Homelessness and Rough Sleeping Strategy 2018 - 2023
Equality Assessment (EA)

Section 1: General Information

1a) Area of Activity – Housing

 Homelessness and Rough Sleeping Strategy 2018 – 2023

 1b)Service area

Housing Options
Place Directorate

1c) Service Head

Mark Baigent – Service Head, Strategy, Sustainability and Regeneration (Interim)

1d) Name and role of the officer/s completing the EA

Rafiqul Hoque – Head of Housing Options
Seema Chote - Statutory and Advocacy Team Manager - Housing Options
Abidah Kamali - Business Improvement and Performance Coordinator
Corporate Strategy and Equality

Section 2: Information about Homelessness and Rough Sleeping Strategy and the EA

2a) In brief please explain what the assessment involves

The London Borough of Tower Hamlet's current housing strategy was adopted by the Council in December 2016, and covers a full range of housing issues that include meeting overall housing need, new housing supply including affordable housing, regeneration, tackling poor conditions in the private rented sector and a commitment to partnership working.

In relation to tackling homelessness, the Strategy committed the council to:

• Refresh our Homelessness Statement into a Strategy and align it with the 2016-21 Housing Strategy

• Reconvene the Homelessness Partnership Board which will assist with the production and delivery of the action plan, with monitoring being carried out by officers.

The housing strategy committed the council to consider other options to prevent homelessness, and to meet demand, including considering the options to reduce the number of homeless households from LBTH who are currently in temporary accommodation, a continued commitment to the no second night out objective (and through working with landlords and tenants, 'no first night out' either), developing council owned temporary accommodation, and using existing council and Registered Provider properties for short-term homeless housing where appropriate. It stated that a fundamental aspect of the new homelessness strategy will be to ensure the most vulnerable groups can be assisted, linking their support into health, education, employment and wellbeing. There are specific provisions for Young People, Carers and those who are face domestic violence, often women.

The introduction of the Homeless Reduction Act 2017 has been described as one of the major pieces of homelessness legislation in the past 15 years by Shelter. Previously a person is defined as being threatened with homelessness if it is likely that they will become homeless within 28 days. The Homelessness Reduction Act 2017 increases the number of days from 28 to 56, including those who have been served with a section 21 (Housing Act 1988) notice, a legal notice that must be served by a landlord notifying

the tenant that possession of the private sector property is required.   A period in which to negotiate with a landlord once the s21 notice has been issued is vital to prevent homelessness and find alternative options, either through the same landlord or another, and is one of the ways in which our Housing Advice service has been successful in preventing homelessness.

The Government's Rough Sleeping Strategy was published in August 2018 making a commitment to halve rough sleeping 'within this parliament' and to end it for good by 2027. This Strategy sets out how we intend to respond to the Government's Rough Sleeping Strategy by aligning our current action with its key proposals and setting out our approach to other initiatives requiring a longer term approach as set out in their document.

The Homelessness and Rough Sleeping Strategy has two main themes; **Prevention** and **Response** of services, with two priorities each.

Theme 1 – Prevention of Homelessness:

1. Preventing homelessness through advice and compliance with the Homelessness Reduction Act 2017

2. Preventing homelessness by access to Affordable Housing Options.

Theme 2 – Response of Services to homeless households and vulnerable people:

3. Tackling Rough Sleeping

4. Supporting Children, Families and Young People and Vulnerable Adults.

Community Profile

The following statistics illustrate the diversity of the population of Tower Hamlets and these statistics have helped inform the conclusions reached in this assessment.

- Over the next ten years, the population of Tower Hamlets is projected to increase from approximately 317,200 residents in 2018 to 370,700 in 2028 . This would be an increase of 53,200 additional residents – equivalent to around 15 additional residents per day for the next ten years. It would be a 17 per cent increase in the population compared with 10 per cent in London as a whole, making Tower Hamlets one of the fastest growing boroughs in the capital.

- However, population growth is expected to vary greatly within the borough. This is because there is little housing development planned in some areas, while at the same time the average household size of the existing population is expected to fall as the population ages. An area in Shadwell is projected to see the biggest decrease, with its population expected to fall by 9 per cent over the next ten years. On the other hand, some areas in the borough are expected to see dramatic increases. Two areas in the Isle of Dogs (in Canary Wharf and Blackwall & Cubitt Town wards) are expected to see their populations nearly double over the next decade (+90 per cent). Population growth in these and other areas of the borough is driven primarily by large scale housing development.

