

The Public Sector Equality Duty

The Equality Duty requires public bodies to have **due regard** to the need to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Protected Characteristics:

- Age
- Disability
- Gender Reassignment
- Pregnancy and Maternity
- Marriage and Civil Partnership (elimination of discrimination only)
- Race
- Religion or Belief
- Sex
- Sexual Orientation

Due Regard means consciously thinking about the three aims of the Duty as part of the process of decision-making. For example:

- How they act as employers
- How they develop, evaluate and review policy
- How they design, deliver and evaluate services
- How they commission and procure from others

Advancing equality of opportunity involves considering the need to:

- Remove or minimise disadvantages suffered by people because of their protected characteristics
- Meet the needs of people with protected characteristics
- Encourage people with protected characteristics to participate in public life or in other activities where their participation is low

Fostering good relations involves tackling prejudice and promoting understanding between people who share a protected characteristic and others.

Complying with the Equality Duty may involve treating some people better than others, as far as this is allowed in discrimination law. This could mean making use of an exception or positive action provisions in order to provide a service in a way that is appropriate for people who share a protected characteristic.

Officers should:

Keep an adequate record showing that the equality duties and relevant questions have been actively considered.

Be rigorous in both inquiring and reporting to members the outcome of the assessment and the legal duties.

Final approval of a proposal, can only happen after the completion of an equality impact assessment. It is unlawful to adopt a proposal contingent on an equality impact assessment



Central Bedfordshire Equality Impact Assessment

Title of the Assessment:	Central Bedfordshire Homelessness Strategy 2015-2020	Date of Assessment:	26 th November 2014
Responsible Officer	Name: Joanne Bellamy	Extension Number:	X75691
	Title: Policy and Performance Officer		
	Email: Joanne.bellamy@centralbedfordshire.gov.uk		

Stage 1 - Setting out the nature of the proposal and potential outcomes.

Stage 1 – Aims and Objectives	
1.1	<p>What are the objectives of the proposal under consideration?</p> <p>The draft priorities of the Homelessness Strategy have been identified as:</p> <ol style="list-style-type: none"> 1. Prevent homelessness 2. Meet the accommodation and support needs of homeless people 3. Develop partnership working opportunities to deliver a person-centred service <p>Our vision is to empower customers to prevent homelessness and commission person-centred support and accommodation for those who are homeless so that they have the skills and resilience to sustain their independence.</p>
1.2	<p>Why is this being done?</p> <p>The Homelessness Act 2002 places a legal duty on local authorities to undertake a review of homelessness in the local area. The Review provides a comprehensive understanding of current and future likely levels of homelessness, homelessness provision and support alongside the prevention of homelessness. The Review findings are used to formulate a Homelessness Strategy, which must be renewed every five years.</p>
1.3	<p>What will be the impact on staff or customers?</p> <p>Those at risk of homelessness will receive the support and advice to prevent losing their accommodation. Those that are homeless will receive the accommodation and non-accommodation based support to enable them to regain their independence and prevent future homelessness.</p>
1.4	<p>How does this proposal contribute or relate to other Council initiatives?</p> <p>The strategy relates to a number of the Council's priorities and existing strategies. Central Bedfordshire Council's medium term plan 'Delivering Your Priorities 2012-16' sets out the priority of 'enhancing your local community – creating jobs, managing growth, protecting our countryside and enabling businesses to grow'. One of the targets is to ensure the availability of high quality, appropriate housing including affordable housing, supported by suitable infrastructure.</p> <p>The Council's priority to 'enhance your local community' is mirrored by the Sustainable Community Strategy 2010-2031 which has the priority of 'maximising employment opportunities and delivering housing growth to meet the needs of our communities'.</p> <p>The Housing Strategy 2011-16 set out the Council's priorities for providing a comprehensive housing service, which aims to improve quality of life for all residents through effective housing need solutions and the development of stable communities across Central Bedfordshire. The key priorities identified in the Housing Strategy included meeting the accommodation and support needs of older persons and vulnerable people and providing housing options for the whole</p>



community.

Other strategies and initiatives include:

The implementation of the Care Act 2014

Looked After Children Placement Strategy 2013

Tenancy Strategy 2013-18

Housing Support Services Market Position Statement

Housing Allocations Policy

Joint Commissioning Strategy for Mental Health Services for Adults and Older People in Central Bedfordshire.

1.5 In which ways does the proposal support Central Bedfordshire’s legal duty to:

- Eliminate unlawful discrimination harassment and victimisation and other conduct prohibited by the Act

Protecting vulnerable groups by providing appropriate, personalised services will help to eliminate the potential for harassment and victimisation of these individual groups.

