

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

Summary Sheet on Accountability and Actions

Name of proposed service change <i>Independent Living and Specialist Accommodation Strategy 2023-2028</i>
Name of the officer carrying out the screening Tami Sabanovic, Housing Strategy and Development Officer

Decision, review, and monitoring

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

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

Actions to mitigate likely negative impact or enhance positive impact of the service change in terms of equality and social inclusion considerations

The Independent Living and Specialist Accommodation Strategy prioritises improving living conditions and support services for vulnerable populations in Shropshire. The Independent Living and Specialist Accommodation Strategy is specifically designed to enable older adults and people with disabilities or special needs to live independently.

To mitigate any negative impacts and enhance positive impacts, overall recommendations are around conducting thorough assessments of housing accessibility and adaptation needs for people with disabilities, implementing measures to prevent homelessness and address housing instability, and promoting social inclusion, equality and the wellbeing of Shropshire residents.

Given the recognised intersectionality across the nine Protected Characteristic groupings as set out in the Equality Act 2010, there will be a predicted low to medium positive impact for individuals and households across groupings, particularly in the groupings of Age and Disability. There are additional positive impacts anticipated for people from the Gypsy, Roma and Traveller communities, who are considered as being included in the Protected Characteristic grouping of Race. For the groupings of Race and of Religion or Belief, the impact is anticipated to be neutral to low positive with outreach efforts to engage with those for whom English is not their first language, eg refugee families.

The initial screening process ahead of the proposed consultation had also indicated likely low to medium positive impacts for those individuals and households who are considered at risk of social exclusion. In Shropshire, this includes those whom we may regard as being vulnerable, either by virtue of their circumstances as individuals for example, young people leaving care or by virtue of their circumstances as households, for example, households living in fuel poverty and refugee households. In our definition of vulnerable individuals, we would also include people who experience rough sleeping, particularly over a long period.

Following indication through the feedback that these impacts remain achievable, 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. This will include efforts to consider the needs of people with neurodiverse conditions and/or learning disabilities, which came up in the consultation responses.

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

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

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

The Independent Living and Specialist Accommodation strategy plays a crucial role in addressing various aspects of health and well-being, as well as broader economic and societal priorities. The Strategy contains priority actions around the following:

- *Healthy People: Accessibility and Inclusivity*
Improved mental health and stress. Individuals in supportive living environments are more likely to have mental well-being. Preventing homelessness and providing supportive housing can alleviate the strain on healthcare services. Specialist accommodation schemes incorporating support service directly contribute to well-being.
- *Healthy Economy: Economic*
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.

- *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. For example, the allocation of a flat in an extra care sheltered scheme to an older person with disabilities could allow them to continue to have "their own front door" and live independently instead of moving into residential care or risking hospital admission due to a fall. 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.

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.

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

The authority will also seek to share approaches with comparator authorities, particularly other rural unitary authorities and other authorities in the West Midlands, in order to promote good practice.

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

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

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.

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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.

The Portfolio Holder will continue to be involved and engaged with Shropshire Council Councillors and other stakeholders alongside seeking to share approaches with comparator authorities, particularly other rural unitary authorities and other authorities in the West Midlands, in order to promote good practice.

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.

The Local Plan recognises that appropriate accommodation is required by people with disabilities and special needs. As such it is also considered appropriate to ensure that larger development sites include specialist housing designed to meet the needs of people with disabilities or special needs, whilst also providing flexibility about types and levels of accommodation to respond to site specific circumstances.

Following the public consultation on the draft Independent Living and Specialist Accommodation Strategy remained open for comments from 28 February 2023 to 31 May 2024, the feedback received has been taken into account to form this second screening ESHIA.

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

Climate change

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.
- Invest in accessible housing design and adaptations for individuals with disabilities



Economic and societal/wider community

The Independent Living and Specialist Accommodation strategy plays a crucial role in addressing various aspects of health and well-being, as well as broader economic and societal priorities.

Being able to access an affordable dwelling which meets a household’s needs is essential to health and well-being as well as forming part of our wider socio-economic considerations. For example, the allocation of a flat in an extra care sheltered scheme to an older person with disabilities could allow them to continue to have “their own front door” and live independently instead of moving into residential care or risking hospital admission due to a fall. 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.

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.


