Equality Impact Assessment: Street Outreach Service for Rough Sleepers

A brief description of the function, policy or service being assessed

This EIA provides an assessment of the equalities impact of the proposals included in a GW1 procurement strategy report recommending approval to commission a new Street Outreach Service for rough sleepers service contract.

This EIA is underpinned by information and intelligence from the following sources:

i.   2020-21 data from the Combined Homelessness and Information Network (CHAIN)[1], a multi-agency database that holds information about people sleeping rough and the wider street population in London. CHAIN is commissioned and funded by the Greater London Authority (GLA) and is coordinated by St Mungo's, a registered charity providing services for homelessness and rough sleeping.
ii. 2020-21 contract monitoring data from the council's commissioned Street Population Outreach Team service contract delivered by St Mungo's and providing the scope of services to be recommissioned
iii. Evidence gathered from market engagement in 2018-19
iv. Public Health Joint Strategic Needs Assessment[2]

References to additional published documents will be cited throughout.

The scale of rough sleeping in Southwark in 2020-21

567 people were seen sleeping rough in Southwark in 2020-21. This represents a 3% increase when compared to 2019-20, and a 56% increase when compared to 2017-18. Of the 567, 62% (351) were new rough sleepers who had never been seen sleeping rough before 2020-21, 27% (152) had been seen sleeping rough over a period of two consecutive years and 11% (64) were returners to the streets having first been identified prior to 2019-20, but not during 2019-20, before being seen in 2020-21.

279 (49%) of the people sleeping rough in Southwark in 2020-21 were seen on only one occasion. Of those new rough sleepers in 2020-21, 61% were seen on only one occasion during the financial year.

Users of the proposed service

The service will engage with any individual sleeping rough in the London Borough of Southwark, regardless of protected characteristic or immigration status.

Rough sleepers are a group of people that experience some of the most severe health inequalities and evidence much poorer health than the general population. Users of

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[1] https://data.london.gov.uk/dataset/chain-reports
[2] https://www.southwark.gov.uk/health-and-wellbeing/public-health/health-and-wellbeing-in-southwark-jsna/population-groups-and-communities?chapter=5

the proposed service are likely to be facing significant difficulties in multiple areas including:

- Physical ill-health, including positive blood borne virus status and issues arising from exposure to poor living conditions
- Difficulty in maintaining personal hygiene
- Poor nutrition
- Mental ill-health, including dual diagnosis (concurrent drug and / or alcohol use and mental ill-health), trauma and high levels of stress from living on the streets
- Drug and / or alcohol use
- Legal issues, including involvement with the Criminal Justice System
- Limited literacy skills
- Language barriers
- No recourse to public funds
- Stigmatisation and discrimination
- Domestic abuse
- Social exclusion
- Safeguarding
- Difficulties engaging with support services
- Difficulties in retaining suitable accommodation
- Lack of support network

Equalities analysis

People who fall within a number of the identified protected characteristics groups are key users of the service. However, data and intelligence does not capture a breakdown of service usage for all of the protected characteristics. Available data includes:

- Age
- Race
- Sex (Gender)
- Disability (some impairments)

There is no systematic recording of wider disability, religion and belief, gender reassignment, marriage and civil partnership, pregnancy and maternity or sexual orientation for rough sleepers. Information about service users falling within these protected characteristics is available to the current service where there is self disclosure, but this is not currently monitored via the CHAIN database or other systems.

Age

People seen rough sleeping in the year, by age.
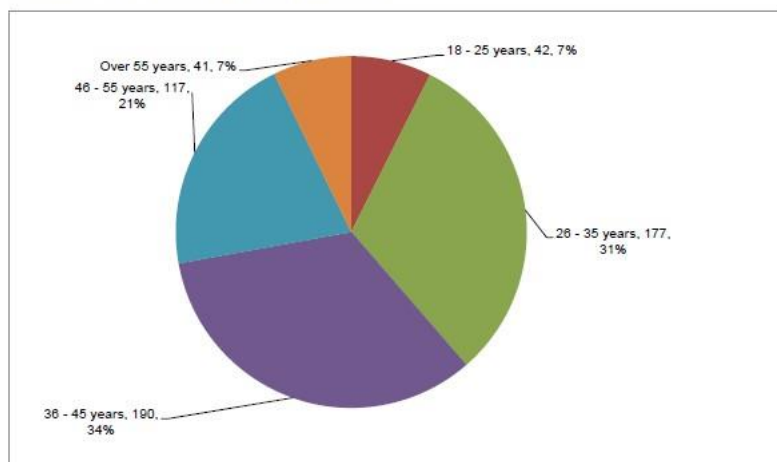
Base: 567