- Advance equality of opportunity between people who share a protected characteristic and people who do not share it

Homelessness has a deep impact on health, employment opportunities, educational achievement, and is linked to offending and substance misuse. For most people who become homeless their lack of accommodation is a symptom rather than a cause of their social exclusion. Those at most risk of homelessness or who are disproportionately affected are:

- Families with children
- Single homeless
- Young people (16-17 year olds and 18-20 year old care leavers)

There are also characteristics that increase the likelihood of homelessness which are:

- a) People with mental health difficulties
- b) People with alcohol and substance misuse problems
- c) Offenders and ex-offenders
- d) People suffering from domestic violence.

The strategy will ensure that more residents are prevented from becoming homeless and those that do become homeless will receive more person-centred support to relieve their homelessness and retain their independence.

- Foster good relations between people who share a protected characteristic and people who do not share it

The focus of the strategy is to deliver person-centred services that meet the needs of individual and people that share protected characteristics. Rather than commission universal services, the Council is proposing to encourage the supported housing market to provide accommodation based support for individual vulnerable groups such as young people so that their specific needs can be better met by specialist services.

1.6 Is it possible that this proposal could damage relations amongst groups of people with different protected characteristics or contribute to inequality by treating some members of the community less favourably such as people of different ages, men or

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women, people from black and minority ethnic communities, disabled people, carers, people with different religions or beliefs, new and expectant mothers, lesbian, gay, bisexual and transgender communities?

The strategy's priorities, objectives and action plan have been developed following engagement with stakeholders and an evidence-based review of homelessness in Central Bedfordshire. Priority groups have been identified from this and resources redirected where necessary.

Stage 2 - Consideration of national and local research, data and consultation findings in order to understand the potential impacts of the proposal.

Stage 2 - Consideration of Relevant Data and Consultation

In completing this section it will be helpful to consider:

- **Publicity** – Do people know that the service exists?
- **Access** – Who is using the service? / Who should be using the service? Why aren't they?
- **Appropriateness** – Does the service meet people's needs and improve outcomes?
- **Service support needs** – Is further training and development required for employees?
- **Partnership working** – Are partners aware of and implementing equality requirements?
- **Contracts & monitoring** – Is equality built into the contract and are outcomes monitored?

2.1. Examples of relevant evidence sources are listed below. Please tick which evidence sources are being used in this assessment and provide a summary for each protected characteristic in sections 2.2 and 2.3.

Internal desktop research

<input type="checkbox"/>	Place survey / Customer satisfaction data	<input checked="" type="checkbox"/>	Demographic Profiles – Census & ONS
<input checked="" type="checkbox"/>	Local Needs Analysis	<input checked="" type="checkbox"/>	Service Monitoring / Performance Information
<input checked="" type="checkbox"/>	Other local research		

Third party guidance and examples

<input checked="" type="checkbox"/>	National / Regional Research	<input checked="" type="checkbox"/>	Analysis of service outcomes for different groups
<input checked="" type="checkbox"/>	Best Practice / Guidance	<input checked="" type="checkbox"/>	Benchmarking with other organisations
<input type="checkbox"/>	Inspection Reports		

Public consultation related activities

<input type="checkbox"/>	Consultation with Service Users	<input checked="" type="checkbox"/>	Consultation with Community / Voluntary Sector
<input checked="" type="checkbox"/>	Consultation with Staff		Customer Feedback / Complaints
<input checked="" type="checkbox"/>	Data about the physical environment e.g. housing market, employment, education and training provision, transport, spatial planning and public spaces		

Consulting Members, stakeholders and specialists

<input type="checkbox"/>	Elected Members	<input checked="" type="checkbox"/>	Expert views of stakeholders representing diverse groups
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x	Specialist staff / service expertise	

