## HARINGEY COUNCIL

## EQUALITIES IMPACT ASSESSMENT FORM

## PART A

Service: Housing Services
Directorate: Urban Environment
Title of Proposal: Homelessness Strategy 2008-11

## AIM(S) OF PROPOSAL

## Note: You should state what effects the proposal is intended to achieve and who will benefit from it.

Taking into account evidence on homelessness in Haringey and feedback from consultations exercises on homelessness issues in the borough, the Homelessness Strategy identifies the following commitments:

- Support and promote a partnership approach to tackling homelessness
- Invest in early intervention and effective homelessness prevention
- Increase the supply of affordable homes
- Provide choice and encourage independence
- Halve, by 2010 the number of residents in temporary accommodation
- Improve the quality and suitability of temporary accommodation
- Improve customer service, involvement and satisfaction
- Ensure that out policies are fair, transparent and widely understood
- Work proactively to safeguard children and vulnerable adults

The Strategy also states actions which will be undertaken to help the London Borough of Haringey to meet a number of central Government targets, significantly:

- Reducing the number of households in temporary accommodation by half (of 2005 levels) by 2010
- Providing supported housing for all homeless 16-17 year olds by 2010
- Keeping rough sleeping at below one third of 1999 levels and reducing it even further

More detailed objectives and actions are identified in the Homelessness Strategy Action Plan. It is envisaged that the Homelessness Strategy Action Plan will be a working, evolving document, and should new issues arise, it will be revised accordingly.

Those who will benefit from the Strategy are people in Haringey who are homeless and in temporary accommodation, and those who are at risk of becoming homeless.

Homelessness also has more 'general' effects on the community. Properties which provide temporary accommodation are often considered to be undesirable and unsightly, and can have an adverse effect on the community cohesion of an area. Large numbers of these properties can also affect the housing market in an area, with fewer people wanting to move there. Large numbers of unsightly properties can in turn lead to an increase in rates of crime and anti-social behaviour in a particular area, affecting residents. Homelessness amongst children and young people can lead to poor behaviour at school, affecting individuals' performance and the performance of other pupils.

The Homelessness Strategy aims to reduce the negative impacts on communities that high levels of homelessness and temporary accommodation can cause.

PART B LOOKING AT THE PRESENT: What does current data tell you?
Note: You should gather all relevant quantitative and qualitative data that will help you the assess whether at presently, there are differential outcomes for the different equalities strand - ethnic groups, women, men, older people, young people, disabled people, gay, lesbians and transgender people and faith groups. Identify where there are gaps in data and say how you plug these gaps.

In order to establish whether a group is experiencing disproportionate effects, you should relate the data for each group to its population size. The 2001

## Haringey Census data has an equalities profile of the borough and will help you to make comparisons against population sizes.

## B1. Using data from equalities monitoring, recent surveys, research, consultation, etc, which group(s) in the community are significantly under/over represented in the use of the service, when compared to their population size? <br> \& <br> B2. Factors (barriers) accounting for over representation

## AGE

## Children

It is well established that being homeless has serious negative consequences for most children, adversely affecting their health, mental well-being, safety, school attainment and over-all life prospects. ${ }^{1}$ Yet children and young people, especially those who have been in care, are disproportionately likely to become homeless. The situation in Haringey conforms to this broader pattern.

Haringey has around 7,500 children under the age of 16 living in temporary accommodation - roughly half the total number of people in TA. They are therefore significantly over-represented, compared to the total number of children in Haringey. In 2006 children aged 19 and under made up 24.3\% of the total Haringey population.

## Factors accounting for over representation:

Children under 16 are likely to be in temporary accommodation because their parents have become homeless.

## Young people

- In Jan 2008, 36\% of the 1044 single people in Temporary Accommodation in Haringey were between 16 and 24 .
- Between 2003-04 122 16-17 year olds were accepted as priority homeless. $64 \%$ of these young people were female and about $90 \%$ were from ethnic minorities.
- During 2007/08, 43 16-17 year olds were accepted as priority homeless - a significant reduction. Of these, 5 were 16 and 38 were 17. 24 were female and 19 were male. An ethnicity breakdown is provided below:

| Ethnicity |  |
| :--- | ---: |
| Any Other Ethnic Group | 5 |
| Black African | 5 |
| Black British | 4 |
| Black Caribbean | 5 |
| Black Caribbean and White | 4 |
| Mixed Black | 1 |
| Mixed Other | 1 |
| No Response | 6 |
| Other Asian | 1 |
| Other White | 1 |
| Other White European | 1 |
| Pakistani / UK Pakistani | 1 |
| Unknown (data take on) | 1 |
| White British | 5 |
| White Irish | 1 |

[^0]| White Turkish | 1 |
| :--- | ---: |
| Total | 43 |

16/17 year olds and care leavers aged $18-20$ years represented 8 per cent of total homeless acceptances by local housing authorities in England in 2007, yet this cohort makes up just 3 per cent of the population.

## Factors accounting for over representation:

Young people are more likely to become homeless for the following reasons:

- family breakdown
- pregnancy
- birth of a child


## Older people

Older people have not been identified as over-represented in terms of those who are homeless or in temporary accommodation. However, the Homelessness Strategy will help to address the needs of older people who are homeless or at risk of becoming homeless. This will be done through actions designed to support vulnerable adults.

It is possible that work may need to be undertaken to assess whether there are low numbers of older people in temporary accommodation because older people are settled in their homes, or because of barriers to accessing homelessness services.

