelessness; to ensuring the right mix of housing, reducing carbon emissions, and promoting affordable warmth; to making the best use of the Council's resources. Of key importance to this Strategy is an objective of the Healthy People priority:

We will tackle inequalities, including rural inequalities, and poverty in all its forms; providing early support and interventions that reduce risk and enable children, young people, adults, and families to achieve their full potential and enjoy life.

The vision of the Housing Strategy 2020-25 is:

All homes are well designed decent homes of high quality, which will protect Shropshire's unique urban and rural environments and ensure it is a great place to

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

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

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

Intended audiences and target groups for the service change

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

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

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

Evidence used for screening of the service change

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

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

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

The proposed eight-week public consultation will include targeted consultation with town and parish councils and housing associations as well as feedback opportunity for members of the public and other partner organisations.

Initial equality impact assessment by grouping (Initial health impact assessment is included below)
Please rate the impact that you perceive the service change is likely to have on a group, through stating this in the relevant column.
Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Protected Characteristic groupings and other groupings in Shropshire	High negative impact *Part Two ESIIA required*	High positive impact *Part One ESIIA required*	Medium positive or negative impact *Part One ESIIA required*	Low positive, negative, or neutral impact (please specify) *Part One ESIIA required*

Age (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with disability)			Low to medium positive impact	
Disability (please include mental health conditions and syndromes; hidden disabilities including autism and Crohn's disease; physical and sensory disabilities or impairments; learning disabilities; Multiple Sclerosis; cancer; and HIV)			Low to medium positive impact	
Gender re-assignment (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
Marriage and Civil Partnership (please include associated aspects: caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
Pregnancy and Maternity (please include associated aspects: safety, caring			Low to medium positive impact	

responsibility, potential for bullying and harassment)				
Race (please include ethnicity, nationality, culture, language, Gypsy, Traveller)			Low to medium positive impact	
Religion and belief (please include Buddhism, Christianity, Hinduism, Islam, Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Zoroastrianism, and any others)			Low to medium positive impact	
Sex (This can also be viewed as relating to gender. Please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
Sexual Orientation (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)			Low to medium positive impact	
Other: Social Inclusion (please include families and friends with caring responsibilities; households in poverty; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health			Low to medium positive impact	

inequalities; refugees and asylum seekers; rural communities; veterans and serving members of the armed forces and their families)				

Initial health and wellbeing impact assessment by category
Please rate the impact that you perceive the service change is likely to have with regard to health and wellbeing, through stating this in the relevant column.
Please state if it is anticipated to be neutral (no impact) and add any extra notes that you think might be helpful for readers.

Health and wellbeing: individuals and communities in Shropshire	High negative impact *Part Two HIA required*	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
Will the proposal have a *direct impact* on an individual's health, mental health and wellbeing? For example, would it cause ill health, affecting social inclusion, independence and participation? .			Medium positive for individual health and well being	
Will the proposal *indirectly impact* an individual's ability to improve their own health and wellbeing? For example, will it affect their ability to be physically active,				Neutral to low positive

choose healthy food, reduce drinking and smoking? .				
Will the policy have a _direct impact_ on the community - social, economic and environmental living conditions that would impact health? For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation? .				Neutral to low positive
Will there be a likely change in _demand_ for or access to health and social care services? For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services? .				Neutral to low positive, as demand for some services should lessen if people are in housing that is suitable for their needs

Identification of impact of the service change in terms of other considerations including climate change and economic or societal impacts

Please see above. This will be kept under review as the Strategy development progresses.