

# Somerset Equality Impact Assessment

The [EIA guidance notes](#) will help you complete this assessment.

If you need help or advice please contact Paul Harding. [P.harding@somersetwestandtaunton.gov.uk](mailto:P.harding@somersetwestandtaunton.gov.uk)

<b>Organisation prepared for</b>	<b>Somerset West and Taunton Council</b>		
<b>Version</b>	<b>1</b>	<b>Date Completed</b>	<b>29<sup>th</sup> June 2021</b>
<b>Description of what proposed change or policy is being impact assessed</b>			
<b>SWT Single Homeless and Rough Sleeper Accommodation Strategy (2021 – 2027) and Delivery Plan</b>			
<b>Evidence</b>			
<p><b>What data/information have you used to assess how this policy/service might impact on protected groups?</b> Sources such as the <a href="#">Office of National Statistics</a>, <a href="#">Somerset Intelligence Partnership</a>, <a href="#">Somerset's Joint Strategic Needs Analysis (JSNA)</a>, Staff and/ or <a href="#">area profiles</a>,, should be detailed here</p>			
<p>Report to SWT Executive – Options Appraisal for Canonsgrove (March 2021)  Somerset Homelessness and Rough Sleeper Strategy and Action Plan 2019 to 2023  Somerset Housing Strategy 2019 – 2023  Improving Health and Care Through the Home in Somerset – A Memorandum of Understanding (MoU) (2020)  Homelessness Act 2002  The Homelessness Reduction Act 2017  Domestic Abuse Act 2021  Crisis report “It’s no life at all” 2016  Crisis report “homelessness kills” 2012  NHS Rough Sleepers Report 2019:  <a href="https://www.england.nhs.uk/2019/10/rough-sleepers-in-homeless-hotspots-to-benefit-from-nhsmental-health-outreach/">https://www.england.nhs.uk/2019/10/rough-sleepers-in-homeless-hotspots-to-benefit-from-nhsmental-health-outreach/</a>  <a href="https://www.mentalhealth.org.uk/statistics/mental-health-statistics-homelessness">https://www.mentalhealth.org.uk/statistics/mental-health-statistics-homelessness</a>  Public Health England – Health Matters 2020  <a href="https://www.homeless.org.uk/connect/blogs/2019/feb/13/making-homelessness-services-more-trans-inclusive">https://www.homeless.org.uk/connect/blogs/2019/feb/13/making-homelessness-services-more-trans-inclusive</a></p>			

<https://www.bigissue.com/latest/black-people-are-more-than-three-times-as-likely-to-experience-homelessness>

**Who have you consulted with to assess possible impact on protected groups?** If you have not consulted other people, please explain why?

Comprehensive Equalities Impact Assessments (EIA) were recently completed to inform the development of the Somerset Housing Strategy (2019) and Somerset Homelessness and Rough Sleeper Strategy (2019). Both documents were subject to consultation, seeking the input of those who provide services (accommodation and support) to vulnerable customer groups. These EIA illustrate that it is the vulnerable who are often disadvantaged in relation to housing conditions and housing circumstances. For example (the following list is not exhaustive):

- Age: For the young – increasing incidence of homeless, care leavers and access to supported accommodation and move-on accommodation, overcrowding, rising incidence of case complexity, 'sofa surfing', reluctance to use/lack of awareness of Homefinder; for the elderly - trips and falls, dementia, cold homes, lack of accessible/adapted properties, rising incidence of homelessness.
- Armed Forces Veterans: case complexity, need for support services, access to Homefinder;
- Race and Ethnicity: language barriers, exploitation, overcrowding, hate crimes, failure to meet the housing and health needs of the gypsy and traveller community;
- Disability: increasing complexity of mental health problems for rough sleepers/complex homeless, lack of accessible/adapted properties for physical and mental disabilities;
- Rurality: social isolation, distance from services, distance from gas network (contributing to fuel poverty), lack of transport options.

At a more operational level, we have undertaken detailed needs assessments with everyone accommodated at Canonsgrove. We have also undertaken several case studies which have supported much of the national evidence that exists around statistics on rough sleepers. For example: -

- Average life expectancy of a male rough sleeper is 44 and female rough sleeper 42 (compared to 80 for men and 84 for women in Taunton) (source: Public Health England – Health Matters and Somerset Intelligence website)

