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| Somerset Equality Impact Assessment | | | | | | | | | | | | | | | | | |
| Before completing this EIA please ensure you have read the EIA guidance notes – available from your Equality Officer or [www.somerset.gov.uk/impactassessment](http://www.somerset.gov.uk/impactassessment) | | | | | | | | | | | | | | | | | |
| Organisation prepared for (mark as appropriate) | |  | | Yes | | A picture containing graphical user interface  Description automatically generated | | |  | | | |  | | | |  |
| Version | | V1 (working draft – used to inform consultation document and will be updated following consultation) | | | | | Date Completed | | | | 23rd July 2024 | | | | | | |
| Description of what is being impact assessed | | | | | | | | | | | | | | | | | |
| **Somerset Homelessness and Rough Sleeper Strategy and Action Plan 2024 to 2029 (SHRSS) -** this is a statutory document that needs to be revised every five years. It establishes the approach (strategy and actions) for tackling homelessness and rough sleeping within the county of Somerset. It explores how we can prevent homelessness, how we can support those who are homeless, the accommodation requirements for those who are homelessness, and the resources (people and budgets) that are required. The Somerset Homelessness Reduction Board (HRB) is responsible for the SHRSS. The HRB is a partnership of all key agencies that are responsible for tackling homelessness and rough sleeping, including the Council (homelessness, housing, social care and public health services etc), the NHS, Probation, Police, voluntary sector, registered housing providers, drug, alcohol and mental health services (among others)  **This EIA is being prepared for the Somerset Homelessness Reduction Board and Somerset Council** | | | | | | | | | | | | | | | | | |
| Evidence | | | | | | | | | | | | | | | | | |
| **What data/information have you used to assess how this policy/service might impact on protected groups?** Sources such as the [Office of National Statistics](https://www.ons.gov.uk/), [Somerset Intelligence Partnership,](https://www.somersetintelligence.org.uk/) [Somerset’s Joint Strategic Needs Analysis (JSNA](http://www.somersetintelligence.org.uk/jsna/)), Staff and/ or [area profiles](http://www.somersetintelligence.org.uk/district-community-profiles.html),, should be detailed here | | | | | | | | | | | | | | | | | |
| A range of data has been used, and in presented below under the following themes:   * Demographics - ONS & census related information * Homeless service data via Locata & HCLIC * Prevention, Relief and Main duties * Temporary Accommodation * Rough Sleeping data * MEAM/Better Futures data (for clients in supported accommodation/rough sleeping) * Homefinder Somerset data (Choice Based Lettings) * Older Persons accommodation related data * Thrive 16 data (children and young people homeless service) * Homelessness Health Needs Assessment (prepared by Somerset Public Health) * Homelessness and Ethnicity * Displaced Persons Service - data * Homelessness and LGBTQ+ * Gypsy and Travellers - Accommodation Assessment * Rurality related data   Much of this data has been compiled, analysed or cross referenced within a ‘data report’ that is supporting the development of the SHRSS.  **DEMOGRAPHICS – OVERVIEW**  **Summary**   * **General population increases set to continue** * **Ageing population – many of which have significant representation in rural and coastal areas – pressure for specialist accommodation** * **Almost half the Somerset population lives in rural areas** * **Some areas of Somerset have very low social mobility and low educational attainment** * **Rate of migration to the county (internal and from overseas) is likely to increase**    The population of Somerset in 2021 was 571,600, an increase of around 41,600 people since 2011.  This is a rise of 7.8% since 2011 and a 36.9% rise in 40 years since 1981.  This rise is slightly faster than that for England and Wales in the last ten years (England saw a 6.3% rise).  *Somerset has an ageing demographic*. From 2011 to 2021, there was an increase in all five-year age bands above the age of 65, with the largest rise being in the 70-74 population band.  These older ages made up 75% of the population growth in the period. Below 65 the picture is more mixed, with the largest fall in population being in the 40-44 age band.  These figures are shown in Figure 1.  A graph of a number of people with numbers and a number of people with numbers  Description automatically generated with medium confidence  Figure 1: Population Change in Somerset by five-year age bands, 2011-2021  The population is set to continue increasing over the period of the strategy.  The 2018 population projections suggest that the population will rise to 599,300 by 2029, with little change in the numbers of young and working people, and almost *all the growth coming from those of retirement age*.  The population distribution in Somerset shows a contrast between rural and urban.  *Almost half the population (48.5%) live in rural areas*, putting Somerset in the top ten local authorities on this measure.  Services and employment are concentrated in urban areas, with the market towns being the centres of most services for the rural population.  *Rural areas tend to have a much older population structure than the urban*.  *Coastal areas have notably older populations*, with one in three being age over 65, and being ‘on the edge’ have their own issues of peripherality and inaccessibility.  The former district council area of West Somerset, which is both rural and coastal, was identified as having the *poorest social mobility* in the country. Somerset is in the *lowest decile for educational attainment*.  Internal Migration and International Migration: The majority of inward migration is accounted for by people moving to Somerset from elsewhere in the UK as opposed to long-term international migration. Between 2015 and 2020 there was a net increase of 4,230 people due to international migration, compared to a net increase of 16,930 people from elsewhere in the UK. The rate of international migration to Somerset is likely to increase over the coming years, as health and care services (among others) increasing look abroad for staff due to the ongoing difficulties of internal recruitment.  **HOMELESS SERVICE DATA**  **Summary**   * **Prevention duties – single males (23/7%) are the highest category whilst households led by a female (with or without children) accounted for around 45% of all households** * **For those owed a prevention duty – domestic abuse is the third highest reason** * **Relief duties – just over half of the households owed a relief duty are single males. Single females account for 20%** * **Main duty – the top reason for households being in priority need are dependent children, mental health problems, physical ill health etc** * **Somerset has a higher proportion of households in priority with ‘dependent children’ or ‘elderly’, than the regional and national averages** * **There are significant number of families and children in temporary accommodation** * **Those sleeping rough present with a range of (often complex) health conditions, both physical and mental**   In the 5 years between 2018/10 and 2022/23, on average 2,400 households each year approached the councils in somerset as homeless or at risk of homeless and were assessed. This represents 4 out of every 1,000 households in the county.  The Homeless Reduction Act 2017 was one of the biggest changes to the rights of homeless people in England. It effectively bolted two new duties to the original statutory rehousing duty. A duty to ‘prevent’ homelessness, and a duty to ‘relieve’ homelessness (alongside the ‘main’ housing duty).  *Prevention Duty*  The prevention duty applies to all eligible applicants who are threatened with homelessness within 56 days. The proportion of eligible applicants who are owed a prevention duty in Somerset is low, compared to comparator authorities. This is an issue for Somerset, as the opportunity to undertake prevention work is missed if households are only being assessed at the point where they are homeless, and a relief duty is owed. The top three reasons why households in Somerset are owed a prevention duty is as follows (2022/23)   * End of private rented tenancy – assured shorthold * Family/friends no longer willing or able to accommodate * Domestic abuse   Over the 5 years from 2018/19 to 2022/23, on average single male households were the most common household type owed a prevention duty in Somerset. However, there were fluctuations over the 5 years, and that households led by single females with or without children accounted for around 45% of all households on average.   |  |  | | --- | --- | | Category | 2022/23 | | Single Adult - Male | 23.7% | | Single parent with dependent children - Female | 22.5% | | Single Adult - Female | 20.6% | | Couple with dependent children | 17.5% | | Couple / two adults without dependent children | 10.2% | | Single parent with dependent children - Male | 2.2% | | Three or more adults with dependent children | 1.7% | | Three or more adults without dependent children | 1.2% | | Other / not known | 0.4% |   Table 2: Type of household in Somerset owed a prevention duty 2022/23  *Relief Duty*  As stated above, the proportion of households owed a prevention duty is comparatively low. The proportion of households owed a relief duty at the initial assessment has increased over the previous five years from 33.1% to 56%. This is higher than all the other comparator areas.  