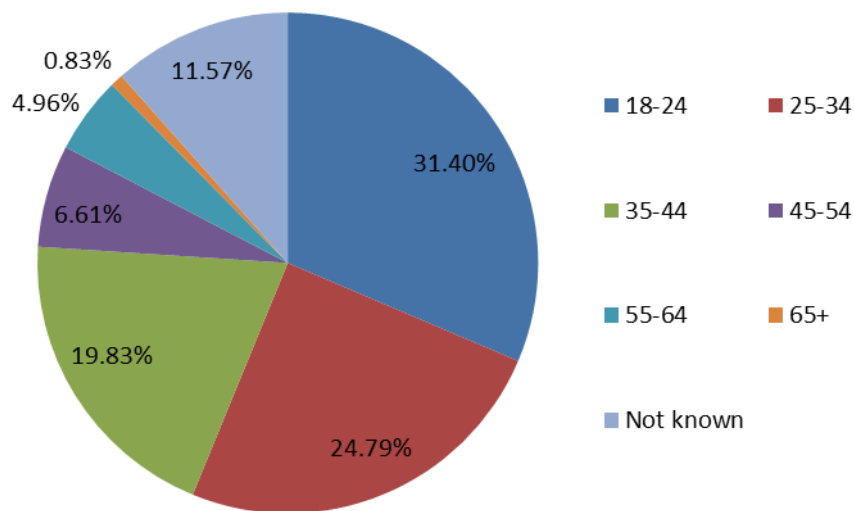
Please bear in mind that whilst sections of the community will have common interests and concerns, views and issues vary within groups. E.g. women have differing needs and concerns depending on age, ethnic origin, disability etc

Lack of local knowledge or data is not a justification for assuming there is not a negative impact on some groups of people. Further research may be required.

**2.2. Summary of Existing Data and Consultation Findings: - Service Delivery
Considering the impact on Customers/Residents**

- **Age:** e.g. Under 16 yrs / 16-19 yrs / 20-29 yrs / 30-44 yrs / 45-59 yrs / 60-64 yrs / 65-74 yrs / 75+

Statutory homeless acceptance data shows that young people aged 18-24 represent 32% (38) of all statutory acceptances in 2013-14 with those aged 25-34 accounting for 30 cases (25%). These groups combined make up more than half of all acceptances (56%), indicating that people from young or relatively young age groups are disproportionately affected by homelessness.