Source: CHAIN database, Southwark annual report 2020-21

People sleeping rough experience the most severe health inequalities with higher rates of premature mortality. Whilst recorded data does not correlate support needs against age, in 2020-21, 45% of people seen sleeping rough had a mental health need, 37% had a drug treatment need, 28% had an alcohol treatment need and 34% had more than one of an alcohol, drug or mental health need. Not only do drug and / or alcohol use and mental ill-health bring a range of adverse health impacts, they are also a cause and consequence of rough sleeping as people struggle to retain suitable accommodation and maintain relationships with others.

Extended periods of rough sleeping can bring on premature ageing and result in the earlier development of age-related health conditions, such as frailty. The average age of mortality amongst the rough sleeping population is 47 for males and 43 for females[3], compared to 77 amongst the general population. There is a significantly increased risk to health and wellbeing as a result of a life on the streets, and later life for the rough sleeping population, particularly those entrenched rough sleepers that have been on the streets for extended periods, is much earlier than for the general population.

21% of people seen sleeping rough in the borough in 2020-21 were over the age of 46 years; although not classed as older people[4] due to their younger age, they may have support needs commensurate with services for older people, but do not meet the criteria as they are too young. Older homeless people, and arguably those with premature ageing, experience a wide range of challenges[5] including:
   i.   lack of specialist services and accommodation options that recognise their complex support needs;
   ii.   increased vulnerability to abuse, exploitation, and bullying;
   iii.   acceleration of poor health issues

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[3] https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping
[4] Age UK define older homelessness as people aged 55 years and over
[5] https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/housing-and-homes/ppp_older_homelessness_england.pdf

iv.   hospital discharges onto the streets without linkage to appropriate support services;
v.   high prevalence of mental ill-health, sometimes in concurrence with drug and / or alcohol use;
vi.   identification and treatment of depression and dementia
vii.   social isolation

When considering rates of people seen sleeping rough in Southwark in 2020-21, by experience of institutional history, 32% had been to prison, and 57% had experience of the armed forces, care and prison. Whilst data is not available to correlate institutional history with age, older people are more likely than younger people to be homeless when released from prison, and this is compounded by all of the challenges that older people face.

People seen rough sleeping in the year, by experience of armed forces, care or prison.
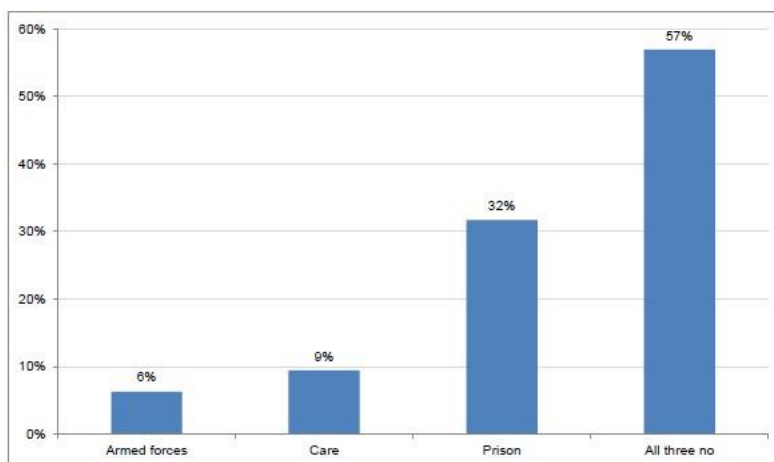
Base: 413. Note that the base figure for this chart excludes people for whom none of the three institutional histories were recorded (154).

