



Cherwell
DISTRICT COUNCIL
NORTH OXFORDSHIRE



Appendix 6

Social and Community Impact Assessment

Cherwell District Council

Homelessness and Rough Sleeping Strategy

2021 - 2026

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Section 1: Summary details

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| Directorate and Service Area | Housing Services – Cherwell District Council Directorate: Adults and Housing Services |
| What is being assessed (e.g. name of policy, procedure, project, service or proposed service change). | Cherwell District Council Homelessness and Rough Sleeping Strategy 2021- 2026 |
| Is this a new or existing function or policy? | New (replacing the existing Homelessness Strategy 2018-20) |
| Summary of assessment Briefly summarise the policy or proposed service change. Summarise possible impacts. Does the proposal bias, discriminate or unfairly disadvantage individuals or groups within the community? (following completion of the assessment). | <p>The Homelessness Strategy is a statutory requirement set out in the Homelessness Act 2002. The strategy has been developed following a review of homelessness services including housing need, supply and support required to help vulnerable customers. A strategy should be revised every 5 years.</p> <p>The strategy sets out Cherwell District Council's commitment and actions to preventing and reducing (or ending) homelessness and rough sleeping in the district, and how the council will work in partnership with the County Council, City and District Councils in Oxfordshire as well as other statutory and voluntary agencies/groups to deliver accommodation and support services to meet needs. The strategy also sets out how it will involve people with lived experience of homelessness, where possible and with their agreement, in designing, commissioning and delivering housing services.</p> <p>The strategy is aligned to the principles set out in the draft Oxfordshire Homelessness and Rough Sleeping Strategy. This strategy is about doing the best for people across Cherwell District and for those who need to live in the district but who are affected by homelessness and rough sleeping. The strategy promotes working across geographical and professional boundaries to end rough sleeping and target resources, individual and collective, to address the needs and aspirations of people affected.</p> |

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| Completed By | Frances Evans |
| Authorised By | Gillian Douglas (Assistant Director Housing and Social Care Commissioning |
| Date of Assessment | 29/01/21 |

Section 2: Detail of proposal

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| <p>Context / Background</p> <p>Briefly summarise the background to the policy or proposed service change, including reasons for any changes from previous versions.</p> | <p>Cherwell District Council's current Homelessness Strategy 2018-20 expires at the end of the 2020/21 financial year. As the local housing authority, the council has a statutory duty to produce a Homelessness Strategy in accordance with the Homelessness Act 2002. The national Rough Sleeping Strategy 2018 also emphasises the government's aim to halve rough sleeping by 2022 and end it by 2027 and sets out a commitment for all local authorities to rebadge their Homelessness Strategies as Homelessness and Rough Sleeping Strategies. Cherwell District Council's new Homelessness and Rough Sleeping Strategy for 2021 – 2026 provides a 5-year vision for delivery of the council's homelessness and rough sleeping prevention services, however the action plan is for the initial 2 years of the strategy term to enable it to be updated based on the most up-to-date data on customer needs and the council's available resources. It is important to have an action plan that is flexible and adaptable to reflect the changes locally and those across the county and national picture.</p> <p>The strategy contributes to delivering the aims of the countywide Homelessness and Rough Sleeping Strategy, and reflects the findings of a review of homelessness services in the district, a Shelter health check, the Crisis research undertaken to establish the feasibility of implementing a housing-led approach across Oxfordshire, and a view on the current and potential future impact of the Covid-19 pandemic on housing and support needs. It has been amended to reflect the feedback received during the 7-week public consultation period between 30 November 2020 and 17 January 2021.</p> |
| <p>Proposals</p> <p>Explain the detail of the proposals, including why this has been decided as the best course of action.</p> | <p>The strategy sets out the following vision and priorities:</p> <p>Our Vision is: To work in partnership, with customers at the heart of our approach, to understand, prevent and resolve homelessness so that no one has to sleep rough in Cherwell.</p> <p>Priorities: The six strategic priorities for our Homelessness and Rough Sleeping Strategy 2021-26 are:</p> <p>Priority 1 Work with the County, City and District Councils and partner organisations across Oxfordshire to identify the causes of homelessness in our area, facilitate early interventions and responses to increase successful homelessness preventions, and make sure that no one has to sleep rough.</p> |