## GENDER

## Single men:

In June 2008, men accounted for 589 single homeless households and women for 368, in comparison to the overall Haringey ratio of men to women which is $50: 50$. The number of single men in temporary accommodation has been continuously higher than that of single women. This reflects national trends.

## Reasons for over representation:

Single men are more likely to be ex-offenders, who have no home on their release. Over 14,000 prisoners are discharged into London each year from prisons both within and outside the capital, of which it is estimated half are homeless. (Draft Mayor's Housing Strategy, p.105). It has not been possible to establish exact numbers of ex-offenders who are homeless in Haringey. However, there are various Supporting People schemes which aim to meet the accommodation needs of this group:

There are three different schemes in Haringey:

1. Supported accommodation for 8 ex-offenders in a development in Crouch End (offenders who are Priority and Prolific Offenders)
2. Floating support across the borough for 8 ex-offenders in their own accommodation (offenders who are under MAPPA)
3. A scheme which is currently being decommissioned and will be remodelled which has up to 45 bed spaces in supported accommodation across the borough for ex-offenders. There were originally 45 places for ex offenders, 18 places for drug and alcohol users, but the remodelling is blurring the line between these, as so many drug and alcohol users are ex offenders and vice versa. The aim is for this service to pick up referrals from the Drug Intervention Programme and Drug and Alcohol Team. This is still in the early stages of development.

The Home Office limit for ex-offenders released into Haringey per year is 40. But anecdotally, there are always more than this. Supply should, in theory, meet demand in Haringey. Ex offenders are often released into boroughs away from where they were living / committing crime before they were sentenced.

There is a pilot North London resettlement project going on with Holloway prison. Prisoners are moved to a 'resettlement' wing before they are released, and as part of the process go before a multi-agency panel to manage their rehabilitation into the community. However, so far nobody from this scheme has gone into supported housing.

Single men who are perpetrators of domestic violence may find themselves homeless if they are evicted from their homes because of this. It is not known at present if this is an issue, or the extent of it, in Haringey. At present, temporary accommodation figures show that it is more likely that victims of DV in Haringey leave their homes than perpetrators. However, the possibility of a partner becoming homeless can make female victims reluctant to assist authorities in removing perpetrators, thus perpetuating a DV cycle in the home. Actions will be taken to address how families can remain in their homes, if appropriate - see action 9 of the Homelessness Action Plan regarding Sanctuary Schemes and further research into DV in Haringey. See also the section below on Domestic Violence.

## WOMEN

Although single men are over-represented in temporary accommodation figures, overall, women are overrepresented in terms of those who access temporary accommodation. As at 23 June 2008, 7,081 people in temporary accommodation in Haringey were male and 8,787 were female, as opposed to the overall Haringey ration of men to women, which is $50: 50$. Women are consistently over-represented in homelessness figures, reflecting the national picture. Nationally, women, particularly those with children, are likely to earn less money that men, affecting their ability to access housing, particularly private housing.

## Reasons for this over representation include:

1) women are more likely to become homeless following pregnancy or the birth of a child (see ethnicity data below)
2) women are more likely to have to leave their home due to domestic violence

## Single female parents:

In June 2008, of 5204 households in temporary accommodation in Haringey, 3664 were single parent households. Of these, 2856 heads of household were women and 808 heads of household were men. These figures reflect national trends.

Single parent households therefore make up 70\% of the households in temporary accommodation, which is five times higher than the $13.6 \%$ of households across Haringey which are single parent households.

Figures showing the main ethnic groups of single parents are given below:

| Ethnicity of Single Parent Households - |  |
| :--- | :---: |
| June 08 | Black African |
| Black Caribbean | 907 |
| White British | 560 |
| Any Other Ethnic Group | 356 |
| No Response | 266 |
| Other White European | 181 |
| Black British | 135 |
| White Turkish | 135 |

Black African women are significantly over-represented among single female parents.

## Domestic Violence

There is currently no reliable data on the number of women who are homeless in Haringey due to domestic violence. This is a recognised gap. However, domestic violence accounts for about 12\% of homelessness acceptance nationally, and around $30 \%$ of domestic violence starts during pregnancy. The data below provides details of how domestic violence affects women in Haringey.

Cases of Domestic Violence in Haringey are dealt with by the Hearthstone service. Data providing details of the victims assisted during 2007-08 is given below:

- Hearthstone received 1263 approaches last year - of these, 1238 were from women and 25 were from men.
- Gender: the majority of people who approached Hearthstone were young women -452 were
between 20 and 29, and 383 between 30 and 39 . However, significant numbers were both younger and older, demonstrating that DV affects all age groups.
- Ethnicity: The main ethnic groups using the service last year were: Black Caribbean - 270; White British - 218; African - 177; White (other European) - 106 and Mixed Caribbean - 75.
- 2007-08 monitoring data suggests that substance misuse and mental health issues affect a significant number of DV survivors. 379 service users reported using drugs and/or alcohol, and 205 reported having a mental health issue. 39 service users reported having a disability.

Haringey has in place a Sanctuary Scheme which provides the opportunity for survivors of DV to remain in their own homes by providing a range of safety measures. This is offered to all women, irrespective of tenure, who want to remain in their own homes. The number of installations has increased year on year since 2005 when the scheme started, and a target of 80 installations has been sent for 2008/09.