Nationality of rough sleepers with experience of armed forces:

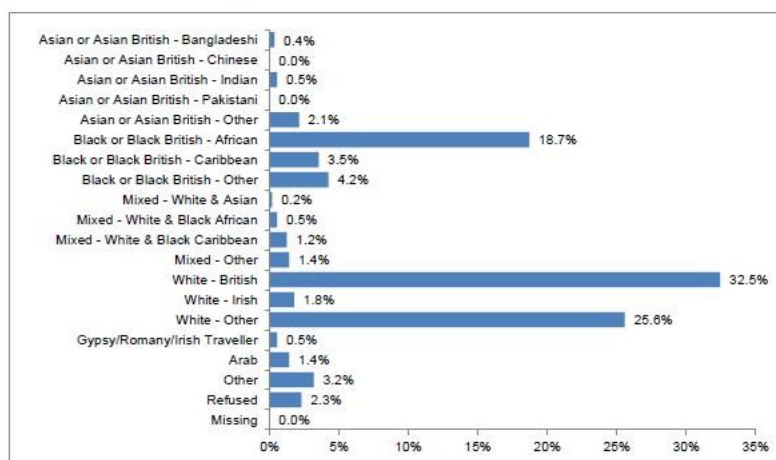| Nationality	No.	%
UK	7	2%
Non-UK	19	5%
Total with armed forces experience	26	6%
Base (total assessed)	413	

Source: CHAIN database, Southwark annual report 2020-21

Whilst the number of young people seen sleeping rough during the period is relatively low, special consideration is warranted in terms of the particular challenges that homeless young people may face, including increased exposure to abuse and exploitation.

The impact of the proposed service is considered to be positive for all age groups. Early identification and intervention for people new to the streets and a rapid response to facilitating access to appropriate support pathways and suitable accommodation will help to prevent and reduce the adverse health implications of extended periods living on the streets. Effective partnership working arrangements will be developed with a range of agencies and services, including those supporting people within specific age groups, such as children's social care and older people services, to ensure age-appropriate care and support is accessible.

Race

People seen rough sleeping in the year, by ethnicity.

Asian or Asian British - Bangladeshi: 0.4%
Asian or Asian British - Chinese: 0.0%
Asian or Asian British - Indian: 0.5%
Asian or Asian British - Pakistani: 0.0%
Asian or Asian British - Other: 2.1%
Black or Black British - African: 18.7%
Black or Black British - Caribbean: 3.5%
Black or Black British - Other: 4.2%
Mixed - White & Asian: 0.2%
Mixed - White & Black African: 0.5%
Mixed - White & Black Caribbean: 1.2%
Mixed - Other: 1.4%
White - British: 32.5%
White - Irish: 1.8%
White - Other: 25.6%
Gypsy/Romany/Irish Traveller: 0.5%
Arab: 1.4%
Other: 3.2%
Refused: 2.3%
Missing: 0.0%

Base: 567

In order to bring CHAIN recording into line with usage in the national census, the previously employed category 'Chinese' has been renamed as 'Asian or Asian British - Chinese'.

Nationality	Flow No.	Stock No.	Returner No.	Total No.	Total %
UK	164	78	34	276	51.8%
Bulgaria	0	4	0	4	0.8%
Czech Republic	1	3	3	7	1.3%
Estonia	0	0	0	0	0.0%
Hungary	4	3	1	8	1.5%
Latvia	6	2	2	10	1.9%
Lithuania	3	7	0	10	1.9%
Poland	14	15	2	31	5.8%
Romania	13	11	4	28	5.3%
Slovakia	2	1	1	4	0.8%
Slovenia	1	0	0	1	0.2%
CEE subtotal	*44*	*46*	*13*	*103*	*19.3%*
Portugal	7	2	0	9	1.7%
Italy	5	4	1	10	1.9%
Ireland (Republic of)	1	3	1	5	0.9%
France	3	0	0	3	0.6%
Spain	1	1	2	4	0.8%
Other European (EEA) countries	1	1	2	4	0.8%
Other Europe (EEA) subtotal	*18*	*11*	*6*	*35*	*6.6%*
Other Europe (Non-EEA)	1	0	1	2	0.4%
Other Europe (Not known)	3	0	0	3	0.6%
Eritrea	27	0	0	27	5.1%
Somalia	3	2	0	5	0.9%
Sudan	3	0	0	3	0.6%
Nigeria	14	1	0	15	2.8%
Other African countries	29	5	5	39	7.3%
Africa subtotal	*76*	*8*	*5*	*89*	*16.7%*
India	0	1	1	2	0.4%
Afghanistan	7	0	0	7	1.3%
Iran	0	0	0	0	0.0%
Other Asian countries	3	0	0	3	0.6%
Asia subtotal	*10*	*1*	*1*	*12*	*2.3%*
Americas	6	3	2	11	2.1%
Australasia	2	0	0	2	0.4%
Not known	27	5	2	34	
Total (excl. Not known)	**324**	**147**	**62**	**533**	**100.0%**
Total (incl. Not known)	**351**	**152**	**64**	**567**	

Note: Total excluding not known is used as base for percentages.