- 90% of rough sleeper deaths are male and 10% female (compared to 48% and 52% nationally) (Source Crisis: homelessness kills).
- Suicide accounts for 13% of deaths (source Public Health England)
- Nationally, 84% of rough sleepers are male and 16% female. 6% were aged 25 or younger (and 94% over 25) - Nationally, 64% are UK nationals; 22% EU nationals and 3% non-EU nationals (Public Health England: Health Matters)
- 77% of people sleeping rough experience violence or anti-social behaviour against them (Source: Crisis: It's no life at all)
- 45% had been intimidated or threatened (Source: Crisis It's no life at all)
- 80% of rough sleepers experienced childhood trauma (Source: NHS rough sleepers report)
- 46% had physical health needs. One third nationally are not registered with a GP and homeless people access to A&E services are 8x higher than the average person. (Source: Public Health England)
- 80% of homeless people have reported poor mental health and 45% have been diagnosed with a mental health condition. (Source: Mental Health org.uk)
- Addiction is a big issue. 42% had alcohol misuse needs and 41% had drug misuse needs (Source: Public Health England)
- Nationally, 10.7% of people applying for help with homelessness were black (but only 3% of population) (Big Issue 2020)

It is worth noting that the work over the past year through providing a 'hub' model of support (Canonsgrove) that brings together practitioners on mental health, addiction services, physical health, social care and other support has made a positive difference on many of the above inequalities locally. For example, 9% of deaths nationally are related to liver related disease (Source: Public Health England) and we have brought in Hepatitis screening and treatment. We have also registered everyone with a GP and many of the risk factors associated with rough sleeping above are removed simply through accommodating rough sleepers. The success of collaborative working across health, care and housing can be evidenced at Canonsgrove, which is a rough sleeper hostel that was established under the Government's (Covid) 'Everyone In' initiative. After 12 months of operating, two thirds of the 'highly complex' people at Canonsgrove have either been moved on to settled accommodation or their needs have reduced. This is far better than was achieved previously at other settings. This is an affirmation of the strong partnership working and impact it can have when we all work 'shoulder to shoulder' to address health (and other equalities related) vulnerabilities.

The Single Homeless and Rough Sleeper Accommodation Strategy (SHRSAS) seeks a solution to provide appropriate support and accommodate to complex homeless/rough sleepers into the longer term and therefore will positively affect all the issues outlined above once delivered. Consultation in relation to the SHRSAS has been primarily held with providers of homeless accommodation to consider alternative models of delivering accommodation to this customer group. The consideration of support services is an active ongoing dialogue at the Homelessness Reduction Board, involving representation from all interested support services and provider representation.

In addition, there is ongoing evidence gathering – Public Health are coordinating research into Vulnerability Pathways and Health Needs Assessment. Both will provide a rich source of equalities relevant data to inform the development of specific proposals/future commissioning arrangements. These will be considered by the Homelessness Reduction Board in relation to the recommissioning of support services. The HRB is also seeking to ensure that the ‘customer voice’ is present and able to influence decision making.

### Analysis of impact on protected groups

The Public Sector Equality Duty requires us to eliminate discrimination, advance equality of opportunity and foster good relations with protected groups. Consider how this policy/service will achieve these aims. In the table below, using the evidence outlined above and your own understanding, detail what considerations and potential impacts against each of the three aims of the Public Sector Equality Duty. Based on this information, make an assessment of the likely outcome, before you have implemented any mitigation.

Protected group	Summary of impact	Negative outcome	Neutral outcome	Positive outcome
Age	<ul style="list-style-type: none"> <li>Age needs to be defined differently for complex homeless / rough sleepers. With rough sleepers, the average life expectancy is 44 (men) and 42 (women). The SHRSAS proposes a way forward to provide accommodation and support to this customer group which will inevitably lead to people’s life expectancy increasing. The provision of more supported accommodation, together with additional move-on facilities, will actively help both young and elderly. As will enhanced support services including importantly) tenancy support. Outside the remit of the SHAS, other work such as the regulating HMOs and improvements to Homefinder (digital access) will also help.</li> </ul>	☐	☐	☒
Disability	<ul style="list-style-type: none"> <li>Evidence above shows that complex homeless and rough sleepers are disproportionately affected by poor physical and mental health. The SHRSAS allows resources to be focused on the client group. The strategy will enable us to better match accommodation and individual needs including access and</li> </ul>	☐	☐	☒