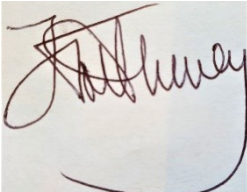
Scrutiny at Stage One screening stage

People involved	Signatures	Date
Lead officer for the proposed service change Tami Sabanovic		12 th July 2024
Officer carrying out the screening As above		
Any other internal service area support*		
Any external support** Lois Dale		11 th July 2024

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

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

Sign off at Stage One screening stage

Name	Signatures	Date
Lead officer's name Tami Sabanovic		12 th July 2024
Service manager's name Jane Trethewey		12 July 2024

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

A. Detailed Screening Assessment

Aims of the service change and description
<p>The Council's Independent Living and Specialist Accommodation Strategy has been drafted with a primary focus of supporting people with a range of diverse needs to live independently in suitable accommodation. This proposed strategy sets out an action plan to support people to remain within their familiar homes and established support networks or move to specialist or supported accommodation enabling them to live independent and healthy lives and followed an eight-week public and stakeholder consultation.</p> <p>The Independent Living and Specialist Accommodation Strategy is an overarching document, providing a broad framework which aligns strategically with the adopted Local Plan https://www.shropshire.gov.uk/media/8503/samdev-adopted-plan.pdf and emerging Shropshire Local Plan, the Adult Social Care Strategy and the emerging People Plan (People Directorate strategic plan 2023-2025). The Council's commissioning priorities sit alongside a suite of strategies designed to set out the council's housing intentions and will feed into this strategy to support people to remain independent at home, complemented by the provision of more adaptable and accessible housing and forms of specialist housing, which provides genuine choice for those who wish to move, whilst maintaining their independence.</p> <p>The key principle for the Council and its partners for meeting the care and support needs of older people and those with disabilities and special needs is to seek to support them to remain independent within their own homes (generally their existing home unless the individuals preference is either new adaptable and accessible housing or specialist housing including that which supports independent living, for such reasons as moving closer to their wider family or moving to more accessible locations with better provision of services and facilities). However, the strategy equally recognises that unfortunately this is not always possible, leaving a role for care homes that provide high-level care.</p>

The Council provides and commissions a range of services to assist vulnerable people and to avoid more costly interventions by statutory bodies including the Council itself, the National Health Service and the Criminal Justice System. Such services include supported housing; floating support; aids and adaptations; assistive technology; energy efficiency advice and assistance; and money advice services.

The Independent Living and Specialist Accommodation Strategy is specifically designed to enable older adults and people with disabilities or special needs to live independently. Delivery is underpinned by the [adopted Local Plan](#) and in the future the emerging Shropshire Local Plan¹This approach is a commitment to whenever possible supporting people to remain within their familiar homes and established support networks, emphasising the significance of individual choice and delivering intergenerational communities.

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.

When considering housing need and people with physical disabilities, it is often assumed that these needs relate to mobility problems, however, impaired vision, impaired hearing and other physical disabilities require housing to be accessible and safe, either through design or the provision of aids and adaptations, including assistive technology. There may also be interrelated needs such as around age, or less visible needs such as for those with Crohn's disease who need ready access to toilets.

A further suite of needs are those around support for people with neurodiverse conditions, for whom physical layout with clear sightlines can be a positive approach.

Intended audiences and target groups for the service change

The Independent Living and Specialist Accommodation Strategy is intended for all Shropshire residents, the public, ie communities and service users, and their representatives, eg 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 through the Shropshire and Telford and Wrekin Integrated Care Board.

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

The Draft Independent Living and Specialist Accommodation Strategy has been shaped by a variety of data sources, which include strategies that have been closely aligned to the adopted Local Plan and in the emerging Shropshire Local Plan. These documents collectively form the foundation of the Council's planning approach and provide valuable insights. Utilising this information is important not only for justifying funding and planning priorities but also for the continuous monitoring of our strategy and priorities.

Analysis within the [Strategic Housing Market Assessment](#) indicates that a significant proportion of the new dwellings required during the Local Plan period will be 1, 2 and 3 bedrooms in size. Specifically, the SHMA indicates that around 32.7% of the dwellings needed will be 1 or 2 bedrooms in size and a further 43.5% will be 3 bedrooms in size.

The draft strategy also draws upon extant housing-related strategies and policies and is therefore further informed by the data and evidence contained within these documents.

From a national angle, the following evidence has also aided the strategy development:

- *“Valuing People”*, published in 2001 and *“Valuing People Now”*, published in 2008, emphasised how people with learning disabilities are citizens and therefore, should have choices, including choices to live independently with their own front door. Following the Winterbourne Review, the Transforming Care programme published in 2017 highlighted the need for people with learning disabilities and/or autism to be able to move from residential care and hospitals and live in the community and have the same opportunities as everyone else.
- The *“Building the Right Support for People with Learning Disability and Autistic People Action Plan”*, published in 2022 states that there should be the right housing, care and support available in the community so people with a learning disability and people with neurodiverse conditions such as autism can live the lives they choose. Good community provision supports people to live an independent and ordinary life through having a home building the Right Support for People with a Learning Disability and Autistic People and feeling involved in their local community, including through employment and having a reliable network of support. Furthermore, the Down's Syndrome Act 2022 aims to make guidance about meeting the needs of persons with Down's syndrome under the categories of the NHS, social care, housing and education and youth offending.