Source: CHAIN database, Southwark annual report 2020-21

Most people sleeping rough in Southwark in 2020-21 were white (59.9%), with 32.6% identifying as white-British. Over a quarter (26.4%) identified as black or black British ethnicity. A breakdown of the nationalities of the rough sleeping cohort in 2020-21 evidences a wide range of countries and continents of origin. The highest number of non-UK rough sleepers new to the borough's streets in 2020-21 originated from African countries, with very low numbers of African people sleeping rough in 2019-20, or as returners from pre-2019-20. Language barriers may affect engagement with non-

UK rough sleepers, as well as a distrust of services for people concerned about their immigration status and potential reconnection to their area or country of origin. No recourse to public funds also poses challenges in terms of the limitations of being able to access care and support where rough sleepers do not meet the eligibility criteria. Additionally, the underlying causes of rough sleeping may be different for these groups, and their engagement with services may be affected by discrimination and racism.

Sub-groups of European Economic Area (EEA), non-EEA, and African communities include people identified as asylum seekers, refugees and migrants, all of which can be considered to increase vulnerability in relation to homelessness status. Discrimination and stigma may contribute to challenges in accessing care and support options in addition to the impact of no recourse to public funds impacting on eligibility for services. For those people that have escaped to the UK from a traumatic situation in their country of origin, they may have significant support needs in relation to the effects of trauma and may not be able to access an appropriate tier of care and support to sufficiently address the impact of trauma.

The impact of the proposed service is considered to be positive in terms of race. The service will be required to provide an equalities, diversity and inclusion informed approach in its delivery to all rough sleepers, which is culturally appropriate and which recognises that a different response may be needed. This will be monitored as part of the contract review process. In order to safeguard against inappropriate or insufficient care for Black, Asian and Minority Ethnic people sleeping rough, and to ensure that the council has assurance in this regard prior to an award of contract, the tender will include assessment of equality, diversity and inclusion as a pass/fail requirement.

Sex (Gender)

People seen rough sleeping in the year, by gender.
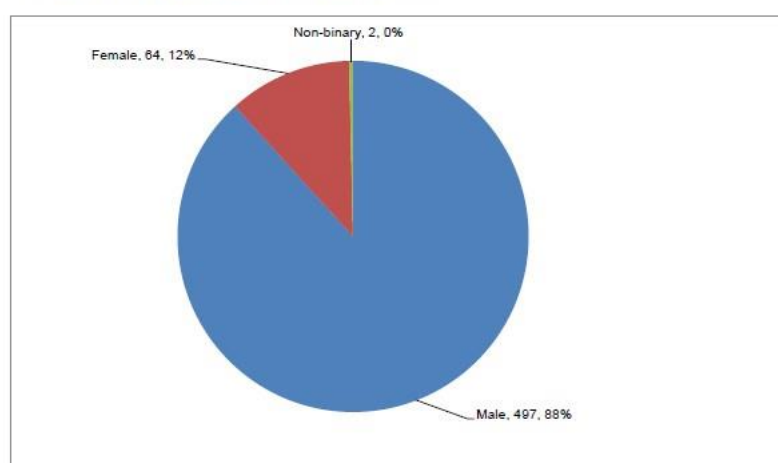
Base: 563 people seen rough sleeping whose gender was known. This excludes 4 people whose gender was not known.

Source: CHAIN database, Southwark annual report 2020-21

The vast majority of people sleeping rough in Southwark in 2020-21 were male (88%), reflecting the national picture of a disproportionate effect on this gender. Rough sleeping carries a number of risks and threats for all genders. Whilst females represented 12% of rough sleepers during the period, they have the added risk of

gender-based vulnerability and violence, including sexual violence. There are concerns that females on the streets make efforts to hide themselves, or their gender, in order to feel safe, and that this means that their needs are less well known as they are not always readily visible to services, and are not identified and engaged with support. As detailed in the age section, the average age of mortality for female rough sleepers at 43 years is lower than for male rough sleepers. Female rough sleepers experience higher rates of mental ill-health, including trauma and self-injury, and this cohort are more likely to experience sustained rough sleeping[6]. Their sexual and reproductive health may be poorer through lack of engagement with services, and be affected by the increased vulnerability presented by pregnancy or separated from their children.