The ethnicity of those who have had Sanctuary schemes installed is as follows:

| Ethnicity | Number |
| :--- | :---: |
| White British | 18 |
| Irish | 3 |
| Turkish | 4 |
| Greek | 1 |
| Kosovan /Albanian | 1 |
| Pakistani | 1 |
| Iranian | 2 |
| Black Caribbean | 12 |
| Black African | 7 |
| Not known | 2 |
| TOTAL | 51 |

## ETHNICITY

## BME communities:

Haringey is a racially and ethnically very diverse borough, with many new immigrants. Some BME groups tend to be particularly at risk of homelessness and overcrowding. Across England and Wales as a whole, BME people are three times more likely to become statutorily homeless than are the majority white population. In London, ethnic minority households made up 23\% of the population in 2001 (latest census figures), but accounted for almost $60 \%$ of those accepted as homeless by local authorities in 2004-05.

It is estimated that around $34 \%$ of Haringey residents are black or from an ethnic minority, yet the BME population accounts for $74 \%$ of people seeking advice and assistance from Haringey's P\&O service, and $81 \%$ of people in TA.

There are marked differences in Haringey in the rates of statutory homelessness between different ethnic minority groups. Black African people make up less than $10 \%$ of borough residents, but over $20 \%$ of people in temporary accommodation. 'Other white' people make up around $14 \%$ of the borough, but more than a quarter of those in TA. The proportion of Black Caribbean people in TA is about the same as the number of people living in the borough. White British people make up nearly $48 \%$ of the Haringey population but only $6.5 \%$ of those in TA.

This situation is not specific to Haringey. The Shelter (2004) BME Housing Crisis Report stated that Black African and Black Caribbean homeless households were the most over represented group across the country, accounting for $10 \%$ of homeless acceptances, as opposed to $2 \%$ of the population. A Fordham North London sub-regional study of 2005 found that Black African households are the most likely to be in housing need, both now and in the future. Black African and Black Other households were also particularly likely to be living in unsuitable housing. Black households were also more likely to be single parent households.

The ethnicity of people living in temporary accommodation in Haringey in November 2007 was:
Black African - 3,561 people
Any other ethnic group - 2,297 people
Black Caribbean - 1,333 people
Other White European - 1,223 people
White Kurdish - 1,137 people
White British - 1,104 people

The over-representation of BME households among homeless households reflects London trends. In 2005-06 BME households made up 67\% of households accepted as homeless compared to 40\%.

## Reasons for over representation:

While no research has been undertaken in Haringey specifically, the London Borough of Islington recently commissioned research into reasons for high levels of homelessness among black communities. The following findings for Black African communities are also relevant to Haringey:

- The main causes of homelessness were found to be parents, relatives or friends asking a member of the household to leave following pregnancy, relationship breakdowns and overcrowding. Pregnancy was more common amongst those already well established in England.
- Family breakdowns could be linked to the difficulties of adapting to a new environment. Life in England could lead to marital strains, particularly where men had been used to living in a society with traditional gender roles and hierarchal social relations.
- Over-crowding was linked to the arrival of family members from Africa and the birth of children.

The following findings for Black Caribbean communities are also relevant to Haringey:

- One of the most common causes of homelessness was pregnancy, causing family tension and overcrowding, leading to young mothers leaving the family home.

Evidence also suggests that Black African and Black Caribbean people probably experience psychosis and schizophrenia and other neurotic disorders at a slightly higher rate than White people. A UJIMA Housing Association study on residential mental health services for BME communities reports a low take up of residential places by BME communities, which may be because existing service models are not appropriate.

## Gypsies, Travellers and Roma

Haringey's Travellers Needs Analysis, undertaken in December 2004, estimated that there are 2500 individuals from the Traveller Community in the Borough. Although most Travellers in Haringey are Irish Travellers, there are an increasing number of Roma from Eastern Europe in the Borough. Many Irish Travellers do not identify as such for fear of discrimination.

In Haringey, there are 2 official sites, one in Clyde Rd, Tottenham with 4 pitches and one at Wallman Place near the Civic Centre with 6 pitches. A large site (Station Rd) was closed in July 2004 with a loss of 12 pitches. Although the numbers of travellers on pitches has decreased with the closing of the larger site, most of Haringey's traveller population is in settled accommodation and exact numbers are not known. A twice weekly Housing Support and Welfare Rights Drop In for Travellers was held in Cumberland Road from the 1990s until early 2008. This reception was closed in 2008 due to restructuring. The Traveller's Team Community Social Worker spends more than $90 \%$ of his time working with "settled" travellers.

Haringey is unusual in the statutory sector in having a social work team dedicated to Travellers. The team currently consists of 3 full time workers, one community social worker, one Travellers liaison officer and one housing support worker post, which is funded by Supporting People.

Much of the work of the Travellers Team in Haringey is related to the prevention of eviction. High levels of illiteracy in the community mean that many cannot understand letters they receive from Housing Benefit re HB renewal claims, causing claims to lapse with high levels of arrears accruing. Similarly, letters containing notices of possession are not understood. Travellers living on sites do not enjoy the same degree of security of tenure as those in settled housing and there has been much anxiety amongst the community caused by rumours of site closure. The vast majority of Gypsy and Traveller families would prefer not to be in settled bricks \& mortar housing and consequently face a unique set of problems and challenges. For Travellers, living in a house is associated with long term illness, poorer health state and anxiety (those who rarely travel having the poorest health). A "psychological aversion to housing" is outlined in case law and has recently been accessed in the Fordham's 2007 London wide Traveller accommodation needs assessment.

As at December 2004, 20 clients had taken part in a Travellers Team survey survey, demonstrating that:

- $15 \%$ lived in a trailer / caravan; $85 \%$ lived in council housing
- Nearly half of those living in council housing would prefer to live in a trailer / caravan
- With one exception all had received support with access to housing
could be due to the fact that they do not identify themselves as Gypsies or Travellers for fear of discrimination. The information provided above demonstrates the challenges involved in identifying homeless travellers and providing appropriate accommodation for them.