To ensure the strategy's relevance and effectiveness, the Council will conduct yearly assessments, closely examining data from sources such as guidance from the production of Supplementary Planning documents (SPD's), the Strategic Housing Market Assessment, Local Plan, Housing Strategy, Housing Needs

Survey, Market Position Statement and Commissioning Priorities. This ongoing analysis will guide the Council's decision-making processes and enable us to adapt our approach based on real-time data and evolving needs.

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

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

The public consultation received 42 responses from individuals or members of the public or representatives of a local group or organisation. The full consultation report can be found at Appendix III.

The data suggests the age group of respondents is as follows.

25 to 34 years: 5.56%
45 to 54 years: 16.67%
55 to 64 years: 22.22%
65 to 74 years: 27.78%
75 to 84 years: 5.56%
Prefer not to say: 22.22%

The feedback from the public consultation was generally supportive of the Strategy and most positive about the vision to enable older, vulnerable and disabled people to lead independent lives in housing suited to their needs. The key messages include meeting needs, influencing future housing provision, comments about the need to listen and engage effectively and concerns over Shropshire Council's ability to deliver the strategy, with more specific concerns raised in relation to meeting the housing needs of people with learning disabilities, ASD, SEND and older people and those in need of rehabilitation.

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

Consultation respondents were asked how satisfied they felt, overall, with the draft strategy and more respondents felt neutrally about the draft strategy compared to those with a view; 50% (21 respondents) 24% (10 respondents) were very satisfied or satisfied and 17% (7 respondents) were dissatisfied or very dissatisfied. 4 did not answer the question.

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

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

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

Protected Characteristic groupings and other groupings locally identified in Shropshire	High negative impact <i>Stage Two ESHIA required</i>	High positive impact <i>Stage One ESHIA required</i>	Medium positive or negative impact <i>Stage One ESHIA required</i>	Low positive, negative, or neutral impact (please specify) <i>Stage One ESHIA required</i>
<u>Age</u> (please include children, young people, young people leaving care, people of working age, older people. Some people may belong to more than one group e.g., a child or young person for whom there are safeguarding concerns e.g., an older person with a disability)			Low to medium positive impact	
<u>Disability</u> (please include cancer; HIV/AIDS; learning disabilities; mental health conditions and syndromes; multiple sclerosis; neurodiverse conditions such as autism; hidden disabilities such as Crohn's disease; physical and/or sensory disabilities or impairments)			Low to medium positive impact	
<u>Gender re-assignment</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
<u>Marriage and Civil Partnership</u> (please include associated aspects: caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
<u>Pregnancy and Maternity</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
<u>Race</u> (please include ethnicity, nationality, culture, language, Gypsy, Roma, Traveller)			Low to medium positive impact	
<u>Religion or Belief</u> (please include Buddhism, Christianity, Hinduism, Islam,			Low to medium	

Jainism, Judaism, Nonconformists; Rastafarianism; Shinto, Sikhism, Taoism, Veganism, Zoroastrianism, and any others)			positive impact	
<u>Sex</u> (please include associated aspects: safety, caring responsibility, potential for bullying and harassment)			Low to medium positive impact	
<u>Sexual Orientation</u> (please include associated aspects: safety; caring responsibility; potential for bullying and harassment)			Low to medium positive impact	
<u>Other: Social Inclusion</u> (please include families and friends with caring responsibilities; households in poverty or on low incomes; people for whom there are safeguarding concerns; people you consider to be vulnerable; people with health inequalities; refugees and asylum seekers; rural communities)			Low to medium positive impact	
<u>Other: Veterans and serving members of the armed forces and their families</u>			Low to medium positive impact	
<u>Other: Young people leaving care</u>			Low to medium positive impact	

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 <i>Part Two HIA required</i>	High positive impact	Medium positive or negative impact	Low positive negative or neutral impact (please specify)
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<p>Will the proposal have a <i>direct impact</i> on an individual's health, mental health and wellbeing?</p> <p>For example, would it cause ill health, affecting social inclusion, independence and participation?</p> <p>.</p>			<p>Medium positive for individual health and well being</p>	
<p>Will the proposal <i>indirectly impact</i> an individual's ability to improve their own health and wellbeing?</p> <p>For example, will it affect their ability to be physically active, choose healthy food, reduce drinking and smoking?</p> <p>.</p>				<p>Neutral to low positive</p>
<p>Will the policy have a <i>direct impact</i> on the community - social, economic and environmental living conditions that would impact health?</p> <p>For example, would it affect housing, transport, child development, education, employment opportunities, availability of green space or climate change mitigation?</p> <p>.</p>				<p>Neutral to low positive</p>
<p>Will there be a likely change in <i>demand</i> for or access to health and social care services?</p> <p>For example: Primary Care, Hospital Care, Community Services, Mental Health, Local Authority services including Social Services?</p> <p>.</p>				<p>Neutral to low positive, as demand for some services should lessen if people are in housing that is suitable for their needs</p>