The top three most common reasons for the loss of their last settled home for households owed a relief duty are (2022/23):   * Family or friends no longer willing or able to accommodate * End of private rented tenancy – assured shorthold * Domestic abuse   The profile of households in Somerset owed a relief duty at the initial assessment is very different to the profile of households owed a prevention duty. On average over the 5 years, just over half of households owed a relief duty were single males, compared to just over a quarter (26%) of households owed a prevention duty.  Single females accounted for a further 20% of households owed a relief duty in Somerset.  *Main duty*  For cases that are regarded as main duty, 67% of all cases are “priority need / unintentionally homeless”. Having dependent children is the most common reason for households being assessed to be in priority need in Somerset over the past 5 years. On average, this accounted for 61.3% of all households owed a main duty. The top ten reasons are as follows:   * Household includes dependent children (61% approx.) * Mental health problems (17% approx.) * Physical disability / ill health (8% approx.) * Other (less than 5%) * Household includes pregnant woman (less than 5%) * Old age (less than 5%) * Domestic abuse (less than 5%) * Vulnerable with children (less than 5%) * Homeless because of emergency (less than 5%) * Young applicant (less than 5%)   When comparing against our comparator local authorities, Somerset has a:   * Higher proportion of households with dependent children as the reason for their priority need than all other areas (61.3% compared to 56.6% for England and 49% across the South-West). * Higher proportion of households with old age as the reason for their priority need than all other areas (3.1% compared to 1.1% for England and 1.5% across the South-West). * Lower proportion of households with pregnant woman as the reason for their priority need than all other areas (3.6% compared to 4.3% for England and 4% across the South-West). * Lower proportion of households with domestic abuse as the reason for their priority need than all other areas except Dorset (2.9% compared to 4.3% for England and 4.9% across the South-West).   *Temporary Accommodation*  Across Somerset, there are approximately 270 bedspaces for Temporary Accommodation (TA). Figures suggest that we currently have 246 households in TA (although this figure needs to be verified).  The breakdown of the 270 available bedspaces are:   1. 184 units provided by 84 bed & breakfast/ hotel providers; and 2. 92 managed units managed by 7 RPs.   Between September 2023 and February 2024, B&B accommodation accounted for between 41% and 47% of all households in TA.  On average these households spent 36 days in B&B accommodation. For single people and couples without children the average length of stay in B&B accommodation was 39 days, whilst for those with children it was 24 days. 12 households with children spent more than 6 weeks in B&B accommodation from 1 April 2023 to 5 March 2024, including 3 households managed by the Refugee Team.  *Rough Sleeping*  The latest Rough Sleeper count (March 2024) shows that there were 75 people sleeping rough in Somerset. Of these, 11 were new rough sleepers, and 19 were returning rough sleepers. From an equality's perspective, our data illustrates the following  Females 13, Males 51  3 are under 25 years of age (2 females, 1 male), 7 were aged between 55 and 65 (all male) and 4 were over 65 (1 female, 3 males)  The vast majority are White British. There are 4 recorded as ‘Other white’ (2 female, 2 male) and 1 is recorded as ‘Other ethnic’ (1 x male)  Mental Health – 13 (22%) are considered to require high support needs (17 are recorded as ‘not known’). Within this, it is worth noting that there is the presence of neurodiversity and learning disabilities.   * Diagnosed neurodiversity – 4 individuals * Undiagnosed neurodiversity presentation - 5 individuals * Learning disability - 3 individuals   Drug dependency – 12 (23%) are considered to require high support needs (22 are recorded as ‘not known’)  Alcohol – 10 (19%) are considered to require high support needs (23 are recorded as ‘not known’)  Domestic Abuse – 22 (52%) are considered to have low of medium support needs, of which 9 are female (33 are recorded as ‘not known’)  **MAKING EVERY ADULT MATTER (MEAM)/ BETTER FUTURES**  **Summary**   * **Those in supported housing present with a range of (often complex) needs, including mental health, addictions, domestic abuse etc** * **Greater collaboration is required amongst support providers** * **Shifts in the levels of support required are necessary** * **Certain types of specialist accommodation are required to meet certain health conditions** * **More supported accommodation needs to be accessible**   MEAM/Better Futures is a collaboration of two programmes that seek to support those within supported housing settings and those sleeping rough. A data collection exercise was undertaken in December 2022, with the intention of supporting future joint commissioning for this cohort of people. A refresh of this data is now underway. There are approximately 600 people within the MEAM/BF cohort. Of these, 75 are rough sleepers (see above). Of the remainder, (approx. 500) a survey was completed by registered housing providers. We had returns for 358 individuals. This gave us a high rate of confidence in the final data. Headline figures are as follows:  Overall numbers: 358 (from a potential cohort of 500+)  Female: 96, Male 251, Not known 11  Age: 50 (including 22 females) were under the age of 25, whilst 37 (including 8 females) were aged 55 or over  Care experience: 32 were care-experienced, of which 11 were female  The table below summarises the data collected regarding support needs relating to health and care. Mental Health needs were present amongst most of the cohort, whilst more than half had some form of drug or alcohol support requirements. The prevalence of drug use is higher amongst males (63%) compared to females (40%). The incidence of domestic abuse was also generally high (40%) - with 60+% of females having been victims. The table helpfully indicates the severity of the support need (note: severity is as assessed by housing provider, and not by statutory service).  Of course, many individuals present with more than one support need (292 individuals of the overall sample size of 358). The graph below displays the type and incidence of multiple support needs.    An analysis of the data shows that males typically present with a higher proportion of combined support needs. For example, 25% of males present with a combination of mental health, drug and alcohol support needs, compared to 17% of females.  In summary the MEAM/BF project concluded the following (as an input to integrated commissioning)   * Better assessment of the needs of our cohort and enabling them to access the right support services to help them recover (Creative Solutions). * A greater focus on the barriers to people moving on from supported accommodation and a whole system approach to overcoming these. This could free up sufficient supported accommodation for those who need it. * A shift in the levels of support available in some settings to enable those with higher levels of need and specialist support needs to be accommodated safely. * Provision of treatment accommodation to support those who want to recover from drug and alcohol misuse. * Review of the need for and options to deliver step-down accommodation for those discharged from hospital, pending appropriate resolution of their housing needs. * An increase in the number of units that are accessible for people with mobility difficulties. * A shift towards more units with self-contained bathroom and kitchen facilities   **HOME FINDER SOMERSET**  **Summary**   * **Just under half of households registered have a main applicant between the ages of 18 and 39** * **Two-thirds of households registered have a woman identified as the main applicant** * **Those households registered as ‘disabled’ are rising** * **Those registered as having a ‘military status’ are rising** * **Ethnic minorities are over-represented on Home Finder** * **There are not enough accessible housing options**     As of 6th March 2024, there were 9,582 households registered with Homefinder Somerset (who had applications that were Live or Offered). The table below provides a breakdown by Band and Bed need.    The sad reality for most households registered with Homefinder is that they will not be successful in finding social housing, given the mismatch between demand and supply. This is illustrated in the table below, which compares the number of households registered who need homes of a particular size, and the number of that size that were let in 2023.    A Homefinder equalities report is produced each year. This seeks to identify trends within the Protected Characteristics. Key headlines from the recent report are summarised below:   1. Just under half (49%) of households registered have a main applicant aged between 18 and 39 years old. This is significantly higher than the proportion of the Somerset population aged between 20 and 39 (21%- 2021 census). A detailed age breakdown is provided below.        