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| | <p>Priority 2 Proactively identify, engage with and assist households who have difficulty accessing and receiving homelessness services.</p> <p>Priority 3 Proactively engage with and support households to develop housing resilience and when needed, to access suitable accommodation to meet their longer-term needs.</p> <p>Priority 4 Engage and work collaboratively with people with lived experience of homelessness and commission the right support to reduce, prevent and ultimately end homelessness and rough sleeping.</p> <p>Priority 5 Make sure that our service is flexible and equipped to deal with any future local Covid-19 outbreak or emergency.</p> <p>Priority 6 Work in partnership to increase supply of affordable housing and make sure that accommodation in the private sector is good quality, that tenants are treated lawfully and fairly, and there is improved access to affordable private sector accommodation for homeless households.</p> <p>And is supported by an action plan outlining the key actions and what will be changed over the term of the strategy.</p> <p>The strategy is required by legislation. Housing, health, economy and social inequalities are all interlinked. Preventing and reducing homelessness and rough sleeping requires partnership working to deliver a range of services and accommodation options for people who may not be able to resolve their housing circumstances without assistance. Building on the work of officers and partners to deliver the requirements of the Homelessness Reduction Act 2017, this strategy sets out the need to deliver further change, with customers at the heart of service design and delivery so that early intervention can build resilience and effectively prevent homelessness or the risk of revolving homelessness over the longer-term.</p> |
| <p>Evidence / Intelligence</p> <p>List and explain any data, consultation outcomes, research findings, feedback from service users and stakeholders etc, that supports your proposals and can help to inform the judgements you</p> | <p>At a national level, based on the November 2019 data which counted 4,266 rough sleepers we know that:</p> <p>Rough sleeping has increased by 141% since 2010 although according to the annual count numbers decreased by 9% between 2018 and 2019.</p> <p>86% of rough sleepers are men and 14% are women. People who have no recourse to public funds are over-represented face major barriers in receiving help from housing authorities because of their immigration status and related ineligibility for most housing help.</p> |

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| <p>make about potential impact on different individuals, communities or groups and our ability to deliver our climate commitments.</p> | <p>Research suggests that there has been an upward trend of women sleeping rough, in both proportional and absolute terms. The average age of death for women who experience rough sleeping is lower than that of men who sleep rough (42 years compared to 44 years. In comparison the average age at death in the general population is 76 years for men and 81 for women).</p> <p>There is increasing evidence showing that the cause of women's homelessness, and trajectories they take through it, tend to differ from those of homeless men, and, for multiple reasons, women who experience rough sleeping also experience increased vulnerability.</p> <p>Evidence has shown that women who experience rough sleeping also experience higher rates of mental ill-health. These women are also more likely to experience sustained or repeated rough sleeping.</p> <p>Women who experience rough sleeping are more likely than men to have experienced traumas, including self-harming and domestic violence. Despite not always being a direct cause of homelessness, evidence has shown that experience of domestic violence and abuse is very common among women who become homeless.</p> <p>There is little or no data about the ethnicity of rough sleepers but we do know that 64% of rough sleepers are UK nationals, 22% are EU nationals and 4% are non-EU nationals.</p> <p>In terms of the health needs of rough sleepers, data shows that 20% have no alcohol misuse, drug misuse or mental health support needs. 42% have alcohol misuse needs, 41% have drug misuse need and 50% have mental health support needs.</p> <p>The figures for Rough Sleepers in Cherwell District are at a much lower level than the national picture but they do reflect national data. In 2019, 24 households who were owed a relief duty were rough sleeping at the time they applied to join the council's housing register. The majority of those were single male households, EU nationals.</p> <p>In Cherwell District in 2019/20, the total number of households who were assessed as being owed a duty by the council was 408, of these 66% were owed a prevention duty and 27.8% were homeless (relief duty owed). Most households owed a duty, were or had been living in the in the private sector or living with friends/family. 145 (35.5%) households owed a duty had a total of 232 support needs (i.e. one or more support need for each household); a larger portion having either illness or physical disability support needs, at risk or experienced domestic abuse, or needed support to access education, employment or training. Some of the 145 households</p> |
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| | <p>were young people aged 18-25 or care leavers under and over 21 years of age.</p> <p>The majority of applicants owed a prevention or relief duty were 34 year of age or under (85 aged 18-25 and 132 aged 25-34) and just 17 households were aged 65+. Households owed a relief duty tended to be single male adults followed by female single parent households with dependent children. In terms of ethnicity, the majority (84.1%) of applicants owed a prevention or relief duty were white with smaller numbers of households being (5.6%) black /African /Caribbean /Black British; and 4.4% being Asian/ Asian British. (National Statistics Data 2019)</p> |
| <p>Alternatives considered / rejected</p> <p>Summarise any other approaches that have been considered in developing the policy or proposed service change, and the reasons why these were not adopted. This could include reasons why doing nothing is not an option.</p> | <p>Alternative options rejected:</p> <ol style="list-style-type: none"> 1) A single countywide strategy and no local strategy – this may not meet Cherwell DC statutory duties, however a single strategy is unlikely to meet local requirements as each local authority has different geographic, economic, social, political structures which require a more granular strategy aimed at meeting specific local needs. This option is rejected. 2) Not having a strategy at all – this would result in Cherwell DC not meeting its statutory obligations and therefor this option is rejected. <p>We recognise we need to bring the housing, health and social care systems together in an integrated way to prevent homelessness and offer the solutions that are required. An overarching countywide strategy to support the need for a holistic approach to ending homelessness and rough sleeping, along with a local, more detailed and adopted strategy would be acceptable.</p> |