- Tower Hamlets has a relatively young population compared with the rest of the country. Our median age in 2016 was 30.6 years which was the 4th youngest median age out of all local authorities in the UK. Nearly half of the borough's population (47 per cent) is aged between 20 and 39 which is the highest proportion in the UK, and well above the London average (34 per cent).

- Over the next decade, the borough population is expected to age slightly, though Tower Hamlets will remain a relatively young borough. The proportion of children and young adults in their twenties and thirties is projected to fall while the proportion of older adults is projected to increase. The borough's pension age population (aged 65 and over) is expected to grow faster than any other age group, increasing by 39 per cent by 2028 which is more than double the growth rate for all ages (17 per cent). On the other hand, the number of children in the borough is expected to grow at a much slower rate.

- All projections are subject to some level of uncertainty, but projections are at their weakest in times of great demographic change because they rely heavily on information about historical trends. In the past, national population projections did not foresee the baby boom or the increase in migration in the 1990s. Brexit makes this a particularly uncertain time for population projections in Tower Hamlets, and indeed the rest of London and the UK. It will undoubtedly impact the economy and migration patterns, and consequently the borough population. However, no source of population projections has yet

attempted to take into account the impact of Brexit because it is unclear what assumptions should be made about the future until policies are finalised and new trends begin to emerge.

More detail on population growth derived from the GLA can be viewed here:

https://www.towerhamlets.gov.uk/lgnl/community_and_living/borough_statistics/population.aspx

Ethnicity – Based on 2011 Census

- More than two thirds (69 per cent) of the borough's population belong to minority ethnic groups (i.e. not White British): 55 percent belong to BME (Black and Minority Ethnic) groups and a further 14 per cent are from White minority groups.

- The Census provides data about 18 different ethnic group populations. The borough's three largest groups are the Bangladeshi, White British and 'Other White' populations. Considered together, people from these three ethnic groups make up around three-quarters of the Tower Hamlets population.

- The Bangladeshi population makes up almost one third (32 per cent) of the borough's population – considerably larger than the proportion across London (3 percent) or England (under 1 per cent). Tower Hamlets has the largest Bangladeshi population in England.

- White British residents comprise 31 percent of the borough's population, far lower than the percentage nationally (80 per cent).Tower Hamlets has the fifth lowest proportion of White British residents in England. Newham and Brent had the lowest rates (17 and 18 per cent respectively).

- The third largest ethnic group in the borough is the 'Other White' group who comprise one in eight borough residents – close to the London average. This group is very diverse and includes residents from a mix of ethnic backgrounds (e.g. Europeans, Australians, Americans).

- Residents from Black ethnic groups makeup 7 per cent of the population comprising: 4per cent from Black African groups; 2 percent from Black Caribbean groups; and 1 percent from Other Black groups. Tower Hamlets has a smaller proportion of Black residents compared to the London average(7 vs. 13 per cent).

- **Disability and Caring**

- The Census 2011 results showed that 13.5% of residents stated that they had a long-term health problem or disability that limited their day to day activities (34,300 residents) This is slightly lower than the regional and national rates (14.1% in London and 17.6% England

- The 2011 Census found that 19,356 residents provided some level of unpaid care in the borough, which accounted for 7.6% of all LBTH residents. Compared with London and England averages, the provision of unpaid care in the borough is significantly skewed towards the provision of more (20+) hours. While 56.5% of those providing unpaid care do so for 19 hours per week or less, the remaining 43.5% provided 20 hours per week or more. 18.1% of carers provide 20 to 49 hours of care per week, and over a quarter provide unpaid care for 50 hours or more per week (4,915 residents).

2b) What are the equality implications of your proposal?

The equality implications of the proposals set out in this document are overwhelmingly positive.

On adoption of the Homelessness and Rough Sleeping Strategy, the actions will provide the rationale for individual decisions by case officers. This is particularly relevant in the context of the medium term financial strategy for the council, resources available to deliver the actions identified in this document can be expected to reduce, both from revenue and capital sources. However, the Council seeks to maximise financial support to tackle homelessness through applying for resources from central Government, particularly to tackle rough sleeping.

In addition with the continuing roll out of welfare reform, it can be expected that there will be negative impacts on the protected

groups which the council is not necessarily in a position to fully mitigate.