However, data regarding gypsies and travellers in temporary accommodation in Haringey is conflicting. Research carried out by the Fordham consultancy into Roma in London carried out interviews with 20 Roma in Haringey and 'two thirds' of these reported being in TA. This discrepancy could arise because gypsies and travellers do not identify themselves on official forms, though only two of those interviewed said they would avoid revealing their identity to housing or other council services. In addition only two said they would rather live in a camp than in bricks and mortar.

## Reasons for being a priority group:

Nationally, Travellers have been excluded for decades, as site provision is lacking across the country.
People from the Gypsy and Traveller communities are most likely to become homeless through overcrowding. The age profile of travellers indicates that this is a growing population. Also, traditionally, Travellers marry at a young age, women bear children at an early age and conceive larger numbers of children, often eight or more. As many travellers live in housing as well as on sites, overcrowding also applies to conventional housing.

In addition to overcrowding, high levels of illiteracy in the community mean that many Travellers cannot understand letters they receive from Housing Benefit re HB renewal claims, causing claims to lapse with high levels of arrears accruing. Similarly, letters containing notices of possession are not understood. Travellers have been repeatedly recorded as having the worst education outcomes of an ethnic minority in the UK for the last forty years ('Room to Roam', Power 2004: 56). It is likely that there is a link between the lack of site provision and the lack of adaptation to conventional education. The poor literacy skills in Traveller communities that flow from education exclusions mean that they can have problems reading and writing letters and such literacy problems lead to evictions if drop in support services are not provided.

## DISABILITY

Disability and illness disproportionately affect homelessness people. Only $2.5 \%$ of homeless people with a disability are in employment nationally and in Haringey over 1 in 10 people of working age living in social housing have an illness or disability that prevents them from working.

Research by Crisis found that while the employment rate of the general homeless population is only $10 \%$, it is even lower for homeless people with a disability, at $2 \%$, and for homeless people with a mental health condition (also 2\%). Other research undertaken by Inclusion found that $43 \%$ of homeless people with a disability, and $40 \%$ with a mental health condition have been unemployed for more than three years.

At present there is a recognised gap regarding the monitoring of homeless people with a disability in Haringey. Whilst some data is available, it is thought to be unreliable and unsuitable for making evidence on which to base policy and service delivery. In the absence of reliable data regarding the numbers of disabled people in temporary accommodation, it is only possible to provide borough-wide data and conjecture as to where the greatest need is for preventing homelessness amongst disabled people.

As at May 2007 there were 12,150 claimants of Incapacity Benefit or Severe Disablement Allowance is Haringey, representing $7.7 \%$ of the working age population. The claim rate in the borough is above the current England and London averages of $6.7 \%$ and $6.1 \%$ respectively. At May 2007, $56.5 \%$ of IB / SDA claimants had been in receipt of these benefits for 5 years or more - the same story is true for both London and England.

The highest concentration of IB / SDA claimants are in the east of the borough, specifically in areas in Bruce Grove, Harringay, Hornsey, Noel Park, Northumberland Park, West Green, White Hart Lane and Woodside wards. In these areas, the claim rates range from $11.8 \%$ to $15.3 \%$. The highest concentrations of people receiving a community based service from the council to support them with physical disabilities or sensory impairment in January 2008 were in Noel Park, Bounds Green, Bruce Grove and Northumberland Park.

2001 census data shows that $15.51 \%$ of Haringey residents have a limiting long-term illness - similar to prevalence across London and slightly lower than prevalence across England. Analysis of census data by tenure shows that $22.58 \%$ of people in local authority households had a limiting long term illness
(Equalities Impact Assessment - Homes for Haringey Resident Involvement Agreement 2007). These figures suggests that there is likely to be a higher than borough average number of people in TA who have a limiting long term illness.

Haringey has high levels of mental ill-health, as evidenced by the Haringey Public Health Report 2004. There are a wide number of determinants of good mental health, which contribute to the overall level of need: these include housing, unemployment and educational attainment. Mental illness is particularly common in some of Haringey's newer refugee communities, whose members have often experienced traumatic events in their home countries.

Mental health hospital admissions are not proportionately distributed across ethnic groups - the data suggests a higher rate of occurrence among Black communities. While the Black or Black British community represents $20 \%$ of Haringey's population, they represent $24 \%$ of mental health admissions in 2003. This bears out the research referenced in the homelessness study undertaken in Islington, which suggests that Black African and Black Caribbean people probably experience psychosis and schizophrenia and other neurotic disorders at a slightly higher rate than White people. Similarly, Chinese or other ethnic groups represent $3.1 \%$ of the population but $10.1 \%$ of admissions in 2003.

There is a complex relationship between mental health and homelessness. 1 in 5 people cite mental health problems as a factor in becoming homeless. (Crisis - Home and Dry, Homelessness and Substance Misuse 2002). Given this statistic, and the high level of mental ill-health in the borough, it is likely that mental illness is a significant factor in the high rates of people in TA in the borough, suggesting that better support provision is needed for people with mental illnesses in retaining tenancies. The stigma attached to mental illness can make it hard for some people to access housing services and tenancy support outside of Supporting People schemes.

## Reasons for being a priority group:

While no research has been undertaken in Haringey specifically, national research suggests that worklessness amongst people with a disability is strongly linked to homelessness. Research by Crisis found that while the employment rate of the general homeless population is only $10 \%$, it is even lower for homeless people with a disability, at $2 \%$, and for homeless people with a mental health condition (also $2 \%)$. Other research undertaken by Inclusion found that 43\% of homeless people with a disability, and $40 \%$ with a mental health condition have been unemployed for more than three years.