1. The West Housing Options Team area (former SWT area) has a larger proportion of households headed by someone over 60 than the other areas (23% comparted to 17%- 20% in the other 3 areas). 2. Two thirds of (66%) of households registered have a woman identified as the main applicant. The proportion of households headed by a woman is significantly different to the profile of the Somerset population, where 51% of the population are female (2021 Census). 3. There has been a rise in those registered as disabled:  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Area/ Year** | **2022** | | **2023** | | | **Numbers** | **Percentage** | **Numbers** | **Percentage** | | **East** | 335 | 16% | 686 | 34% | | **North** | 408 | 16% | 765 | 33% | | **South** | 479 | 19% | 812 | 35% | | **West** | 491 | 13% | 873 | 32% | | **Total** | **1,713** | **16%** | **3,136** | **33%** |      1. The most common disability was a physical disability, followed by mental health issues. See the table below. It should be noted that the data relates to one member of the household. In many cases that person will have more than 1 disability (which explains the difference between 3,136 households stating that someone in their household had a disability, and the 5,177 disabilities reported in the table below). It should also be noted that some households include more than 1 person with a disability.          1. There has been a drop in the percentage of households registered choosing not to answer the questions on their gender reassignment, dropping from 5% to 2%. 2. The number of households with a military status has risen from 156 applicants in 2022 to 271 in 2023. There is also a rise in the percentage of applicants who reported that they need to move because of a serious injury, medication condition (including mental health) or disability sustained as a result of their service (rise from 12.8% in 2022 to 16.2% in 2023), with the highest increase of these household in the West (almost 3 times rather double). 3. There has been a drop on households headed by a woman who is pregnant (8% in 2022 to 5% in 2023). 4. Most households (88%) are headed by main applicants who describe their ethnic origin as White British. This is lower than the proportion of the Somerset population (95% - 2011 census) highlighting that ethnic minorities are over-represented on Homefinder compared to the overall population. The most common ethnic group is White Other at 7%. 5. Accessible housing – the table below shows that just under 2% of households registered with Homefinder Somerset have been assessed by an Occupational Therapist as needing either a fully wheelchair accessible home, partially accessible home or a home with an adapted bathroom. Unsurprisingly, over half of households assessed by an OT as needing either a partially wheelchair accessible home or a home with an adapted bathroom need are those where the youngest person is 55 years old or older (53% and 56% respectively). However, just over two thirds (67.3%) of households assessed by an OT as needing a fully wheelchair accessible home include at least one person under 55. Between August 2021 and February 2024, only 43 (0.8%) of the 5,211 homes let through Homefinder Somerset were wheelchair accessible.       The latest Homefinder Equalities report (Sept 2023) can be found here:[homefindersomerset.co.uk/choice/content.aspx?pageid=3001](https://www.homefindersomerset.co.uk/choice/content.aspx?pageid=3001)  **OLDER PERSONS ACCOMMODATION**  **Summary**   * **Likely to see a rise in demand for single bedroom accommodation** * **A range of tenure options will be necessary to meet demand for older person’s accommodation** * **Over 85’s – will require increased levels of support (as will others)** * **Out of Hospital support needs a multi-agency response** * **There is a growing demand for specialist / retirement housing**     Somerset faces an acute shortage of housing options for older people. As the population ages and people are living and working longer, the nature of demand and housing need will evolve with time.  Age UK Retirement Housing (2019) estimates that (nationally) there will be a 400,000 shortfall in purpose-built housing for older people by 2035. Only 70,114 units of specialist retirement housing offer a care element, and 96% of older households live in mainstream housing.  To put the shortage of housing for older people into context, the National Housing Federation ‘Older Persons Housing Group’ 2024 resource, estimates that (nationally) we need to build 38,000 new homes for rent for older people per year. Of this, 21,000 should be social rented housing to take older, low-income renters out of the private rented sector, and nearly a third should be extra care or sheltered accommodation.  The ageing population in Somerset is likely to see an increased demand for 1 bed homes, as [Somerset Intelligence data](https://www.somersetintelligence.org.uk/older-people/) indicates that half of the occupants of single-person households are aged 65 or more, compared to 41% in England and Wales. This is certainly reflected in recent Homefinder data.  In terms of tenure, nearly 867,000 households nationally are headed by people aged 55 or over are living in the private rented sector and Nov 2023 figures, indicate that two in five older private rented sector tenants (42%) struggle to meet the cost of either bills or essentials or both, and almost half (48%) of older private renters, worry about getting into debt due to their housing and other living costs being too high. The research also suggests that as increasing numbers of middle-aged private renters approach retirement, there will be no affordable housing options available to them.  [www.housing.org.uk/globalassets/files/supported-housing/older-persons-housing-group-resource-2024.pdf](http://www.housing.org.uk/globalassets/files/supported-housing/older-persons-housing-group-resource-2024.pdf)  [www.housingtoday.co.uk/news/nearly-half-of-older-private-renters-worry-about-debt-says-nhf/5126610.article](http://www.housingtoday.co.uk/news/nearly-half-of-older-private-renters-worry-about-debt-says-nhf/5126610.article)  The ‘English Housing Survey: Older peoples housing, 2020-21’ notes that whilst the majority (75%) of older households own their home outright, a quarter still have either rent or mortgage payments. This would cause one to conclude that a range of tenure options should be available for “later living homes” including own outright, shared ownership, as well as rented.  Despite the number of over 85’s living independently in Somerset, people often require increased levels of support to maintain this.  In the UK, it is estimated that around half the care home population moved there after hospitalisation because a return to home is simply not practical, and 15% are admitted because of housing problems linked to mobility issues, illness, frailty and inability to cope at home.  [The LGA](https://www.local.gov.uk/publications/housing-ageing-population%22%20/l%20%22benefits-of-the-right-mix-of-housing-for-older-people) recommend a strategic approach to meeting the housing needs of an ageing population. There is a growing body of evidence about the value and role of older people’s housing, including specialist forms of accommodation such as retirement housing and housing with care. They also recommend a strategic approach to meeting the housing needs of an ageing population, as there are clear benefits of the right mix of housing for older people with a growing body of evidence about the value and role of older people’s housing, including specialist forms of accommodation such as retirement housing and housing with care.  The ageing population will affect every aspect of life and it presents a considerable challenge going forward.  Where older people live, and how they live, has changed significantly in the last twenty years and the aspirations of older people now and in the future will be very different to those of previous generations. Therefore, all types of retirement housing should be considered, and older people’s housing needs strongly promoted as a mainstream issue and factored into the Council’s wider functions and policy. This should include planning policy, economic development, regeneration, community development and transport planning, in addition to strategic housing services.  Locally, and in accordance with the latest survey of Supported Housing produced for Homes in Sedgemoor, there are circa 7,600 units of specialist accommodation in Somerset (private and social).  Approximately 7,000 sheltered and 600 Extra Care.    By 2039, the survey estimated that an additional 9,879 units will be needed (396 per annum) to cope with the increase in over 65s predicted by demographic trends. This would entail the provision of 396 properties per annum. It would be interesting to understand the response from the private un-regulated providers.    However, this figure should be treated with caution owing to the factors of a lifestyle choice, and the shift in the strategic direction, are likely to see more people being supported in their own homes rather than requiring specialist accommodation.  The predilection in the Health & Wellbeing Board, “Improving Lives in Somerset” Strategy, and the Somerset Council Plan for looking after people independently in their own home will be significant.  