2c) What is the cumulative equality impact of your proposal?

The cumulative equality impacts of the Homeless and Rough Sleeping Strategy 2018 – 2023 are considered to be positive. As set out in the themes above, the council is seeking to provide a distinct range of responses, particularly for people from disadvantaged backgrounds who historically are over-represented amongst the protected groups identified by the council. The council will need to be mindful in certain instances to ensure that positive impacts for certain protected groups do not unintentionally negatively impact on other protected groups.

Further assessments of individual policies which emerge from the Homeless and Rough Sleeping Strategy 2018 – 2023 will be carried out and if any potential negative impacts are identified mitigating actions will be identified accordingly.

In Section 3 of this document the broad equality impacts on each of the protected groups each of three delivery themes are addressed in turn.

Section 3: Equality Impact Assessment

Will the changes in your policy/service have on people who are disabled?

1.Disability

Identify the effect of the Homeless and Rough Sleeping Strategy 2018 - 2023 on disabled people.

Please describe the analysis and interpretation of evidence to support your conclusion.

In providing, support and advice to households threatened with homelessness, the individual needs of each household are taken into account, particularly in either advising on support or in the placement of households in either temporary or permanent accommodation. For residents who are disabled, their individual needs will inform each decision.

Maintaining a sustained supply of affordable housing that meets a disabled person's needs will deliver positive outcomes for disable people. Current policy is that 10% of affordable housing should be accessible (or capable of adaptation) for people who use wheelchairs. The council is committed to delivering between 35% and 50% of new housing as affordable housing as set out in its current planning policy and therefore meeting this target will help deliver positive outcomes for this protected group.

The Council is also committed to Project 120, which was started in 2012 to address the specific housing needs of families with a wheelchair user and other complex medical needs on the Council's Housing waiting list including homeless households. The name stems from the 120 families who were on the Accessible Housing waiting list at that time. The Council works closely with developers and housing associations to identify specific needs of a family at an early stage and identify a property in development which can then be adapted accordingly to meet that need. The project has been very successful and over 200 families had been rehoused accordingly.

In providing, support and advice to individuals either rough sleeping or at risk of rough sleeping, the individual needs of each person are taken into account, particularly in either advising on or in the placement of households in either temporary or permanent accommodation. In addition the Strategy sets out how the Council works closely to meet the individual health needs of rough sleepers many of whom will have a disability including support for a mental health condition.

Concerning mental health, Health E1 is the specialist general practice for homeless people in Tower Hamlets. The practice offers 20 minute appointments, a walk-in service, mental health nurses on site, a blood-borne virus testing service, and substance misuse workers from drugs and alcohol service RESET. The prevalence of severe mental illness, such as schizophrenia and bipolar disorder, is 13 times higher than in the rest of the borough,

RESET is the drugs and alcohol service commissioned by London Borough of Tower Hamlets. The full service operates at Mile End Hospital, with two substance misuse workers based at Health E1. During 2015/16 RESET at Health E1 saw 293 people for drug and alcohol misuse, of whom the vast majority (95%) presented with opiate dependency. 19% of all of those in treatment had a dual diagnosis of substance misuse and a mental health condition.

There are a range of provisions in the strategy to prevent homelessness and reduce rough sleeping of those with mental ehalth and substance misuse issues.

2. Gender reassign - ment *Identify the effect of Homeless and Rough Sleeping Strategy on different gender groups (inc Trans) groups* *Please describe the analysis and interpretation of evidence to support your conclusion.*	**Will the change in your policy/service have on people who have had their gender reassigned or are undergoing gender reassignment?** There is no evidence to suggest or reason to believe that people with a reassigned gender will be disproportionately affected by the Homelessness and Rough Sleeping Strategy. Rather, the aim of improving our Homelessness and Rough Sleeping services in the borough will be of benefit to this group to the same extent as others. Person centred individual plans for either households or individuals will assist in providing a specific response to those affected by homelessness and rough sleeping including those people who have had their gender reassigned or are undergoing gender reassignment? The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a **neutral** impact on this protected group.

3. **Pregnancy and maternity** *Identify the effect of Homeless and Rough Sleeping Strategy on women who are pregnant or in maternity* *Please describe the analysis and interpretation of evidence to support your conclusion.*	**Will the change in your policy/service have an adverse impact on women who are pregnant or in maternity?** There is no evidence to suggest or reason to believe that women who are pregnant or in maternity will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others. The Strategy sets out specific responses for young single women who are either pregnant or in maternity and at risk of homelessness as this is a particularly vulnerable group. Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including those people who are pregnant or in maternity. The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.