## SEXUALITY

At present there is a recognised gap in the recording and monitoring of homeless applicants' sexual orientation. This situation is common in local authorities, and not specific to Haringey. It is therefore not possible to assess whether lesbians, gay men, bisexuals or transsexual people access homelessness services in line with numbers in the general population. We can conjecture, though, that young gay people are more likely to are more likely than young straight people to be rejected by their families because of the sexuality, leaving them at risk of homelessness. We can also conjecture that young gay people are more likely to suffer from discrimination and bullying at school, making them more likely to leave school early or attain lower grades - which in turn may leave them with a lower income, and at greater risk of homelessness. However, we can also speculate that young gay people are also less likely to become pregnant or to be single parents - so in this way, are less likely than young straight people to become homeless.

There is no evidence that a person's sexual orientation will affect the quality of the service they receive.
A 2005 survey returned by 800 gay and lesbian people and funded by the Economic and Social Research Council found that one third of respondents reported being victims of domestic abuse either in their current relationship of in a previous same sex relationship. Slightly more women than men had experienced abuse, but the difference was not large. The most common form of abuse reported was emotional, however male perpetrators were also likely to be physically and sexually abusive. Victims were more likely to be under 35, have a low income and few qualifications. (Comparing Love and Domestic Violence in Heterosexual and Same Sex Relationships - Dr Catherine Donovan, University of Sunderland, 2005-06. RES-000-23-0650)
We know very little about sexuality and homelessness in Haringey, but Stonewall Housing's 'Sexual Exclusion' Report (2005) identifies specific homelessness issues faced by lesbian, gay and bisexual people nationally:

## Young LGB people:

Sexuality can be a direct cause of homelessness for young LGB people - they can be thrown out of their home or decide to leave home to escape homophobia. Coming to terms with their sexuality and the withdrawal of support from family can lead to emotional or mental health difficulties, such as low selfesteem, depression and self-harming behaviour. They can put themselves in dangerous or exploitative situations to meet their need for acceptance and affection and they can begin to use alcohol or drugs to try to cope with or block out issues arising from being LGB and homeless.

## Harassment and violence:

Many LGB people of all ages experience homophobic harassment and violence in their neighbourhood. Harassment can people often too frightened to leave their own home, or may lead to homelessness as the neighbourhood can become unbearable to live in.

## Domestic abuse:

LGB people can face domestic abuse from partners, parents, siblings and other family members. This abuse can be emotional, physical, financial or sexual. One of the biggest obstacles for LGB people wanting to flee domestic abuse is the lack of emergency accommodation for LGB people, especially for men.

## Reasons for being a priority group:

Further data needs to be collected and monitored before an assessment of any relationship between sexuality and homelessness can be undertaken.

## B2. What factors (barriers) might account for this under/over representation?

See section B1 above for explanations under each equality group as to why they are over representation, or why they are included as a priority group.

As we are aware that there is a lack of data and knowledge for some groups, we thought it better to include what data we have and an analysis in one section (the section above), rather than dividing these up.

## PART C LOOKING AT YOUR PROPOSAL

Note: Using the information you have gathered and analysed in Section A, you should assess whether and how the proposal you are putting forward will affect existing barriers and what actions you will take to address any potential negative effects.

## C1. How will your proposal affect existing barriers? (Please tick below as appropriate)

| Increase barriers? | Reduce barriers? $X$ | No change? |
| :--- | :--- | :--- |

## Comment

The aims outlined in the Homelessness Strategy and actions specified in the action plan are designed to reduce homelessness amongst all groups.

It is intended that the proposals in the Strategy will improve multi-agency working towards reducing homelessness.

## C2. What specific actions are you proposing in order to respond to the existing barriers and imbalances you have identified in Part A?

## Under Strategic Priority Two - Invest in early intervention and effective homelessness prevention

Action 10 Actively promoted the take up of the Sanctuary scheme to women from B\&ME groups (publish and distribute Sanctuary leaflet and improve awareness by delivering briefings for staff and local agencies).
Action 15 Devise better ways of engaging with BME households in order to prevent homelessness and encourage the take up of housing option (consider co-location of staff and use of surgeries)
Action 16 Develop and promote a range of services and intervention for young people
Action 17 Provide schools and Youth Service with advice and support to help them run a leaving home project fro 14-16 year olds, enabling young people to make informed choices about their future housing

Under Strategic priority Six - Improve the quality and suitability of temporary accommodation
Action 46 Ensure that no homelessness families or 16/17 years olds are placed in B\&B except in an emergency and then only for up to 6 weeks

## Under Strategic priority Seven - Work proactively to safeguard children and vulnerable adults

Action 47 Adopt a strategic approach to the provision of housing and support for homeless children, young people and vulnerable adults

Also- investigate options for investing in adaptation of existing stock to meet the changing needs of families as they expand and address over-crowding providing more 3 bed plus properties

A re-registration exercise will take place in 2008-09 which will assist with the equalities monitoring of those in temporary accommodation.

It is proposed that a number of research projects take place which will concentrate on the prevention of homelessness and early intervention for those at risk of becoming homeless. It is proposed that these projects include better data collection, monitoring and analysis by equalities groups. These research projects have been included as equalities actions through the Homelessness Strategy Action Plan. These actions are listed simply in the Homelessness Action Plan, but more a more detailed examination of what research could include is provided in this section.