	<p>mobility requirements. We recognise that there is a need for 8 units of accessible units of accommodation. The SHRSAS will seek to deliver these. Working with the Homelessness Reduction Board, we shall improve the provision of support services to help tackle poor mental health, and drug and alcohol addictions.</p>			
<b>Gender reassignment</b>	<ul style="list-style-type: none"> <li>Evidence suggests that homeless amongst trans people is disproportionately high, although we have not encountered this locally. Provision of more accommodation (including self-contained) will provide greater capacity to provide safe shelter for single homeless customers including those going through gender reassignment.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Marriage and civil partnership</b>	<ul style="list-style-type: none"> <li>No specific additional outcomes identified. However the recommended option provides SWT with the accommodation capacity to provide safe shelter for single homeless customers status.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Pregnancy and maternity</b>	<ul style="list-style-type: none"> <li>No specific additional outcomes identified as a statutory consideration applies for women who approach the Council and are homeless and are pregnant. We work closely with the Life Project, who have accommodation to support vulnerable women who are pregnant and / or have small children.</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Race and ethnicity</b>	<ul style="list-style-type: none"> <li>There is national evidence to suggest that BAME communities are more likely to suffer from homelessness and rough sleeping. However, we are not seeing this locally. No specific additional outcomes identified. However, the SHRSAS will provide SWT with the accommodation capacity to provide safe shelter for single homeless customers regardless of their race and ethnicity. Similarly, the introduction of a multi-agency 'assessment and referral panel' will enable us to consider individual clients and any issues they may be encountering because of their race/ethnicity.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

	<p>The panel will also perform the same function in relation to the other protected characteristics.</p> <ul style="list-style-type: none"> <li>• Consideration of accommodation matters for the gypsy and traveller community is to be addressed within the Gypsy and Traveller Accommodation Assessment that is due for completion later in 2021. The districts and the county council currently fund Gypsy and Traveller Liaison Officers (GLO) that are available for advice and assistance.</li> </ul>			
<b>Religion or belief</b>	<ul style="list-style-type: none"> <li>• No specific additional outcomes identified. However, the SHRSAS will provide SWT with the accommodation capacity to provide safe shelter for single homeless customers regardless of their religion and beliefs.</li> </ul>	□	□	☒
<b>Sex</b>	<ul style="list-style-type: none"> <li>• Homelessness and rough sleeping disproportionately affects men. However, for women, the impact can often be worse, as they may become extremely vulnerable and subject to the worst excesses of exploitation. Life expectancy for female rough sleepers is less than that for men (although it is chronically poor for both). The strategy has identified a lack of single homeless accommodation exclusively for women. We shall work with partners to enable safe female only provision. The strategy will provide accommodation capacity to provide safe shelter for single homeless customers regardless of sex.</li> <li>• The council and its partners are currently considering the implications of the Domestic Abuse Act 2021. The Act widens and clarifies the definition of domestic abuse, seeks to establish multiagency partnership boards (within the remit of the upper tier authority) and places specific housing requirements on the local housing authority e.g. use of B&amp;B not acceptable for victims of domestic Abuse. The implications of the Act are currently subject to active consideration between all key partners. It will be for the Homelessness Reduction Board working alongside the 'Domestic Abuse Board' to advise the level of need (with the</li> </ul>	□	□	☒

	<p>upper tier authority being responsible for the commissioning of support services) and the housing solutions that need to be established. This work is subject to ongoing dialogue.</p>			
<p><b>Sexual orientation</b></p>	<ul style="list-style-type: none"> <li>No specific additional outcomes identified. However, the strategy provides SWT with the accommodation capacity to provide safe shelter for single homeless customers regardless of their sexual orientation.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<p><b>Other, e.g. carers, veterans, homeless, low income, rurality/isolation, etc.</b></p>	<ul style="list-style-type: none"> <li>The SHRSAS builds on the ambitions and contribution to equality made in the Somerset Housing Strategy and the Somerset Homeless and Rough Sleeper strategy and action plan. This report reflects the sentiments of these strategies.</li> <li>The SHRSAS provides a framework to better match the diverse range of needs which single homeless customers have ranging from access to accommodation that matches their ability to live independently, to accommodation which provides a higher level of support which will increase their opportunity to develop skills and habits which over time will help them sustain independent accommodation.</li> <li>The SHRSAS includes consideration of provision for veterans to ensure these are catered for. The accommodation requirements for armed service veterans are currently met at Victory House, East Reach (10 bed spaces). We consider that, at present, there is no need to increase this provision</li> <li>The SHRSAS seeks to provide accommodation options in Minehead, so that provision is provided to serve rural western sector of the district</li> <li>The SHRSAS will retain and focus SWT resources on the provision of accommodation and support for single homeless and not dilute energy and financial resources in accommodation which the market is able to provide.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Negative outcomes action plan**

Where you have ascertained that there will potentially be negative outcomes, you are required to mitigate the impact of these. Please detail below the actions that you intend to take.

Action taken/to be taken	Date	Person responsible	How will it be monitored?	Action complete
N/A	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>
	Select date			<input type="checkbox"/>

**If negative impacts remain, please provide an explanation below.**

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<b>Completed by:</b>	<b>Mark Leeman</b>
<b>Date</b>	<b>30<sup>th</sup> June 2021</b>
<b>Signed off by:</b>	



<b>Date</b>	
<b>Equality Lead/Manager sign off date:</b>	
<b>To be reviewed by: (officer name)</b>	
<b>Review date:</b>	