The impact of the proposed service is considered to be positive in terms of sex (gender). The service will be required to provide a sensitive gender-appropriate approach in its delivery to all rough sleepers, which recognises that a different response may be needed when engaging with females. In order to try to increase the numbers of female rough sleepers receiving care, the provider will be asked to work with women-focused organisations and charities in contact with females with lived experience of rough sleeping, and to identify barriers to care for this vulnerable cohort, and to seek resolutions.

Disability

Under the Equality Act 2010, disability is a 'physical or mental impairment that has a substantial and long-term negative effect on your ability to do normal daily activities. Disabilities arise from a wide range of impairments including learning disabilities, mental health conditions and mental ill-health. Addiction to, or dependence on, drugs and / or alcohol is not included in the scope of the Equality Act 2010 definition of disability with the exception of where the substance is prescribed by a medical practitioner. However, conditions arising from addiction or dependency on a non-prescribed substance such as mental ill-health or liver failure would count as an impairment and would lead to protection as a disabled person under the Act. People with HIV are referenced as disabled under the Act and this is of relevance to the proposed service in that rough sleepers that inject drugs may become infected with HIV as a result of sharing equipment.

In relation to rough sleepers, there is a wealth of data pertaining to prevalence of mental ill-health and substance use. Whilst substance use in itself does not meet the definition of disability, entrenched long term use of drugs and / or alcohol is often accompanied by mental ill-health and physical health impairments. Although data does not exist in relation to impairments arising from substance use in the rough sleeping population, prevalence of substance use will be considered in this section as it is indicative of the extent of potential associated impairments that could define the cohort as disabled under the Act. Anecdotal data exists in relation to an awareness of increasing rates of blood borne virus infection, including HIV, in the local rough sleeping population, but this is not recorded on CHAIN. People sleeping rough with drug and / or alcohol treatment needs are referred to the council's commissioned adult integrated drug and alcohol treatment provider to meet this support need and can

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[6] https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping

access intervention for blood borne viruses, including HIV testing and referral for treatment, but this will only capture those that are referred to the service and engage, and cannot be considered to represent the HIV status of all people sleeping rough in the borough, which is unknown. Data on wider impairments under the Act, including learning disability, is not recorded.

PHE[7] reports that common mental health conditions are over twice as high in homeless people when compared to the general population. 80% of rough sleepers that died in London in 2017 had mental health support needs, increasing from 3 in 10 in 2010. People are over 50% more likely to have spent in excess of 12 months on the streets if they have a mental health support need compared to rough sleepers without mental ill-health. People experiencing mental ill-health, substance use and insecure accommodation are less likely to successfully engage with treatment and complete it. Females sleeping rough also have higher rates of mental ill-health.
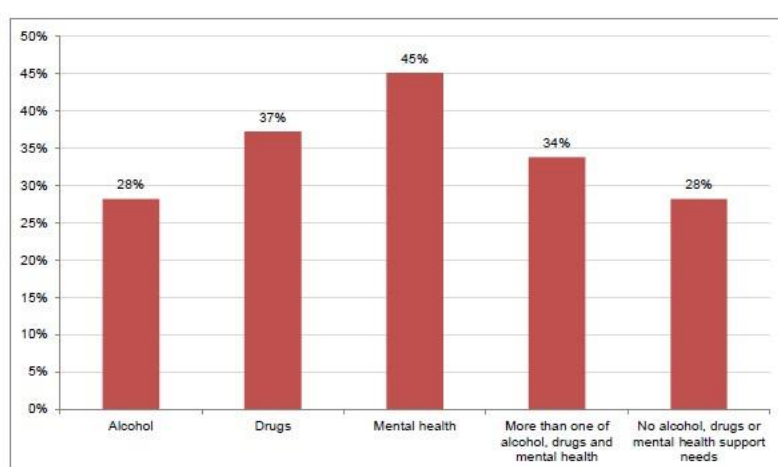
Base: 433. Note that the base figure for this chart excludes people for whom none of the three support needs were known or assessed (134).