It is proposed that these projects are based on more than quantitative research, and will include:

- research into best practice in other authorities - both from statutory and voluntary/community services
- consultation with priority groups in Haringey
- desk based research
- recommendations as to how homelessness services can be improved to better understand the reasons why particular groups are at risk of homelessness and to meet the needs of these groups

This is particularly important in understanding why families in Haringey become homeless, why particular BME groups in Haringey become homeless, and the impact of homelessness on children and young people - so that support and early intervention can be provided to those at risk.

## AGE

## Families with Children

Further research needs to be undertaken in Haringey to understand:

- reasons why families in Haringey become homeless
- options that can be given to them to support them and prevent homelessness
- needs of families and children who become homeless
- how pregnancy among young women in the borough leads to homelessness
- why pregnancy leads to family breakdown
- the effects of homelessness on children in the borough

Research could either be commissioned from a social research organisation or undertaken by officer in SCHS. It should be undertaken in partnership with officers from Children and Young People's Services, and include the following:

- How often have children moved?
- How far on average are they from school?
- How many are registered with GP?
- How do they do in respect of attainment, truancy, etc?
- Have they been victims of or witnessed domestic violence?
- Are their parents substance misusers?
- Are they 'at risk'?

It is proposed that this will be a detailed piece of research, to contain recommendations as to how the experience of families at risk of becoming homeless can be improved - particularly children.

## Young people

It is proposed that a similar piece of research should take place into homelessness and young people in the borough, which would aim to understand why so many young people in the borough become homeless. Reasons are likely to be linked to issues of teenage pregnancy and family breakdown listed above, and so the two pieces of research should be undertaken side by side, and include the following:

- Ethnicity breakdown of young people (16-24) in TA
- Gender breakdown of young people (16-24) in TA
- No. of teenage parents in TA
- No. of care leavers (16-24??) in TA
- Levels of qualifications amongst young people in TA
- Levels of employment / worklessness amongst young people in TA
- Possibly family / support networks of young people in TA

Again, it is proposed that this would be a qualitative as well as quantitative piece of research to result in recommendations as to how homelessness amongst young people can be prevented. It is likely that work is already being undertaken in Haringey to tackle some of the issues above, particularly in the Children and Young People's Directorate, and under the Well-being theme of the Community Strategy. Research undertaken by Strategic and Community Housing should link up with these projects.

These pieces of research will help us to identify actions which will target specific families who are at risk of becoming homeless. Further actions are likely to be multi-agency, and fall into the themes of the existing action plan.

## Older people

It is possible that work may need to be undertaken to assess whether there are low numbers of older people in temporary accommodation because older people are settled in their homes, or because of barriers to accessing homelessness services.

## GENDER

## Single men

Further data collection and monitoring should be undertaken of:

- No. of ex-offenders in TA / homeless
- No. of young single men ejected from home

Actions:

- Providers of supported accommodation for ex offenders to record \& monitor who doesn't make it onto their schemes, as well as who does, the reasons why they aren't eligible and where they go instead - to try to establish what other needs (particularly housing needs) ex offenders have.
- Research into reasons why young single men are ejected from family home
- Research into which services young men are likely to access - less likely to access statutory services
- Research into which community groups / services could be involved in family mediation specialising in helping young men


## Women, including single female parents

- Monitoring of TA figures to include how many people are in TA for reason of domestic violence
- Continued monitoring of Hearthstone services by the categories already used: gender; age; repeat cases; referral source; ethnicity; tenure; vulnerability.
- Further monitoring by type of DV - to include data on forced marriage and FGM, in order to understand if these are major issues for women in Haringey
- A further monitoring category could be introduced: dependent children
- Further investigation to be undertaken into reasons why some ethnic groups are over-represented. Possible DV perpetrator schemes to be targeted at these groups - does this already happen?
- Possible monitoring of whether service users come from same-sex couples
- Possible further investigation into relationships between DV / substance misuse / mental health issues - targeted support available at Hearthstone? Clear links \& referral paths to be established between Hearthstone and Adult Social Care \& Children's Social Care?
- Establish better links with DV support services and Homelessness services in neighbouring boroughs
- Investigation into whether housing advice could be provided through different services - eg Children's Centres and GP practices

Suggested actions regarding Sanctuary schemes:

- Investigation into reasons why Black Caribbean and Black African women do not make more use of Sanctuary measures
- High numbers of owner occupiers use the Hearthstone service, but a very small number have Sanctuary measures installed. Further investigation into reasons why and legalities of this.


## ETHNICITY

- In light of the research undertaken into reasons for homelessness amongst Black African and Black Caribbean people in Islington, preventative actions based on these findings could be developed in Haringey, and further research carried out with Haringey residents based on these findings.
- Research in to why 'Other White European' groups are over-represented. Breakdown of those who are in TA by countries of origin and actions on how this can be prevented
- Possible consultation exercises with just these groups
- Investigate the possible future impact on services if A8 nationals have full access to public funds from 2011.
- Possibility of targeting housing advice through religious organisations. Black African and Black Caribbean people are likely to be Christian or Muslim.
- A Gypsy and Traveller Needs Assessment for London was published in March 2008. This was commissioned by all London Boroughs and carried out by Fordham Research. These Needs Assessments are a requirement of the 2004 Housing Act. Recommendations were made for the findings of the research to be included in the Draft Mayor's Housing Strategy, and for boroughs to take steps to address need when updating their Housing Strategies. However, as London now has a new Mayor, it is not currently known how the findings of the research will be accommodation within the London Housing Strategy or London Plan. This is certainly not to say the findings should be ignored.