Section 3: Impact Assessment - Protected Characteristics

| Protected Characteristic | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---|--|--|--|
| Age | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | As shown by the data rough sleepers die on average 39 years prematurely (for women) and 32 years prematurely (for men). By improving prevention and effective intervention we will reduce the risk of early death. The strategy proposes a number of reviews of services e.g. allocations and nominations agreements, review of the Young People's Supported Accommodation, Adult Homeless Pathway etc. This will present an opportunity to identify data gaps and service gaps i.e. whose needs are being met by the policy/agreement. | Monitoring of service outputs and undertaking service reviews during the life of this strategy will improve the data we hold and identify any further service gaps/mitigations The strategy document can be made available in other formats upon request. | CDC Housing Strategy Team | Annual monitoring (as a minimum) of any projects commissioned or supplied. |
| Disability | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 50% of rough sleepers are affected by mental ill health but also physical ill health which may result in disability. | As above. It will be important in measuring performance | CDC Housing Strategy Team | Annual monitoring (as a minimum) of any projects |

| Protected Characteristic | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|----------------------------|--------------------------|-------------------------------------|--------------------------|---|---|--|---|
| | | | | We aim to reduce this by improving prevention and response and making sure people get the services they need. Through improved supply in general of accommodation that is built to good quality and accessible standards, this will help to address disability concerns. Adopting a housing-led approach will also provide opportunities for people to gain accommodation that is suitable to meet their needs. | against the strategy outputs, how improved housing supply or access to housing and support has helped with mental health and wellbeing and physical health. This will need to be captured via personal housing plans/support plans and customer input. | | commissioned or supplied |
| Gender Reassignment | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research by the Albert Kennedy Trust has found 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. The proposals in the strategy to take a housing-led, person | It will be important in measuring performance against the strategy outputs, how improved housing supply or access to housing and support has helped to reduce any inequalities in service delivery due to sexual orientation of the customer. This will need to | CDC Housing Strategy Team | Annual monitoring (as a minimum) of any projects commissioned or supplied |

| Protected Characteristic | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|---|-------------------------------------|-------------------------------------|--------------------------|---|--|--|---|
| | | | | centred approach may help to reduce the housing-related issues experienced by people LGBTQ+ | be captured via personal housing plans/support plans and customer input. | | |
| Marriage & Civil Partnership | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Pregnancy & Maternity | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Race | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <p>Ethnicity data is limited for rough sleepers, but it is possible to identify that some rough sleepers are non-UK nationals and are more likely to be in financial difficulty and excluded from services as a result of their immigration/worker status.</p> <p>Some communities, due to their culture, will not naturally seek assistance from the council. Good communications will be required to inform households who may need</p> | N/A | CDC Housing Strategy Team | Annual monitoring (as a minimum) of any projects commissioned or supplied |

| Protected Characteristic | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|---------------------------|--------------------------|-------------------------------------|--------------------------|--|---|--|---|
| | | | | housing and support assistance. | | | |
| Sex | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Women who are rough sleeping are particularly vulnerable. Targeted women-only services or gender informed services need to be considered. | It will be important in measuring performance against the strategy outputs, how improved housing supply or access to housing and support has helped to reduce any inequalities in service delivery due to sex of the customer. This will need to be captured via personal housing plans/support plans and customer input. | CDC Housing Strategy Team | Annual monitoring (as a minimum) of any projects commissioned or supplied |
| Sexual Orientation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Research by the Albert Kennedy Trust has found 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. The proposals in the strategy to take a housing-led, person centred approach may help | It will be important in measuring performance against the strategy outputs, how improved housing supply or access to housing and support has helped to reduce any inequalities in service delivery due to sexual orientation of the customer. This will need to be captured via personal | CDC Housing Strategy Team | Annual monitoring (as a minimum) of any projects commissioned or supplied |

| Protected Characteristic | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|--|--|---------------------------------------|
| | | | | to reduce the housing-related issues experienced by people LGBTQ+ | housing plans/support plans and customer input. | | |
| Religion or Belief | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |

Section 3: Impact Assessment - Additional Community Impacts

| Additional community impacts | No Impact | Positive | Negative | Description of impact | Any actions or mitigation to reduce negative impacts | Action owner (*Job Title, Organisation) | Timescale and monitoring arrangements |
|------------------------------|-------------------------------------|--------------------------|--------------------------|---|---|---|---------------------------------------|
| Rural communities | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Provision of accommodation and housing-related support will provide for the housing needs of rural communities as well as urban. However, the provision is more likely to be in urban areas where there are close links to public transport and community services. Options for people wishing to remain in rural areas will be considered and could be met by floating support or tenancy support services already in place. | N/A | N/A | N/A |
| Armed Forces | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The council's Allocations Scheme for affordable housing already recognises Armed Forces personnel as a priority for housing as they are one of the identified reasonable preference groups. | No negative impact as a result of this new strategy due to the provisions within the Allocations Scheme and the Council's commitment to the Armed Forces Covenant arrangements. | N/A | N/A |

| Additional community impacts | No Impact | Positive | Negative | Description of impact | Any actions or mitigation to reduce negative impacts | Action owner (*Job Title, Organisation) | Timescale and monitoring arrangements |
|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--|---|--|--|
| Carers | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | The strategy proposes a review of the housing allocations and nominations agreements. This review will include consideration of a higher banding for carers, adopters and foster carers if this facilitated a longer-term solution to supporting children, young people and adults. Provision of longer-term and more secure support will have a positive impact on the health and wellbeing of the individuals who are being supported. | N/A | N/A | N/A |
| Areas of deprivation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Work with partner agencies to address any inequalities identified in areas of deprivation is recognised in the strategy e.g. the grant funding support provided to services who deliver drop-in advice services in these areas. | N/A | N/A | N/A |

Section 3: Impact Assessment - Additional Wider Impacts

| Additional Wider Impacts | No Impact | Positive | Negative | Description of Impact | Any actions or mitigation to reduce negative impacts | Action owner* (*Job Title, Organisation) | Timescale and monitoring arrangements |
|----------------------------------|-------------------------------------|--------------------------|--------------------------|--|--|--|---------------------------------------|
| Staff | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Consideration of staff resources to support individual projects brought forward via this strategy, will be considered as part of the project plans. A business case will be presented for consideration should there be a need for additional staff or skills. | N/A | N/A | N/A |
| Other Council Services | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Providers | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Social Value ¹ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |

¹ If the Public Services (Social Value) Act 2012 applies to this proposal, please summarise here how you have considered how the contract might improve the economic, social, and environmental well-being of the relevant area

Section 3: Impact Assessment - Climate Change Impacts

OCC and CDC aim to be carbon neutral by 2030. How will your proposal affect our ability to reduce carbon emissions related to:

| Climate change impacts | No Impact | Positive | Negative | Description of impact | Any actions or mitigation to reduce negative impacts | Action owner (*Job Title, Organisation) | Timescale and monitoring arrangements |
|---|-------------------------------------|--------------------------|--------------------------|-----------------------|---|--|---------------------------------------|
| Energy use in our buildings or highways | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Our fleet | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Staff travel | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |
| Purchased services and products (including construction) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | The strategy proposes an increase in affordable housing delivery. Any new-build accommodation will have to meet energy efficiency, size and design requirements of the local planning authority. Planning policies are already in place therefore no impact from this strategy. | N/A | N/A |
| Maintained schools | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | NA | N/A | N/A |

We are also committed to enable Cherwell to become carbon neutral by 2030 and Oxfordshire by 2050. How will your proposal affect our ability to:

| Climate change impacts | No Impact | Positive | Negative | Description of impact | Any actions or mitigation to reduce negative impacts | Action owner (*Job Title, Organisation) | Timescale and monitoring arrangements |
|---|-------------------------------------|--------------------------|--------------------------|-----------------------|--|--|---------------------------------------|
| Enable carbon emissions reduction at district/county level? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | N/A | N/A | N/A | N/A |

Section 4: Review

Where bias, negative impact or disadvantage is identified, the proposal and/or implementation can be adapted or changed; meaning there is a need for regular review. This review may also be needed to reflect additional data and evidence for a fuller assessment (proportionate to the decision in question). Please state the agreed review timescale for the identified impacts of the policy implementation or service change.

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| Review Date | On or around the anniversary of adoption of the strategy from March 2021. |
| Person Responsible for Review | Housing Strategy & Development Team Leader (Cherwell DC) |
| Authorised By | Assistant Director, Housing and Social Care Commissioning. Oxfordshire County Council and Cherwell District Council. |