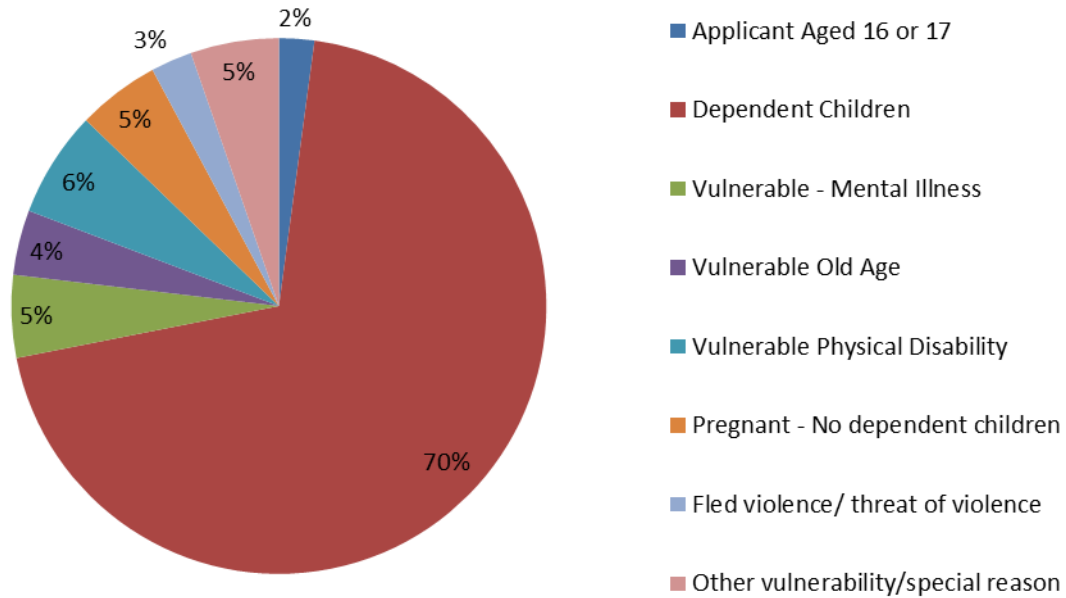


2013-14 homeless acceptances by age

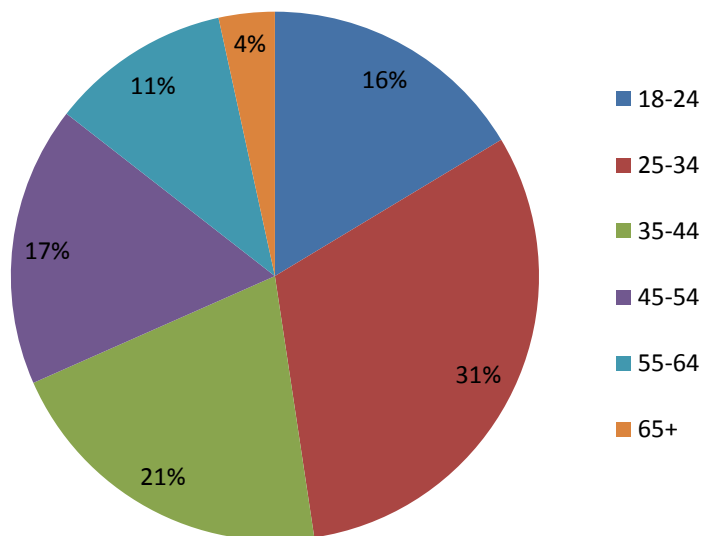
The reasons for statutory homeless acceptances in 2013-14 show that the majority (26 cases, 21%) were caused because parents were no longer willing to accommodate their child.

Housing Services' prevention data shows that out of the total 281 prevention cases 2% were given a priority need category of 'applicant aged 16 or 17', 70% dependent children and 4% were vulnerable due to old age.

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Priority need of homelessness prevention cases (base: 281)¹



Homelessness prevention by age 2013-14 (base 525)²

Compared with statutory acceptances the proportion of prevention and relief cases by age is broadly the same. The proportion by household type slightly differs with a larger number of single males being affected by homelessness but not meeting the criteria to be owed a statutory duty. This could suggest two things; that the provision of prevention support for single men is sufficient to meet demand in the local area or that while many single men do not have access to a secure home and are considered homeless their actions or situation contribute to them not being accepted as statutory homeless.

Families with children, single homeless and young people (16-17 year olds and 18-20 year old care

¹ QL, CBC Housing Services

² QL, CBC Housing Services

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leavers) were identified in the Homelessness Review as those at most risk of homelessness or who are disproportionately affected.

The majority of households found to be eligible for assistance, unintentionally homeless and in priority need during 2013-14 in Central Bedfordshire were families with dependent children (77%, 96). As shown below this was made up of 76% lone female parent families, 17% couples with children and 7% lone male parent families.

Couple with dependent children*	Lone parent household with dependent children		One person household		All other household groups	Total
	Male Applicant	Female Applicant	Male Applicant	Female Applicant		
6	1	16	3	0	0	26
3	3	22	4	1	0	33
2	2	15	4	5	3	31
5	1	20	2	3	3	34
16	7	73	13	9	6	124

Households found to be eligible for assistance, unintentionally homeless and in priority need 2013-14

At the end of 2013-14 there were 39 households in Temporary Accommodation of which 27 (69%) were households with dependent children or with a pregnancy. The average length of stay in bed and breakfast in 2013-14 was 14.4 weeks for pregnant/dependent households and 11.2 weeks for all other households.

Homelessness can have a negative impact on children that can have long-lasting effects. Children's educational attainment can suffer as can their emotional well-being leading to behavioural problems. Shelter carried out a survey involving 417 households living in temporary accommodation in 2004³. The impact of living in TA was summarised as follows:

Frequent moving and disruption associated with living in temporary accommodation makes it difficult for children to keep school places, maintain their attendance and do well at school. Two fifths of parents (43 per cent) reported that their children had missed school due to their housing situation. On average, children had missed 55 days of school equivalent to quarter of the school year. One in ten parents (11 per cent) said that at least one of their children did not have a school place at all for the term. Parents also said their children had long journeys to school and had problems with transport.

The trauma of becoming homeless and stresses associated with living in temporary accommodation affect children's mental and emotional well being. Over two fifths (42 per cent) of parents said that their child was 'often unhappy or depressed'. Children also experienced a lot of problems at school including bullying and behavioural problems. One in ten parents (11 per cent) said that their child had been given a statement of Special Educational Needs and one in ten said their child had been suspended, excluded or expelled from school.

A health needs assessment of health and homelessness found that associated factors of children living in TA were higher Accident and Emergency attendance for infections, chronic illness and accident rates. Other factors are behavioural/mental health problems, physical health problems such as chest infections and malnourishment, development delay, immunisation delay and Children in Need/ of protection.⁴

In addition to families with children, young people were also identified as a priority homelessness group. The Review found that young people are often forced to leave the family home during a crisis and have few life skills to effectively deal with this. They are typically unaware of the support that is available to them and as a result they need to be signposted to appropriate services that have a specialist

³ Living in limbo: Survey of homeless households living in temporary accommodation, Shelter 2004.