## DISABILITY

A re-registration exercise will take place in 2008-09 which will monitor disability amongst Haringey

It would be useful if further data could be collected or research could take place regarding disability and long term illness amongst residents in temporary accommodation, such as:

- Categories of disability - such as mental illness, long term limiting illness (HIV / Aids / ME etc), in order to better understand the relationships between disability and homelessness
- Rates of substance misuse amongst residents in temporary accommodation
- The number of carers caring for disabled dependents in temporary accommodation
- The number of families with disabled children in temporary accommodation
- Procedures for care and support on leaving hospital


## SEXUALITY

- Re-registration exercise to take place in 2008-09 to monitor sexual orientation amongst those in temporary accommodation
- Research undertaken to assess whether the LGBT community are likely to access statutory homelessness services, and any barriers to this
- Further relations to be built between the council's homelessness service and with community LGBT groups, possibly building on relations already in place through the Equalities Stakeholder Group.

C3. If they are barriers that cannot be removed, what groups will be most affected and what Positive Actions are you proposing in order to reduce the adverse impact on those groups?

State positive Action measures to deal with barriers

The research, data collection, monitoring and analysis stated above will assist in removing barriers to homelessness services amongst all groups.

## PART D. CONSULTATION

Note: Consultation is an essential part of impact assessment. If there has been recent consultation which has highlighted the issues you have identified in Parts $A$ and $B$ above, use it to inform your assessment. If there has been no consultation relating to the issues, then you may have to carry out one to assist your assessment. Make sure you reach all those who are likely to be affected by the proposal, ensuring that you cover all the equalities strand. Do not forget to give feedback to the people you have consulted, stating how you have responded to the issues and concerns they have raised.

[^1]SCHS consulted a range of stakeholders of the housing service through a conference on 23 Jan 08 . This was well attended, and representatives included housing associations, voluntary sector and community groups representing BME and faith communities and a range of support organisations for sufferers of drug and alcohol problems and domestic abuse.

The main issues from the consultation were the need for:

- greater partnership working, to increase the impact of activities to reduce the number of homeless households by working together with the range of support organisations already active in Haringey.
- a more integrated approach to the support of vulnerable clients, involving pathways and crisis floating support services
- a stronger message about the private rented sector being the most realistic housing option
- capitalise on opportunities to increase available housing. This includes compulsory purchase orders, cash incentives to landlords, converting properties to increase the size, improving links with other boroughs to encourage people to consider living in different areas.

The Haringey Council website provides information on the results of consultation.

## D2. How, in your proposal have you responded to the issues and concerns from consultation?

An action plan has been produced to support the aspirations and objectives of the homelessness strategy. Amongst other activities, the following actions will be carried out to address the feedback from stakeholders:

Action 49 Provide joined up services that are responsive to the needs of young people and vulnerable adults and focus on homelessness prevention ( make recommendations to improve early intervention, support and housing options for disabled people (including children) and their carers and families, BME households, gypsies and travellers, single homeless men and the LGBT community, and remove barriers to accessing services through better joined up services).

In the Draft Housing Strategy - investigate options for investing in adaptation of existing stock to meet the changing needs of families as they expand and address over-crowding

## Greater partnership working

- Produce a directory of homelessness services
- Develop protocols for referrals, joint working and information sharing
- Review the roles and remits of local forums
- Support sub-regional initiatives and working


## A more integrated approach to the support of vulnerable clients

- Develop new ways of working to identify and work with people as soon as there is a risk they might lose their home
- Improve procedures for dealing with hospital discharge, prison leavers and care leavers
- Develop a range of services and interventions for young people, including mediation, supported lodgings and mentoring
- Explore merits and feasibility of introducing the Pathways approach to supported housing
- Undertake holistic needs assessments and tailor support packages to the specific needs of families and vulnerable adults

A stronger message about the private rented sector being the most realistic housing option

- Amend the lettings policy to ensure it assists the prevention and reduced use of TA
- Publicise average waiting times and locations of social housing to better manage expectations


## Identify and act on opportunities to increase available housing

- Work proactively with landlords and tenants to facilitate the set up of a new AST contract
- Work with RSLs to convert temporary homes into settled accommodation
- Issue secure tenancies, where appropriate, to homeless households living in suitable council homes

D3. How have you informed the public and the people you consulted about the results of the consultation and what actions you are proposing in order to address the concerns raised?

The Homelessness Strategy 2008-11 will be publicised widely. It will:

- be published on the Haringey website
- receive coverage in local media
- be summarised in a newsletter to everyone in TA and all stakeholders.


## PART E. TRAINING

Note: The issues you have identified during the assessment and consultation may be new to you or your staff, which means you will need to raise awareness of them among your staff, which may even involve training. You should identify those issues and plan how and when you will raise them with your staff.

E1. Do you envisage the need to train staff or raise their awareness of the issues arising from any aspects of your proposal and as a result of the impact assessment, and if so, what plans have you made?

Staff in the Homeless Service have undertaken general training in equalities and customer care. However, it is recommended that staff who will be carrying out work with specific groups undertake more specialised training into issues for these groups. Training needs will be identified with individual staff through meetings with their line managers.

It is acknowledged that some of the equalities issues raised in this assessment may be too specific for training to be available. In this case, 'training' will be more informal, and will take the form of:

- building relations with different community groups
- taking advice from specialist services such as Stonewall, the Disability Rights Commission, the Commission for Equality and Human Rights etc
- reading and making use of research undertaken by such services
- feeding back to colleagues on specific issues during team meetings
- possibly commissioning equalities consultants to carry out training with staff on specific issues

Note: There is a legal duty to publish the results of impact assessments. The reason is not simply to comply with the law but also to make the whole process and its outcome transparent and have a wider community ownership. You should summarise the results of the assessment and intended actions and publish them. You should consider in what formats you will publish in order to ensure that you reach all sections of the community.