Accordingly, increased use of assistive technology makes this option more viable in all probability.    On Homefinder Somerset, 1,193 properties were advertised for older persons in the period of 2021- 2024.    The average number of bids by area and bed size are:      **YOUNG PEOPLE AND HOMELESSNESS (THRIVE 16+ SERVICE)**  **Summary**   * **Care Leavers / Homeless – present with a range of vulnerabilities that require support and accommodation (e.g. domestic abuse, exploitation, substance misuse, offending behaviours etc)** * **Coproduction – the voice of the young person is critical to the design of accommodation and for the type of and nature of the support that is necessary**     The Thrive 16 service is the council’s response to the prevention of youth homelessness for 16- to 25-year-olds. Individuals within this group are either Looked After by the local authority and come under Children’s Services or are young people “who are believed to be homeless, eligible for assistance and reason to believe are in priority need” who come under the housing authority. Both groups face very similar challenges and have experienced similar levels of disruption to family life.  Work has been undertaken to understand the needs of 184 young people who were all in the 16+ services, including the former Pathways to Independence (P2I) service (as of August 2022) and evidence highlighted the following vulnerabilities   * 45% at risk of or have experienced domestic abuse * 49% at risk of or have experienced Exploitation (criminal/sexual) * 89% currently at risk of offending behaviours * 41% at risk of substance misuse * 65% suffering with mental health issues * 22% have a learning difficulty * 23% have physical disability/ill health   The concept of the Thrive 16+ service is to prevent youth homelessness by providing targeted prevention measures. If prevention is not possible the service allows young people with housing related support needs to progress along a pathway of outcome-focussed, needs-led provision with support until they are able to sustain independent living. Young people are also supported to enter some form of education, employment or training.  The service was launched in April 2024 and provides 190 bed spaces, plus the ability to spot purchase other bed spaces to meet particular / specific needs. The service supports young people with low, medium and high-level needs and offers a range of good quality, flexible accommodation with strong transport links. The 190 bedspaces are spread evenly across the county (within the main centres of population). 100 bed spaces are supported accommodation for 16–25-year-old children in care and care leavers – including Emergency Accommodation. 90 bedspaces are supported accommodation for 18–25-year-olds who are homeless, eligible and reason to believe in priority need – including emergency accommodation. The service also includes supported accommodation for Unaccompanied Asylum-seeking Children (UASC).  The details of the Council’s approval for this service, including supporting Equality Impact Assessment, can be found via the link below.  [Contract Award for the appointment of providers to deliver related support and accommodation 16-25 y.pdf (somerset.gov.uk)](https://democracy.somerset.gov.uk/documents/s15013/Contract%20Award%20for%20the%20appointment%20of%20providers%20to%20deliver%20related%20support%20and%20accommodation%2016-25%20y.pdf)  Young people are regularly consulted about services. This included a recent exercise where Commissioners undertook storyboarding activity to bring their views to life. The following is a summary of key messages:   * Consistency – there should be fairness and equality for all young people across Somerset * Understanding my triggers and calming strategies for young people is key - ‘get to know me’ * Stick with me - “sometimes I make mistakes” * Sometimes just asking me “How my day has gone” helps - “be interested in me” * No restrictions on rooms in the home – young people should be able to access any room at any time * Welcome packs – I may not know how to use the washing machine or who I need to speak to if something in the home doesn’t work or I want to give some feedback, also, where is the nearest shop * Homes should be cosy and home-like * Staff need to have good relationships and consistent trauma informed training * Activities and entertainment – pool table/games consoles * Fast wi-fi and easy to get on-line – we all need to be able to use it at the same time * Help me make friends * Help me understand tenancy agreements – it's a minefield * ‘Stage not age’ - we are all different * Give me choice about where I want to live, and can I see it before I move in   The calibre, gender, age, values, curiosity and time spent by staff really matters to young people. The voice of the young person needs to be heard and followed through. Schemes need to flex around the needs of the young person (and not vice versa). These are consistent messages. Coproduction is critical in future service design.  **HOMELESS HEALTH NEEDS ASSESSMENT**  **Summary**   * **Emphasises the need for a joint approach across health, care and housing systems, as far as it relates to accommodation and support. This includes pathways and levels of support for (among others)**   + **Mental health support**   + **Substance misuse**   + **Infectious diseases**   + **Dental**     Somerset Public Health produced a HHNA during 2023.  The research describes how homelessness and rough sleeping is a serious societal and complex public health issue, which is an indicator of a fundamental breakdown in a person’s life, with wide-ranging causes and consequences including ill-health. Poor health is a major cause of homelessness, and homelessness and rough sleeping can lead to additional health needs developing and / or exacerbating existing ones.  Understanding the health of people experiencing homelessness and rough sleeping in Somerset is crucial if our understanding of how their needs differ to the general population are to be improved. For example, more effort and targeted approaches are often needed to ensure that health and social care for people experiencing homelessness is available, accessible, and provided to the same standards and quality as for the general population.  The purpose of the HHNA is to support the NHS Core 20 Plus plan for Somerset through the systematic review of a wide range of information and data regarding the health and care needs of the homeless and vulnerably housed cohort of adults living within the county. Whilst the underlying causes of homelessness also include structural, societal and economic factors – such as deprivation, unaffordable housing and exclusion, the focus for the HHNA was to understand the complex and intersecting health needs of this population experience, the key features being identified as **mental health, physical health, substance misuse, access to services and tri-morbidity**.  The ICB in Somerset have identified people experiencing homelessness as a ‘plus population’ within the NHS 2- PLUS 5 local plan (this was agreed on 18th November 2022 at the Population Health Board). Furthermore, the National Rough Sleeper Strategy (DLUHC/Sept ‘22) places a clear expectation that the local ICS take account of the health and societal care needs of people sleeping rough in the area.)  The Somerset HHNA can be viewed here:  [Somerset Homelessness Reduction Board](https://www.somerset.gov.uk/housing-support/homelessness-and-prevention/somerset-homelessness-reduction-board/#Supporting%20documents)  The 13 recommendations arising from the HHNA are:   * 1. ICB to develop an overarching Somerset Homeless People’s Health strategy to underpin the Somerset ICS’s NHS Core 20 Plus commitment where homelessness has been identified as a system priority and adopt the principles for NHS Inclusion Health – once published. * 2. Accommodation and support – Housing (Somerset Council) and Health (NHS) to collaborate with partners on the delivery of strategy, including outreach, residential provision, and a hospital pathway. * 3. Care coordination and continuity of care between settings - including better access to patient data (where practitioners can view and update data which can be seen across health and care organisations). * 4. Mental Health – system leaders and commissioners to acknowledge the scale of the findings around mental health and consider impact of this on future commissioning – e.g., Better Futures etc. * 5. Substance misuse – Somerset Strategic Drug and Alcohol Partnership to review and develop local pathways for inpatient detoxification and residential rehabilitation and build links with housing to develop step down options to prevent homelessness after an acute episode leading to hospital admission. * 6. Health Protection - Prevention, detection and treatment of infections related to injecting drug use - health and care partners to collaborate on improving the data around HVC, HIV, i-GAS etc. to ensure coordinated and targeted activity to improve case finding and reporting and engage clients in prevention and treatment. * 7. Dental Access – The outcomes/findings of the time limited homeless dental access pilot will need to be considered and the learning incorporated into the wider Somerset Homeless People’s Health strategy to inform future approaches and funded activity. * 8. Prevention activity – Housing, Children’s Social Care and Education (School/FE) workforce development regarding the long-term impact of ACEs and trauma and the need for all practitioners to both see and act. * 9. PCN/SFT (Emergency Dept.) mandatory education programme around inclusion health and multiple disadvantage – service leads and patient facing staff (adopt the principles for NHS Inclusion Health – once published). * 10. Adults Social Care a. education programme around self-neglect, executive dysfunction and Care Act legislation – commissioners and operational staff. b. Need for improved data recording – e.g., housing status within Eclipse. c. Improved locality working * 11. Safeguarding - Somerset Safeguarding Adults Board, Somerset Council and NHS to adopt and implement NICE Guidance NG214. * 12. Homeless mortality, Coroner, Medical Examiner - Improved approach to recording, reviewing and understanding deaths amongst the cohort. * 13. Annual data refresh to track progress – NHS, SWASFT, Temporary Accommodation, and coroner (as seen in this report).   **HOMELESSNESS AND ETHNICITY**  **Summary**   * **Ethnic minority groups are over-represented when seeking access to social and affordable housing. This is consistent with national statistics** * **Black and Ethnic Minority groups are 3.5 times more likely to experience homelessness** * **Those from Asian backgrounds are less susceptible to homelessness than white British**   The section exploring Homefinder Somerset data has already noted that ethnic minority groups are over-represented when seeking to access social / affordable housing. At a national level, detailed research and analytics is surprisingly sparce on this topic.  Herriot Watt University published a study exploring this theme during November 2022. This was titled Homelessness Amongst Black and Minoritised Ethnic Communities in the UK. The study explored 8 data sources, including national HCLIC returns, Kantar Public Voice Panel and the English Housing Survey. The key findings are presented below:   * Black and minoritised ethnic communities (as a whole) experience homelessness to a disproportionate degree * Black and mixed ethnic backgrounds are 3.5 times more likely to experience homeless compared to White British * Those of Asian background can be less susceptible to homeless than White British, although there is a disproportionate risk of more hidden aspects such as over-crowding, or 'doubling up' with other households * Homeless risks for different racial and ethnic groups are substantially heightened in London * There is evidence of links between experience of racial or ethnic discrimination and exposure to homelessness. This is especially true of Black people – of those who have experienced homelessness, 32% report discrimination from a social or private landlord * The heightened risk of homelessness faced by some Black and minoritised ethnic communities cannot be explained by socio-economic, demographic and other factors * Race, ethnicity and discrimination related factors can heighten levels of poverty, or the chances of being a renter rather than an owner, which in turn increases exposure to homelessness   The table below shows the homeless application rate by broad region and ethnicity (England 2020)  A graph of different colored bars  Description automatically generated  The table below shows ethnicity by migrant status, percent of households in England (2026-2018)  A graph of different colored bars  Description automatically generated  **DISPLACED PERSONS**  **Summary**     * **Various schemes exist to support displaced persons across Somerset (this includes schemes for Ukrainian, Afghan, Syrian etc)** * **Age, gender, disability, race, ethnicity, religion and belief and language all require careful consideration when seeking to support and accommodate displaced persons**   There are several Government funded schemes operating in Somerset to support displaced persons. These are coordinated by the Council’s Displaced Persons service.   * Asylum Dispersal * Asylum Contingency * Afghan Resettlement * Homes for Ukraine   Alongside this, there exists other schemes such as Vulnerable Persons/Vulnerable Children Resettlement Schemes and Community Sponsorship (e.g. to support Syrian asylum seekers). For Somerset, Government statistics show that 140 individuals arrived under VPRS and Community Sponsorship between 2016-2023.  Since the introduction of Afghan resettlement, Homes for Ukraine and Asylum dispersal and contingency, the numbers have increased to 2040 arrivals from 2021-2024 (excluding VPRS and CS).  We anticipate a growth in asylum dispersal but a reduction in other schemes like Homes for Ukraine.  What we can’t plan for is another global emergency.    For the Displaced Persons service, there are detailed EIA which have helped shaped the format and interventions provided by the service. Some of the issues noted include:   * Age - Under 35s can only access the shared room rate for LHA * Gender – there are often more female arrivals (e.g. homes for Ukraine). For new arrivals, there are often different cultural attitudes towards the role of men and women * Disability needs – could result in a mismatch between those seeking support and available housing options * Race and ethnicity – more arrivals can strengthen community connections and support within groups. Conversely, there are potentially greater risks of hate crime / racism * Religion and belief – access to places of worship needs to be carefully considered * Language barriers – these needs to be carefully considered both in how we provide support individuals and families, and how individuals seek support once settled     The pie-chart provides an overview of first languages spoken – these are based on the asylum seekers in hotel accommodation. Ukranian refugees are not included in this chart.    **GYPSY, ROMA AND TRAVELLERS and NON-BRICKS AND MORTAR (NBM)**  **Summary**   * **There is currently no transit provision in Somerset West and Taunton** * **More permanent pitches are required** * **There were 79 unauthorised encampments during 2023/24 (12-month period)** * **A ‘gypsy and traveller accommodation assessment is currently in preparation** * **The lack of available sites creates a significant number of risks for families and children (as well as impact on local communities from unauthorised encampments)**     GRT and NBM are a distinct ethnic group (comprising many sub-groups e.g. new age, Irish, show persons etc). Their needs are frequently overlooked or (blatantly) dismissed.  There are currently 19 local authority permanent pitches in Somerset:  a) Ilton- 10 pitches  b) Tintinhull- 8 pitches  c) Pitney-1 pitch  There are no transit pitches within Somerset.  The potential pitches in development subject to planning and successful affordable homes bids are in Glastonbury with the following breakdown:   1. Private NBM- 32 pitches 2. Local Authority NBM Permanent pitches- up to 27 pitches 3. Local Authority Transit pitches- up to 11 pitches   Local authorities are required to undertake an annual count of permanent pitches. The latest study (2024) recorded 602 permanent caravans.  Local authorities also monitor unauthorised encampments. The latest figures (for a 12-month period during 2023/24) highlighted that we had 79 unauthorised encampments. The majority of these were in the former Mendip area (35 unauthorised encampments). The lack of any transit provision will be a contributory factor.  Gypsy and Traveller Accommodation Assessment  The council is currently undertaking a Gypsy and Traveller Accommodation Assessment. Thisis being led by Somerset Council’s Planning Policy Team.  The GTAA is an objective identification of residential and transit accommodation needs across our Gypsy, Traveller and Travelling Show person communities.  Somerset Council have commissioned ORS to undertake the GTAA.  ORS will be talking directly with our Gypsy, Traveller and Travelling Show person communities and visiting sites. The GTAA is due to be completed in the Autumn.  The risks of not meeting the demand for Traveller sites can be summarised as follows:    The lack of sites creates a plethora of risks, inclusive of risks on existing sites. For example:   * The lack of security for unauthorised encampments could cause unnecessary stress and anxiety that might lead to unnecessary depression. * The eviction of young families due to their inability to source alternative pitches causes them to move back to live with parents which creates an overcrowded household. Such evictions create barriers to crucial family support ties that could exacerbate physical and mental health effects. * The instances of injuries or illnesses associated with poorly maintained sites such as paths, lights, fire hazards and damp. * The limited access to health services such as the lack of on-site medical treatment, dental needs, screening and immunisation programmes, including the dangers of practices such as sharing prescription medication that are detrimental to overall health and wellbeing. * The instances of discrimination and bullying at school which can have damaging long-term health and wellbeing effects such as serious developmental damage. * The detrimental impact of living in a house and its effect on nerves and depression amongst Travellers. * The lack of accommodation and facilities are a barrier to career and educational attainment for young people.   **HOMELESSNESS AND LGBTQ+**  **Summary**  **Evidence from Stonewall is as follows:**   * **The incidence of mental health concerns, substance misuse and domestic violence is higher among that LGBT population compared to the wider population** * **Almost 1 in 5 LGBT people have experienced homelessness** * **LGBTQ+ organizations often failed to support the complexity of multiple disadvantage, whilst other services failed to address the needs and complexities that came with being LGBT**   Data and insight relating to this topic is sparse. Stonewall have recently published a LGBT health related report (2018), alongside a LGBT Homes and Communities Report (2018). Summary information is provided below:  A white text on a white background  Description automatically generated  Stonewall - LGBT in Britain - Health Report (2018)  A white text on a white background  Description automatically generated  Stonewall – LGBT in Britain - Homes and Community Report (2018)  A screenshot of a message  Description automatically generated  **RURALITY**  **Summary**  **The information below presents a picture of difficulties arising from costs of home ownership, low wages, lack of transport and (sometimes) poor digital infrastructure, empty homes, significant numbers of second / holiday homes, and often a lack of evidence to demonstrate the true nature of rural housing need.**  As noted at the start of this EIA (demographic context), 48.5% of the Somerset population is regarded as rural. Recent work by Somerset Intelligence Partnership (including studies informing the JSNA) show us that (generally):   * Cost of housing – often higher in the rural areas * Wages – often lower in the rural areas * Age – predominately an older demographic (especially so along the coastal areas) * Social mobility – can be poor. The area of West Somerset is the lowest ranked area in England for this measure * Educational attainment – often lower * Empty properties – the area of West Somerset has the highest proportion of empty homes in the Southwest (outside of Torbay) - this is largely due to probate factors * Second / Holiday Homes – these are often concentrated in rural / coastal area. For example, within Dunster/Dulverton and Exmoor, 3.3% of all homes are used as holiday homes. This places extra strain on an already challenging housing market. The County Council’s Network recently explored this topic, and noted that the rising price of rural renting is outpacing rises in London and other major cities (2011 to 2021) * Homefinder demand – demand for affordable housing can often be under-represented in rural areas. The response below from Exmoor National Park expresses the problem:   *Evidence from Housing Needs Surveys conducted on a parish or group of parishes level consistently demonstrates that the level of need for affordable housing in rural areas is greater than evidenced by those households who are registered on Homefinder Somerset, with many households who could potentially express their housing need by registering not doing so as they don’t perceive any opportunities to be rehoused locally.  Grass roots organisations such as Exmoor Young Voices assert that take up is even lower due to other factors such as insufficient access to broadband. Exmoor National Park Authority recently commissioned work by Arc4 and Rural Housing Solutions to look at affordability across the National Park (including parts of Devon) which demonstrated the level of unaffordability throughout the National Park.*  Alongside all the above, we also must acknowledge the difficulties in accessing services, this can be due to lack of services, distance to services, poor public transport provision, alongside (in some places) poor internet and mobile phone connectivity.  A study by the CPRE (2024) has demonstrated that (nationally) rural homelessness has increased by 40% in the past 5 years | | | | | | | | | | | | | | | | | |
| **Who have you consulted with to assess possible impact on protected groups and what have they told you?** If you have not consulted other people, please explain why? | | | | | | | | | | | | | | | | | |
| The content of the SHRSS has been shaped by many partnership conversations over the preceding months. During these conversations, we have repeatedly challenged partners to consider the protected characteristics, and to provide us with insight on matters such as current gaps in service delivery, and how access could be improved for protected characteristics. We have spoken to the following groups   * Homelessness Reduction Board – quarterly meeting plus bespoke sessions * Homelessness Reduction Operations Group – quarterly meetings * Registered Providers (bespoke workshop) * Somerset Strategic Drugs and Alcohol Partnership * SHRSS Project Team (monthly)   In addition, we also embarked on a process of appreciative enquiry (speaking directly to the public with open questions around housing matters) – in venues such as libraries, a GP surgery and community centres.   A summary of these conversations is provided below:   * Frustration over repeated telling of their story and a desire for better sharing of information and joined up working between services. * Personal interactions are important when asking for support. * Difficulty accessing transport means place is even more important. * People’s experiences are dependent on their personal network. * Not enough affordable housing and frustration at inconsistencies in who receives housing. * Threshold creating inconsistencies in what people can get. * More people spoke to us about access to ‘THINGS TO DO’ rather than healthcare or other support services e.g. social networks, green spaces, fun activities. * Difficult to engage with people who have mobility issues as they aren’t as visible in the community. * People raised concerns about the planning processes e.g. pavements   Several young people were involved in the conversations. Their views can be summarised as follows:   * Many of the same concerns as older people. Access to things to do and affordable housing. * Also issues with transport. This is even more important as less of them drive. Taxis are too expensive. * Single young people struggled a lot more to buy/rent properties then those in relationships. If they are single often must share property with others. * Long term concerns about environmental sustainability of new housing and protection from floods. * Difficult to make friends and access community. Isolation is seen as not a big an issue for young people but can be a huge problem. * Involve us with the planning * Listen to our lived experiences   Second Step (provider of floating support services for mental health and addictions) recently undertook an exercise to coordinate ‘Outreach Feedback’. Outreach are services that provide direct (on the streets) support to rough sleepers and those who are vulnerably housed. The following is a summary of the feedback:   * Remote working – very frustrating for clients, especially when English is a second language * Too many agency workers who don’t know the locality * Services not linked up * Services not working effectively * Lack of empathy and compassion for those we support * Lack of outreach * Lack of data sharing * Post code lottery in service quality/access * TA is all about punishing clients (cultural problems) * Inappropriate placement can be traumatising (many are already traumatised) * Services are too selective * Negative attitude towards rough sleepers * Mental health needs to be much better accommodated for – clients being declined due to MH conditions, which makes their MH worse * We need better ways of working with foreign nationals * Comms between agencies requires improvement   The above feedback is highly relevant. Much of this is generalist in nature (not specific to protected characteristics) but what is shows is a very challenging operating environment. This will be particularly so for those with protected characteristics.  During July 2024 we held a EIA workshop with Somerset Independence Plus, who are the Council’s provider of adaptations services for the elderly and this with disabilities. Some of the main headlines from that workshop include:   * People within the service are at less risk of homelessness than those without the service * Some properties cannot be adapted * Direct matching (choice-based lettings) and traffic lighting of HRA properties (for adaptability) should be considered * Hoarding is a widespread issue, and real risk to tenancy * More needs to be done (multi-agency) to support out of hospital placements * More systems thinking is required * Children can be indirectly affected by DGF policies i.e. delay can worsen conditions   Within the EIA we note that for some services (e.g. Thrive 16+) some consultation has already occurred with service users. I have summarised this in the preceding sections.  Over the Summer we propose further consultations. We shall undertake the following:  Lived experience – working with partners to talk directly with those who have lived experience (this includes various settings). This includes armed forces veterans, gypsy and travellers, social housing tenant groups, Homefinder Somerset customers, those within supported housing (various)  General Public – a set of general questions that all members of the public are invited to respond to  Organisations and Partners - targeting various partners with a consultation document and inviting feedback.  Responses to the above will be used to inform and update this EIA | | | | | | | | | | | | | | | | | |