⁴ Homelessness and Health in the Central Bedfordshire Council Area: A health needs assessment report, NHS Bedfordshire 2009. http://www.centralbedfordshire.gov.uk/Images/Homelessness%20and%20health%203_tcm6-32217.pdf#False

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understanding of their needs.

Young people are more likely to move between hostels and are more likely to accrue rent arrears, increasing the probability of becoming institutionalised as they face barriers to achieving independent living. There is also an increasing financial cost of youth homelessness the longer they remain homeless, which can include extra policing and increased demand for health and social care services.

124 households were found to be eligible for assistance, unintentionally homeless and in priority need during 2013-14 of which two were given the need category of 'aged 16 or 17 years of age'. 48 (39%) were aged 16-24.

Looked After Children (LAC) are among the most vulnerable groups in society and are at an increased risk of poor outcomes. Evidence from studies shows that young people leaving care have to cope with the challenges and responsibilities of major changes in their lives – in leaving foster and residential care and setting up home, in leaving school and entering the world of work or, more likely, being unemployed and surviving on benefits, and in being parents – at a far younger age than other young people. In short, many have compressed and accelerated transitions to adulthood. During this journey to adulthood they are more likely than other young people to become young householders, be homeless, have poorer qualifications, lower levels of participation in post-16 education and higher levels of unemployment.

There is also evidence that looked-after young people, those leaving care and adults who had been in care were likely to experience mental health problems. Care leavers also have higher levels of drug use than other young people.⁵

44 (21%) of Looked After Children (LAC) in Central Bedfordshire in 2012 were aged 15-17.⁶ There were twice as many male LAC as female in this age group. Young people are supported to remain in foster care or in residential homes where this is consistent with their needs and wishes. A 'staying-put' policy is in place for young people who need to remain in a fostering household beyond 18. However for those young people who wish to move towards independence or for those who become looked after at age 16 or 17 a range of semi-independent and independent living provision is required.⁷

Research to develop the draft housing support services Market Position Statement (MPS) found that there are significant gaps in the availability of Accommodation Based Support and floating support for young people. Accommodation Based Support is available for homeless and other vulnerable young people in the Dunstable and Houghton Regis area. However, there are waiting lists to access these services, and applicants have to be prioritised according to their degree of vulnerability. There are no Accommodation Based Services that are particularly aimed at Young People in 'north' Central Bedfordshire. The needs analysis found that there is no accommodation that is particularly suitable for Teenage Parents anywhere in Central Bedfordshire.

Floating support services are available across localities but the MPS research found that they are not particularly aimed at young people and they do not have capacity to meet all of the estimated needs.

The case for specialist accommodation based support for young people was strongly made at the stakeholder engagement event. There was a preference for smaller schemes to house 4 or 5 young people with intensive support and eviction policies that accept that young people are more likely to make mistakes as they develop their life skills. There was also concern about housing vulnerable young people in schemes with ex-offenders and adults with substance misuse issues. The increased risk of sexual exploitation of young homeless people was also highlighted but the evidence base to support this is limited, an issue that the Community Safety Partnership is seeking to address.

⁵ What works for young people leaving care?, Barnardo's, 2004.

http://www.barnardos.org.uk/what_works_for_young_people_leaving_care_2004_publications_tracked.pdf

⁶CBC Looked After Children Placement Strategy, 2013.

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⁷CBC Looked After Children Placement Strategy, 2013.

http://www.centralbedfordshire.gov.uk/Images/LACplacementstrategy_tcm6-40130.pdf#False

- Disability: *e.g. Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

Housing Services' prevention data shows that out of the total 281 prevention cases 5% were given a priority need category of 'vulnerable – mental illness' and 6% 'vulnerable – physical disability'.

Ten of the 124 households found to be eligible for assistance, unintentionally homeless and in priority need during 2013-14 were given the need category of 'mental illness or handicap'.

As at December 2013 SEPT, the mental health services provider for Central Bedfordshire, had a client list of 1,975. The Meeting the Accommodation Needs of Vulnerable People research estimated that the total population with mental health needs could be up to 2,758 when including those not in contact with secondary services.