F1. When and where do you intend to publish the results of your assessment, and in what formats?

The Equalities Impact Assessment will be made available on the Haringey website with the Homelessness Strategy and therefore be available to all.

Details of publication will be made known to:

- Haringey councillors
- Haringey Council's Senior Management Team
- Haringey's Equalities Stakeholder Group. The Stakeholder Group contains representatives from many community groups, and members should be able to comment knowledgeably on all equality strands, and suggest further actions to reduce barriers to homeless services.


## PART G. MONITORING OF ACTUAL EFFECTS

Note: If the proposal is adopted there is a legal duty to monitor and publish its actual effects on people. Monitoring should cover all the six equality strands. The purpose of equalities monitoring is to see how the policy is working in practice and to identify if and where it is producing disproportionate adverse effects and to take steps to address the effects.

The following questions may help guide monitoring:

- Who will be responsible for monitoring?
- What indicators and targets will be used to monitor and evaluate the effectiveness of the policy/service/function and its equalities impact?
- Are there monitoring procedures already in place which will generate this information?
- Where will this information be reported and how often?

You should use the Council's equal opportunities monitoring form which can be downloaded from Harinet. Generally, equalities monitoring data should be gathered, analysed and report quarterly, in the first instance to your DMT and then to the Equalities and Diversity Team.

> G1. What arrangements do you have or will put in place to monitor, report, publish and disseminate information on how you proposal is working and whether or not it is producing the intended equalities outcomes?

Procedures are already in place which monitor by various equality strands. The re-registration exercise planned for 2008-09 will help to fill equalities monitoring gaps. The actions listed above will also help to fill these, and ensure that the Homelessness Strategy and action plan are monitored by all equality strands.

The equality impact of the Homelessness Strategy will be monitored as the Strategy's action plan is monitored. Equalities data will be collected continuously and analysed quarterly, as reporting will be done on a quarterly basis.

The Homelessness Strategy will be monitored by the Housing Improvement Board. This Board will also monitor Haringey's LAA target concerning numbers of people in temporary accommodation. The Homelessness Strategy Implementation Group will carry out and monitor the actions detailed in the Strategy. Each of the 9 priorities will be overseen by its own sub group of this Implementation Group.

These groups will meet on a regular basis, and will each receive equalities reports appropriate to its actions.

## PART H SUMMARY OF IMPACT

In the table below, summarise for each diversity strand the impacts you have identified in your assessment

| Age <br> (Older people/Young people) | Disabled people <br> (including mental health) | Faith Groups | Gender <br> (Men/Women) | Race <br> (Ethnic Groups) | Sexual Orientation <br> (Lesbians/Gay/Bisexual/Transexual) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Young people are a priority group for the Homelessness Strategy. Proposals include the better integration of homeless services with mainstream services for children and young people and placing more emphasis on early intervention and preventative services such as family medication. <br> Further Haringeyspecific research is recommended on the effects of and reasons for homelessness for both children and young both. | There is currently insufficient data regarding disabled people. The housing needs of people with severe and moderate disabilities are likely to be met by Adult Social Care services and the Supporting People programme. Further investigation is proposed into categories of disability amongst homeless people in the borough, which will enable improved targeted support. Investigation is also proposed into the needs of carers, and into support following hospital stays. The Strategy proposes | Religion has not been identified as a major barrier to accessing homelessness services. However, this assessment recognises that ethnicity and religion are often closely related. Groups with high levels of homelessness, such as Black African and Black Caribbean people, are nationally more likely to be Christian or Muslim, and therefore places of worship could be used to target these groups. | Women are identified as a priority group in the Homelessness Strategy. Particularly identified are young, single female parents and women made homeless through domestic violence. <br> This assessment recommends further investigation into the relationship between homelessness, domestic violence and substance misuse. <br> Single men are also identified in this assessment as a priority group. Particularly identified are young men ejected from the | Race is identified in the Strategy as a major factor in homelessness in Haringey. Black African and Black Caribbean groups are identified as a priority, and reasons for homelessness amongst these groups are identified. <br> Further actions are identified to target support to these groups in particular, and to recommend further research into reasons for homelessness amongst White Other groups. | This assessment recognises that there is currently insufficient data to assess the whether LGBT groups are over represented amongst the homeless population. There is currently no evidence that a person's sexuality will influence their access to homelessness provision. <br> Actions are recommended into further monitoring and assessment of this. <br> Further research is also recommended into domestic violence amongst same sex couples, to assess whether current services offer adequate support. |


|  | better partnership <br> working within the <br> council and with <br> other agencies such <br> as mental health <br> services. Those with <br> mental illnesses <br> should benefit from <br> this. | family home and ex <br> offenders. Further <br> actions are proposed <br> into support for these <br> groups. |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |

## PART I SUMMARY OF ACTIONS TO BE IMPLEMENTED

The Homelessnes Strategy Action Plan provides details of all equalities actions, delivery groups and timescales. These are also summarised in the attached document.
Please list below any recommendations for action that you plan to take as a result of this impact assessment.



[^0]:    ${ }^{1}$ Lisa Harker, Chance of a lifetime; the impact of poor housing of children's lives, Shelter; 2008

[^1]:    C1. Who have you consulted on your proposal and what were the main issues and concerns from the consultation?