Support Needs	No.	%
Alcohol only	34	8%
Drugs only	40	9%
Mental health only	73	17%
Alcohol and drugs	24	6%
Alcohol and mental health	25	6%
Drugs and mental health	58	13%
Alcohol, drugs and mental health	39	9%
All three no	122	28%
All three no, not known or not assessed	18	4%
All three not known or not assessed	134	
Total (excl. not assessed)	433	100%
Total (incl. not assessed)	567	

Note: Total excluding not known or assessed is used as base for percentages.

The support needs of people sleeping rough in Southwark in 2020-21 are detailed in the diagrams above. The support needs of 23.6% of the 567 were not known or not assessed, which means that the prevalence of support needs is not fully assured. It may be that there is a clear rationale for why the support needs were unable to be established, including people choosing not to disclose these to the service, but this should be explored more fully as it has implications in terms of increased vulnerability through needs not being met. 28% reported no mental health, drugs or alcohol support needs to the service; however, this may not be accurate as people choose not to disclose for a variety of reasons. 17% reported a mental health support need in the

[7] https://www.gov.uk/government/publications/health-matters-rough-sleeping/health-matters-rough-sleeping

absence of drugs and / or alcohol use, with a further 19% reporting a mental health need in combination with either drugs (13%) or alcohol use (6%), and a further 9% reporting mental health, drugs and alcohol support needs. In totality, 45% of the 433 that were assessed for support needs in 2020-21 reported a mental health need, and could potentially be classed as disabled under the Act. Mental ill-health could be both a cause and a consequence of people sleeping rough, and could extend or perpetuate the cycle of rough sleeping and its harms, making it more difficult to access and engage with support services, and potentially increasing vulnerability to abuse and exploitation.

The impact of the proposed service is considered to be positive in relation to disability. The service is required to engage with any person sleeping rough in Southwark, and to provide an appropriate support offer. Effective partnership working with mental health and substance use services will be of paramount importance in relation to meeting support needs; locally, there are specialist services for rough sleepers with mental ill-health (SLaM START) and substance use (CGL Rough Sleeper Outreach Team) as well as the GSTT health inclusion team providing access to support around blood borne viruses, including HIV.

Religion and belief

There is no available information in relation to religion and belief.

Marriage and civil partnership

There is no available information in relation to marriage and civil partnership.

Gender reassignment

There is no available information in relation to gender reassignment. Stonewall Housing has reported higher rates of homelessness in the trans community[8].

Pregnancy and maternity

There is no available information in relation to pregnancy and maternity. St Mungo's has developed a 'Homeless pregnancy toolkit'[9] to assist with the improvement of health outcomes for homeless women and their babies.

Sexual orientation

There is no available information in relation to sexual orientation. Stonewall Housing undertook a commissioned project ' Finding safe spaces[10]' in 2014, with a focus upon understanding the experiences of lesbian, gay, bisexual and trans rough sleepers. Their report found:

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[8] https://stonewallhousing.org/wp-content/uploads/2018/09/FindingSafeSpaces_StonewallHousing_LaptopVersion.pdf
[9] https://www.mungos.org/publication/homeless-pregnancy-toolkit/
[10] https://stonewallhousing.org/wp-content/uploads/2018/09/FindingSafeSpaces_StonewallHousing_LaptopVersion.pdf

i. Homelessness can arise from a range of different factors, but is often related to sexual orientation or gender identity, with a severely detrimental impact on support networks and potential mental ill-health where support networks withdraw from a person due to their sexual orientation or gender identity;

ii. Multiple discrimination was cited as a key factor in influencing new rough sleeping, including from support networks, housing providers and those in authority

iii. LGBT* (aligned with Stonewall report) rough sleepers reported similar support needs to heterosexual and cisgendered people, but for different reasons, including the need for services to have an awareness of the needs of LGBT* people and an awareness of targeted support services as well as places to be safe;

iv. All consultees felt that the streets were unsafe, with particular concerns about violence and exploitation, and use of drugs or alcohol and transactional sex work was identified as a means to accommodation, all of which increase vulnerability to an individual

v. A wide range of barriers to accessing services was identified including distrust of services and institutions, accommodation not sensitive to LGBT* people's needs and 'phobia' experienced as a result of sexual orientation as well as invisibility within services.