A Central Bedfordshire health needs assessment of health and homelessness found that single homeless people were at particular risk of mental health problems:

- a) Homelessness is a trigger to mental health problems and exacerbates those that already exist.
- b) Mental health is the leading cause of homelessness - in a third of cases losing a home was associated with mental health problems and homeless people had more mental health problems than any other group in society.
- c) People who sleep rough are thirty five times more likely to commit suicide than the general population. In one study 43% of rough sleepers had attempted suicide and 25% had tried more than once.
- d) The prevalence of serious mental illness (including major depression, schizophrenia and bipolar disorder) is reported as being present in at least 25-30% of street homeless and those in direct access hostels.
- e) In hostels and B&Bs the incidence of mental health problems is higher: eight times higher in hostels and 11 times higher in B&B accommodation compared to the general population.⁸

A national Homeless Health Audit in 2014 found that the proportion of homeless people with diagnosed mental health problems (45%) is nearly double that of the general population (around 25%). In addition, 12% of participants diagnosed with mental health issues also reported drug and alcohol issues. This 'dual diagnosis' often restricts homeless people from accessing support, as services are unable or unwilling to provide support around mental health while still using drugs or alcohol.⁹

Young people aged under 25 years of age present a particular challenge as they report high levels of mental ill health and substance misuse. There is an acknowledged high overlap with care leaving services and youth offending teams. On their part, accommodation providers report difficulties in obtaining appropriate health services for this group as they fall into the transition between Child and Adolescent Mental Health Services (CAMHS) and adult services. Additional difficulties can arise because of the difference in transition points with social care, education and health. The situation is further complicated by the co-existence of mental health and substance misuse issues which falls outside the remit of generic services.¹⁰

⁸ Homelessness and Health in the Central Bedfordshire Council Area: A health needs assessment report, NHS Bedfordshire 2009.

⁹ The Unhealthy State of Homelessness: Health audit results 2014, Homeless Link 2014
<http://www.homeless.org.uk/sites/default/files/site-attachments/The%20unhealthy%20state%20of%20homelessness%20FINAL.pdf>

¹⁰ Understanding Homelessness and Mental Health, Communities and Local Government and the CSIP Housing Learning and Improvement Network.

http://www.housinglin.org.uk/library/Resources/Housing/Support_materials/Briefings/Briefing24_Homelessness.pdf

- Carers: *A person of any age who provides unpaid support to family or friends who could not manage without this help due to illness, disability, mental ill-health or a substance misuse problem*

Over 2 million people become carers every year (Carers UK). Every day, another six thousand people take on a caring responsibility and 3 in 5 people will become a carer at some point in their lives.

Over 1 million people experience ill health, poverty and discrimination at work and in society because they are carers (Carers UK). 18% of carers have left a job or been unable to take one due to caring responsibilities.

There is a strong socio-economic dimension to caring. People from lower socio-economic groups are more likely both to need care and to provide it, at any age.

The financial costs of caring can be significant. Research by Carers UK found that 72% of carers were worse off financially as a result of becoming carers. The main carer's benefit is £55.55 for a minimum of 35 hours, equivalent to £1.58 per hour – far short of the national minimum wage of £5.93 per hour (2011-2012 figures). Carers who are struggling financially are more likely to be: in poor health (34%); unqualified (21%); caring for 20+ hours per week (88%). Not only does this drive carers into poverty, it also underlines the discrimination that they feel and experience in society. Some carers have no choice to care because of the paucity of care services and the huge and complex levels of care that they provide. These carers feel very strongly that it is time to revalue carers' benefits in line with their contribution to society.

Over 3 million people juggle care with work, however the significant demands of caring mean that 1 in 5 carers are forced to give up work altogether.

- Gender Reassignment: *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

1 in 10,000 people suffer from the recognised medical condition known as gender dysphoria, generally referred to as being transgender or transsexual. Recent research estimates that 7% of the trans population are aged 61 or over (Equalities Review).

Research undertaken in the areas of employment, health provision, social exclusion and hate crime indicates that Transgender people experience disproportionate levels of discrimination, harassment and violence. This includes bullying and discriminatory treatment in schools, harassment and physical/sexual assault and rejection from families, work colleagues and friends. Tackling transphobia must be a priority.

Research indicates that transgender people can face additional challenges and barriers to accessing services (Sexuality and Homelessness. Crisis (2005)) and can face homophobia and discrimination which increases their risk of homelessness. For example, a Stonewall report harassment in the home and neighbourhood faced by a significant minority of transgender people (Understanding the housing needs and homeless experiences of LGBT people in Scotland, Stonewall (2005)).

A study by the University of Brighton (Out on my own – University of Brighton, 2006) found that in most cases the initial homelessness was directly or indirectly linked to sexual or transgender identity.

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- Pregnancy and Maternity: *e.g. pregnant women / women who have given birth & women who are breastfeeding (26 week time limit then protected by sex discrimination provisions)*

Housing Services' prevention data shows that out of the total 281 prevention cases 5% were given a priority need category of 'pregnant – no dependent children'.