4. Race	**Will the change in your policy/service have an adverse impact on race groups including ethnic or national origins, colour and nationality?**
Identify the effect of Homeless and Rough Sleeping Strategy on different race groups including ethnic or national origins, colour and nationality *Please describe the analysis and interpretation of evidence to support your conclusion.*	Ethnic minority households in the borough are disproportionately in more housing need with nearly 70% of applicants on the common housing register being from black and minority ethnic communities. Bangladeshi families represent nearly 55% of those on the list compared to a borough population of 33%. A high proportion of these households are overcrowded and require larger family homes. Ethnic minority households in the borough are disproportionately affected by homelessness, as is the case regionally. In 2015/16 80% of households accepted as homeless were from BME groups. However, ethnic minority groups account for nearly 70% of the borough's population. All services are geared to meeting the needs of individuals or households regardless of their race groups including ethnic or national origins, colour and nationality. Where appropriate, those service users who do not speak English as a first language will be provided with translation services. The Strategy also sets out how the Council will assist those households and individuals whose immigration status reduces their statutory rights. There is no evidence to suggest or reason to believe that race groups including ethnic or national origins, colour and nationality will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others. Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including those people from different race groups including ethnic or national origins, colour and nationality. The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.

5. Religion or belief *Identify the effect of Homeless and Rough Sleeping Strategy on people who have religious views or beliefs using the prompts above* *Please describe the analysis and interpretation of evidence to support your conclusion.*	**Will the change in your policy/service have on people who have religious views or beliefs?** Tower Hamlets has the highest percentage of Muslim residents in England and Wales – 38 per cent compared with a national average of 5 per cent. Conversely, the borough has the lowest proportion of Christian residents nationally: 30 per cent compared with a national average of 59 per cent. The council is aware of the high percentage of Muslim residents particularly of Bangladeshi heritage in the borough and is aware they suffer from particular aspects of housing need such as acute over-crowding and homelessness. There is no evidence to suggest or reason to believe that people who have religious views or beliefs will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others. Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including those people who have religious views or beliefs. The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.

6. Sex *Identify the effect of Homeless and Rough Sleeping Strategy on women* *Please describe the analysis and interpretation of evidence to support your conclusion.*	**Will the change in your policy/service have an adverse impact on women?** Most areas of the housing strategy will have a neutral impact on women as most areas of the strategy are gender neutral. Specific provision has been made within the strategy to prevent homelessness, and support housing need for women and girls who are affected by violence and domestic abuse. Specific actions and responses are set out in relation to young single mothers and those fleeing domestic abuse There is no evidence to suggest or reason to believe that women will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others. Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including women. The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.

7. Sexual Orientation *Identify the effect of Homeless and Rough Sleeping Strategy on in relation to people who are lesbian, gay or bisexual* *Please describe the analysis and interpretation of evidence to support your conclusion.*	**Will the change in your policy/service have an adverse impact on lesbian, gay or bisexual people?** It is widely recognised that issues related to sexuality and sexual identity can play a key role in the onset of homelessness (Crisis, 2005). Research by the Albert Kennedy Trust in 2015 shows that LGBT young people are more likely to find themselves homeless than their non LGBT peers, comprising up to 24% of the youth homeless population. Further, 69% of LGBT homeless youth have experienced familial rejection, abuse and violence; and homeless LGBT youth were also much more likely than their heterosexual counterparts to participate in substance abuse and fall prey to sexual exploitation on the streets. Only 2.6% of the housing services surveyed by Albert Kennedy Trust acknowledged the unique needs of homeless LGBT young people and had services to meet these needs. The Government's 2018 Rough Sleeping Strategy sets out a commitment to carry out further research into the extent of the LGBT population impacted by street homelessness. The Council will participate fully in this project and respond accordingly to any recommendations or guidelines which emerge. There is no evidence to suggest or reason to believe that lesbian, gay or bisexual people will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others. Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including lesbian, gay or bisexual people The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group.

| 8. Marriage and Civil Partner- ships

Identify the effect of Homeless and Rough Sleeping Strategy in relation *to people who are married or in civil partnership Please describe the analysis and interpretation of evidence to support your conclusion.* | **Will the change in your policy/service have an adverse impact on people who are married or in civil partnerships?**

There is no evidence to suggest or reason to believe that people who are married or in civil partnerships will be disproportionately affected by Homelessness and Rough Sleeping Strategy. Rather, the aim of improving housing conditions in the borough will be of benefit to this group to the same extent as others.

Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping including those people who are married or in civil partnerships.

The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group. |
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9. Age	**Will the change in your policy/service have an adverse impact on people from certain age groups?**
Identify the effect of Homeless and Rough Sleeping Strategy in relation to people who are from certain age groups *Please describe the analysis and interpretation of evidence to support your conclusion.*	People of all ages are impacted by homelessness and the Strategy aims to meet the needs of all people at different stages of their life. Specific attention is given to young people leaving care or having to leave the family home but the strategy also addresses the needs of children within families and older people. In line with the direction of the Government's 2018 Rough Sleeping Strategy, the Council will develop a programme to provide better palliative care for those people who are rough sleeping. While there is no evidence to suggest or reason to believe that people in different age groups will be disproportionately affected by Homelessness and Rough Sleeping Strategy, care leavers face an increased risk of homelessness as they often enter the care system as a result of the breakdown of their birth family and can lack the emotional and practical support from families that other young people can rely on. Provisions exist within the strategy to ensure the needs of care leavers are managed through development of a protocol to support their needs and support in the finding and sustaining accommodation and the development of . Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness of all ages. The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact on this protected group

Section 4: Equality Impact Assessment Action Plan

Please list in the table below any adverse impact identified and, where appropriate, steps that could be taken to mitigate this impact.

If you consider it likely that your proposal will have an adverse impact on a particular group (s) and you cannot identify steps which would mitigate or reduce this impact, you will need to demonstrate that you have considered **at least one alternative** way of delivering the change which has less of an adverse impact.

Adverse impact	Please describe the actions that will be taken to mitigate this impact
None	There is no evidence to suggest that the Homelessness and Rough Sleeping Strategy will disproportionately affect any of the protected characteristics. Rather, the aim of improving housing conditions in the borough will be of benefit the most vulnerable and those most in need. There are a number of provisions to prevent homelessness amongst vulnerable groups including care leavers, women fleeing domestic violence, those in poverty / out of work and those with health and substance misuse issues. Person centred individual plans for either households or individuals will assist in proving specific response to those affected by homelessness and rough sleeping across each of the protected characteristics The adoption of the Homelessness and Rough Sleeping Strategy is expected to have a neutral impact, however the impact of the strategy on residents will be monitored, in particularly on those belonging to each of the protected characteristics.

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If an adverse impact cannot be mitigated please describe an alternative option, its costs and the equality impact.

Alternative option	

Section 5: Future Review and Monitoring

Please explain how and when the actual equality impacts of the Homeless and Rough Sleeping Strategy will be reviewed and monitored.

The implementation of the policy actions set out in the Homeless and Rough Sleeping Strategy will be monitored and reviewed every year. As part of that process, the equality impacts of the policy actions will be monitored, particularly when more detailed proposals are put forward.

APPENDIX A: Equality Impact Assessment Test of Relevance

TRIGGER QUESTIONS	YES / NO	IF YES PLEASE BRIEFLY EXPLAIN…..
Does the Strategy reduce resources available to address inequality?	**No**	Additional resources are being targeted to help those most in need and prevent homelessness at an earlier stage, in addition to increased partnership across homelessness services.
CHANGES TO A SERVICE		
Does the Strategy alter access to the service?	**No**	The Strategy covers a range of services, many of which will be reshaped over the lifetime of the strategy in order to achieve the efficiencies that the Council has to achieve by 2023. Changes to specific service areas and the impact on access will be considered in more detail through individual restructure or policy plan changes.
Does the Strategy involve revenue raising?	**No**	The Strategy does propose making specific bids to central government for additional revenue.
Does the Strategy alter who is eligible for the service?	**No**	The Strategy does not propose any changes to eligibility for services
Does the change involve a reduction or removal of income	**No**	

transfers to service users?		
Does the change involve a contracting out of a service currently provided in house?	No	
CHANGES TO STAFFING		
Does the change involve a reduction in staff?	No	
Does the change involve a redesign of the roles of staff?	No	