| 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** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Younger people – affordability of rent/mortgage can force them into unstable accommodation /homelessness * 40-50 – Job loss and possible impact of recruit-ability? * Older People – loss of partner impacting affordability of property. * Older People – support network (family, friends and services) to maintain occupation in current home? * Cost of living driving more families in to temporary accommodation has resulted in more homeless children. * An aging population of elderly people indicates a growing need for increased mobility and mental health/dementia accommodation due to impacts of aging. * Young people – educational attainment and social mobility impacting on job prospects and ability to afford accommodation. * Young People – design of potential schemes not meeting the needs of young people in supported accommodation. * Young People – Local Housing Allowance – only available for shared room rate if under 35. Limited Houses of Multiple occupancy means there is limited options for this group * Older people – increase in older people becoming homeless later in life. * Older people – increase in those rough sleeping (aged 55 and over) * Children – can be indirectly impacted by DFG policies i.e. delays can lead to further issues and problems * Children – when made homeless, can often find themselves placed away from their current school. This is disruptive and emotionally challenging   **Barriers to accessing service**   * Older people – digital exclusion * Younger people – understanding where to get help from * Younger people – fear/wary of authority/confidence to approach Local Authority * Older people – pride of admitting they need help * Older people – require a range of accommodation and tenures dependent on need * Young people – exclusion due to reliance on public transport. * Younger people – language used not plain English * Younger People – communication route – online preferred format.     **Impact on sustaining housing tenancy**   * Younger people – affordability of rent/mortgage? * 40-50 – job loss and possible impact of recruit ability? * Older People – loss of partner impacting affordability of property. * Older People – support network to maintain occupation in current home? * Young People – relatability of support workers for young people. This can then create a barrier to good communication that could affect accommodation. * Young people – to have ownership of the scheme they are living in. This will create greater stability. * Children – when made homeless, can often find themselves placed away from their current school. This is disruptive and emotionally challenging | | | | | | | | | | |  | |  | |  | |
| **Disability** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Physical accessibility of property or ability to make necessary adaptations. * Physical – availability of adaptable and accessible properties. * Mental Health (including hoarding) – impact on maintenance, paying, and impact on neighbours – risk of losing tenancy * Learning disability – understanding the potential situation they are getting in to. * Neuro Diversity – dyspraxia - understanding of payments and potentially under or overpaying. * General – impact of hate crime/ASB * Relationship breakdown because of disability (Landlord or Tenant) * Mental Health – severe multiple disadvantage impacting on response deadlines. * Services operating in silos – not coordinated o support disadvantage/severe multiple disadvantage * Some properties are unable to be adapted to meet specific health needs * Can lose adapted properties to those without disabilities due to choice based letting   **Barriers to accessing service**   * Sensory – being able to understand information provided for support and communication in your language/method * Physical - reduction in opportunities for face-to-face access * All – support provided by third party not being there impacting on how people access service/undertake tasks for themselves. * Learning – understanding the information provided if not in plain English/explain to them. * Mental Health – severe multiple disadvantage impacting on response deadlines. * Meeting communication need and processing time for people to engage effectively in the service. * Services not coordinated / not operating a ‘no wrong door’ approach   **Impact on sustaining housing tenancy**   * Physical accessibility of property or ability to make needed changes. * Mental Health (including hoarding) – impact on maintenance, paying, and impact of neighbours – can lose tenancy * Learning disability – understanding the potential situation they are getting in to. * Neuro Diversity – dyspraxia -understanding of payments and potentially under or overpaying. * General – impact of hate crime/ASB * Relationship breakdown because of disability (Landlord or Tenant) * Mental Health – severe multiple disadvantage impacting on response deadlines. * Impact of speed that adaptations and support are being implemented when leaving hospital/other institutions can affect people leaving these quickly * Lack of coordination between services – people falling between the gaps of service provision * Some properties are unable to be adapted to meet specific health needs | | | | | | | | | | |  | |  | |  | |
| **Gender reassignment** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * General – impact of hate crime/ASB * Family breakdown (young person/partner) because of coming out. * Relationship breakdown because of transitioning (Landlord or Tenant) * Financial impact of transitioning – additional cost/change or loss of job   **Barriers to accessing service**   * Perception of staff response to individuals * Ability to change name/gender and it not impact on sustaining the work that has already happened. * Misunderstanding and information incorrect. * Services not actively promoting inclusivity   **Impact on sustaining housing tenancy**   * General – impact of hate crime/ASB * Family breakdown (young person/partner) because of coming out. * Relationship breakdown because of transitioning (Landlord or Tenant) | | | | | | | | | | |  | |  | |  | |
| **Marriage and civil partnership** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Relationship breakdown   **Barriers to accessing service**   * Impact of relationship breakdown on banding/ability to apply   **Impact on sustaining housing tenancy**   * Relationship breakdown | | | | | | | | | | |  | |  | |  | |
| **Pregnancy and maternity** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Within supported housing - if an individual becomes pregnant this will impact their tenancy? * Relationship breakdown because their landlord doesn’t want a child in the house (Landlord or Tenant) * Suitability of currently accommodation – on the 4th floor no lift, no outside space, studio/single room).   **Barriers to accessing service**   * Ability to access service effected by availability of childcare * Post natural depression or long term stay in hospital   **Impact on sustaining housing tenancy**   * If become pregnant in a House of Multiple Occupancy – could this impact your tenancy? * Relationship breakdown because their landlord doesn’t want a child in the house (Landlord or Tenant) * Suitability of current accommodation – on the 4th floor no lift, no outside space, studio/single room). | | | | | | | | | | |  | |  | |  | |
| **Race and ethnicity** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * General – impact of hate crime/ASB * Cultural competency e.g. when to put the bins out and how. This could lead to community tension. * Availability of suitably sized properties for multigenerational/larger families * Understanding cost expectations (refugees/migrants) * Lack of English skills – potentially spoken but not able to read * Migrant workers - access to public transport/reliance on a single driver * Adaptability to a more diverse county * Lack of suitable permanent and temporary gypsy and traveller provision has resulted in members of this community stopping in unsuitable places. * Migrant workers being housed in areas where there is no access to cultural/religious facilities and support   **Barriers to accessing service**   * Lack of English skills – potentially spoken but not able to read (literacy) * Perception (reality in some cases) of staff response to individuals * Misunderstanding expectations and information incorrect. * Cultural competency of the service to be able to understand and respond effectively.   **Impact on sustaining housing tenancy**   * General – impact of hate crime/ASB * Understanding cost expectations (refugees/migrants) * Lack of English skills – potential spoken but not able to read * Cultural competency e.g. when to put the bins out and how. This could lead to community tension. * Migrant workers - access to public transport/reliance on a single driver * Lack of access to cultural / religious facilities and support * Lack of appropriate provision e.g. transit and permanent pitches for gypsy and traveller community * National data shows that certain ethnic groups are more likely to be homeless or have greater barriers to accessing services. | | | | | | | | | | |  | |  | |  | |