Teenage parents and their children are at increased risk of living in poverty.

- Race: *e.g. Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*

People from black and minority ethnic communities can often experience multiple inequalities. 70% live in the 88 most deprived neighbourhoods in the United Kingdom and they are more likely to be poor, with lower incomes spread across larger household sizes. They can also experience discrimination, stereotyping and racism. These overall patterns also vary between and within different ethnic groups. Gypsies and Irish Travellers can face acute discrimination and awareness of the needs of these communities can be low.

Nationally, ethnic minority households are around three times more likely to become statutorily homeless than are the majority White population. In every region in England, ethnic minority households are over-represented amongst those accepted as homeless by local housing authorities. (Causes of Homelessness Amongst Ethnic Minority Populations, ODPM, 2005).

- Religion or Belief: *e.g. Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

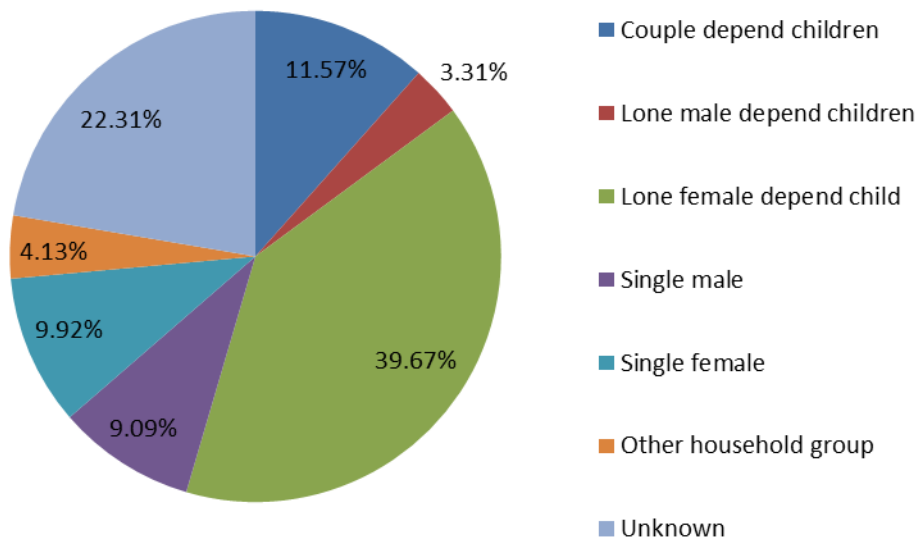
Research has highlighted differences in the health and wellbeing of different religious communities – a finding that provides an opportunity to target services. The British Muslim community, for example, has the poorest reported health, followed by the Sikh population. For both groups, as well as for Hindus, females are more likely to report ill health, whereas for Christians and Jews there is only minimal gender difference. It should be borne in mind that this is not necessarily a case of cause and effect, but more likely is compounded with other factors such as housing and economic and social status.

- Sex: *e.g. Women / Girls / Men / Boys*

18% (22) of households found to be eligible for assistance, unintentionally homeless and in priority need during 2013-14 were one person households. 13 (59%) of applicants were male and 9 applicants were female

An examination of statutory homeless acceptances in 2013-14 shows that 48 (40%) of all acceptances were from lone females with dependent children, making them the largest priority group. Couples with dependent children accounted for 14 (12%) of cases with single females making up 12 (10%) of acceptances.

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2013-14 homeless acceptances by household type¹¹

Housing Services' prevention data shows that out of the total 281 prevention cases 3% were given a priority need category of 'fled violence or threat of violence'. Women at higher risk of domestic abuse.

People suffering from domestic violence was identified the Homelessness Review as being a characteristic that increases the likelihood of homelessness.

Men, women and children who experience domestic violence often face becoming homeless in order to keep themselves safe from their abuser. Research indicates that in up to 40% of cases, domestic violence is the main cause or a contributing factor towards women becoming homeless. 90% of young people leave home because of family conflict, including witnessing domestic violence or being a victim of physical or sexual abuse¹².

Women who have experienced domestic violence remain at risk of homelessness long after the relationship has ended, for example, due to having to move on if they are found or because the long-term impact of abuse on their emotional and psychological well-being means they find it difficult to maintain a tenancy¹³.

Three of the households found to be eligible for assistance, unintentionally homeless and in priority need during 2013-14 in Central Bedfordshire were given the need category of 'domestic violence'. 14 (11%) households found to be eligible, unintentionally homeless and in priority need gave the violent breakdown of a relationship as the main reason for loss of their last settled home in 2013-14. 12 applicants sited the violent relationship breakdown involving a partner and two sited the violent relationship breakdown involving associated persons.