| **Religion or belief** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * General – impact of hate crime/ASB * Cultural competency – shoes on the road as not worn in the house * Availability of suitably size properties for multigenerational/larger families * Understanding cost expectations (refugees/migrants) * Lack of access to cultural / religious facilities and support   **Barriers to accessing service**   * Perception (reality in some cases) of staff response to individuals * Misunderstanding and information incorrect.   **Impact on sustaining housing tenancy**   * General – impact of hate crime/ASB * Understanding cost expectations (refugees/migrants) * Cultural competency – shoes on the road as not worn in the house * Lack of access to cultural / religious facilities and support | | | | | | | | | | |  | |  | |  | |
| **Sex** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Relationship breakdown * Domestic Violence * Women living longer with potentially smaller pensions * Menopause impact from depression brain fog * Lack of female only / bespoke accommodation and support * Women at higher risk when having to sleep rough * Men – at higher risk of sleeping rough     **Barriers to accessing service**   * Security of staff – domestic abuse survivor * Women – having access to female support workers when necessary * Men – having access to appropriate mental health support   **Impact on sustaining housing tenancy**   * Relationship breakdown * Domestic Violence * Women living longer with potentially smaller pensions * Menopause impact from depression brain fog * Men – unable/unwilling to access support for mental health and other conditions | | | | | | | | | | |  | |  | |  | |
| **Sexual orientation** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * General – impact of hate crime/ASB * Family breakdown (young person/partner) because of coming out. * Relationship breakdown because of transitioning (Landlord or Tenant)     **Barriers to accessing service**   * Perception of staff response to individuals * Misunderstanding and information not correct. * Referring to wife/husband * Services not promoting inclusivity and welcome mat   **Impact on sustaining housing tenancy**   * General – impact of hate crime/ASB * Family breakdown (young person/partner) because of coming out. * Relationship breakdown because of transitioning (Landlord or Tenant) | | | | | | | | | | |  | |  | |  | |
| **Armed Forces (including serving personnel, families and veterans)** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Mental Health – PTSD and impacts of conflict * Drug and alcohol usage * Relationship breakdown * Lack of support network – no home or move on accommodation * Lack of a social network * Lack of purpose * Physical disability because of conflict – accessibility of accommodation and speed at which social support can be removed     **Barriers to accessing service**   * Too much information and support – not knowing where to go for help because too many options. * Mental Health – PTSD and impacts of conflict * Knowing what is available as not been part of wider society. * Pride   **Impact on sustaining housing tenancy**   * Mental Health – PTSD and impacts of conflict * Drug and alcohol usage * Relationship breakdown * Lack of a social network * Lack of purpose * Physical disability because of conflict – accessibility of accommodation and speed at which social support can be removed. * Unable / unwilling to access support for mental health conditions | | | | | | | | | | |  | |  | |  | |
| **Other, e.g. carers, low income, rurality/isolation, etc.** | **Drivers/contributory factors to homelessness and rough sleeping around equality**   * Cost of rents/mortgages * Not enough affordable provision, not enough social housing * When made homeless in a rural community, you may miss out on a local housing allocation because someone (from elsewhere) will be a higher priority. Conversely, people may be allocated rural properties when they do not wish to be a in a rural area. * Not enough understanding of rural housing need to influence the provision of new affordable housing in rural areas * NIMBYism   **Barriers to accessing service**   * Internet access * Access to public transport * Functionality of Homefinder on mobile phone? – cost implication of computer/laptop. * Not enough income * Not enough affordable housing   **Impact on sustaining housing tenancy** | | | | | | | | | | |  | |  | |  | |
| **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** | | |
| Age: Work with young people to continue to coproduce young people housing schemes. | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Regular promotion of Accessibility/adaptability on Homefinder. | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Co-commission different types of accommodation to meet specialist needs such as step down and treatment accommodation | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Staff need to be upskilled and trauma informed in all housing and related services. | | | | | Select date | | |  | |  | | | | |  | | |
| Disability / others: Continued co-production / co-commissioning to support severe multiple disadvantage (better futures/MEAM) | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Work with Adult Social Care to improve joined up working with, and understanding of, housing and homelessness services. | | | | | Select date | | |  | |  | | | | |  | | |
| Disability/Age: Autism training for Housing and Homelessness staff. | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Review processes to make sure reasonable adjustments are implemented correctly and staff are aware of the requirements. | | | | | Select date | | |  | |  | | | | |  | | |
| Sexual Orientation/Gender Reassignment: Ensure that policies and publications (including web) use inclusive language and imagery. | | | | | Select date | | |  | |  | | | | |  | | |
| Sexual Orientation/Gender Reassignment: Train staff in what to ask, how to ask it and why it matters. | | | | | Select date | | |  | |  | | | | |  | | |
| Sexual Orientation/Gender Reassignment/Race and Ethnicity: Contact groups and organisations that provide support to LGBTQ+, BME and other minority communities. Make organisations aware of what is going on, about issues relating to homelessness and rough sleeping, make connections and signpost | | | | | Select date | | |  | |  | | | | |  | | |
| Age/Disability: Supported and Specialist Housing Strategy | | | | | Select date | | |  | |  | | | | |  | | |
| Various: Lived experience (including LGBTQ+ and BME). Seek input from specialist organisations, advisers, trainers and partners. | | | | | Select date | | |  | |  | | | | |  | | |
| Gender: There is a need for female only accommodation to support victims of domestic abuse, as well as to provide support for those who have been sleeping rough | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Bespoke accommodation such as step down and treatment accommodation | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Adaptations – need more - Direct matching / traffic light system | | | | | Select date | | |  | |  | | | | |  | | |
| Disability: Patients that are medically fit for discharge (out of Hospital) – needs more systems wide consideration | | | | | Select date | | |  | |  | | | | |  | | |
| Age/Gender: More affordable housing solutions to ensure that any stay in B&B is avoided / length of stay reduced | | | | |  | | |  | |  | | | | |  | | |
| Disability/Gender/Age etc: Coproduction/co commissioning of support services | | | | |  | | |  | |  | | | | |  | | |
| Disability/Gender/Age etc: Supported and Specialist Housing Strategy | | | | |  | | |  | |  | | | | |  | | |
| Disability: More accessible supported accommodation/more accessible affordable accommodation | | | | |  | | |  | |  | | | | |  | | |
| Race/Ethnicity: Undertake and complete a Gypsy and Traveller Accommodation Assessment. Ensure that recommendations are deliverable. | | | | |  | | |  | |  | | | | |  | | |
| Rurality: Seek to gain a greater understanding of rural housing need, by forging closer ties with organisations supporting rural communities including ENP, AONB services, Parish Councils and wider VCSE | | | | |  | | |  | |  | | | | |  | | |
| Armed Forces: Ongoing dialogue with SAFP to understand where further improvements can be made to both accommodation and support | | | | |  | | |  | |  | | | | |  | | |
| Disability: For those leaving institutions, consider the development and adoption of a ‘Duty to Refer’ protocol | | | | |  | | |  | |  | | | | |  | | |
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| **If negative impacts remain, please provide an explanation below.** | | | | | | | | | | | | | | | | | |
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| **Completed by:** | | | Mark Leeman (on behalf of the Somerset HRB and the SHRSS Project Team) | | | | | | | | | | | | | | |
| **Date** | | | 23rd July 2024 | | | | | | | | | | | | | | |
| **Signed off by:** | | |  | | | | | | | | | | | | | | |
| **Date** | | |  | | | | | | | | | | | | | | |
| **Equality Lead sign off name:** | | |  | | | | | | | | | | | | | | |
| **Equality Lead sign off date:** | | |  | | | | | | | | | | | | | | |
| **To be reviewed by:** (officer name) | | |  | | | | | | | | | | | | | | |
| **Review date:** | | |  | | | | | | | | | | | | | | |