In 2013-14 there were 2,699 reported domestic abuse incidents in Central Bedfordshire which represented 23% of all recorded crime. Between April 2012 and August 2013, 81% of all Central Bedfordshire domestic abuse incidents reported to the police, the victim was female, with the most prevalent age group between 21-25 years (18% of all victims), followed by 26-30 years (16%) and 36-40

¹¹ PIE return

¹² Domestic violence and housing, Against Violence and Abuse, 2011
<http://www.avaproject.org.uk/media/62315/idva%20policy%20briefing%20march.pdf>

¹³ Domestic violence and housing, Against Violence and Abuse, 2011

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years (15%). This age pattern is also repeated for male victims with 14% of all male victims falling in the 21-25 years bracket.¹⁴

Single homeless as a priority group is likely to be made up of single men with an underlying vulnerability, such as mental health, or drug and alcohol problem. People may spend extended periods 'sofa surfing' or seek crisis accommodation in a night shelter. The majority of people in this situation within Central Bedfordshire will not, however, meet the level of vulnerability which would lead to them being assessed as having a priority need.

Offenders and ex-offenders were identified the Homelessness Review as being a characteristic that increases the likelihood of homelessness. As at 31 March 2013, there were 79,900 male prisoners and 3,869 female prisoners, with females representing 4.6% of the prison population.

Offenders are typically vulnerable adults with health, social care and educational needs, and face many challenges in order to take care of themselves. For example, upon release, the offender may have no accommodation and/or, employment and is expected to return to civilian life and re-settle. There may be issues of being accepted back into the community.

Many offenders suffer from an excessive burden of health, and in particular this group have higher rates of mental health problems, suicide, drug and alcohol misuse and learning disabilities. Problems of social exclusion, family relationships, truancy, exclusion from school, unemployment, and poor or no housing are all facets of a complex picture of social determinants throughout the life course which contribute both to offender and offending behaviour.

Ex-offenders have difficulties finding housing once released from prison. 37% nationally have stated they needed help finding a place to live once released.

- **Sexual Orientation:** *e.g. Lesbians / Gay men / Bisexuals / Heterosexuals*

Research indicates that LGB people can face additional challenges and barriers to accessing services (Sexuality and Homelessness. Crisis (2005)) and can face homophobia and discrimination which increases their risk of homelessness. Research also indicates that as many as 1 in 3 homeless youth are from the LGB community (Roche, Brenda, Sexuality and Homelessness, Crisis (2005)) A study by the University of Brighton (Out on my own – University of Brighton, 2006) found that in most cases the initial homelessness was directly or indirectly linked to sexual or transgender identity. Reasons for homelessness included family rejection or intolerance; homophobic bullying and assaults at school or in the local community; and feelings of isolation. The report also found evidence that young LGB people were more vulnerable to abuse within the home.

- **Other:** *e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*

2.3. Summary of Existing Data and Consultation Findings – Employment Considering the impact on Employees

- **Age:** *e.g. 16-19 / 20-29 / 30-39 / 40-49 / 50-59 / 60+*

¹⁴ Domestic Abuse, JSNA. http://www.centralbedfordshire.gov.uk/Images/Domestic%20Abuse%20-%20JSNA_tcm6-32035.pdf#False

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- **Disability:** e.g. *Physical impairment / Sensory impairment / Mental health condition / Learning disability or difficulty / Long-standing illness or health condition / Severe disfigurement*

- **Carers:** e.g. *parent / guardian / foster carer / person caring for an adult who is a spouse, partner, civil partner, relative or person who lives at the same address*

- **Gender Reassignment:** *People who are proposing to undergo, are undergoing or have undergone a process (or part of a process) to reassign their sex by changing physiological or other attributes of sex*

- **Pregnancy and Maternity:** e.g. *Pregnancy / Compulsory maternity leave / Ordinary maternity leave / Additional maternity leave*

- **Race:** e.g. *Asian or Asian British / Black or Black British / Chinese / Gypsies and Travellers / Mixed Heritage / White British / White Irish / White Other*

- **Religion or Belief:** e.g. *Buddhist / Christian / Hindu / Jewish / Muslim / Sikh / No religion / Other*

- **Sex:** *Women / Men*

- **Sexual Orientation:** e.g. *Lesbians / Gay men / Bisexuals / Heterosexuals*

- **Other:** e.g. *Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion, Marriage and Civil Partnership*

2.4. To what extent are vulnerable groups more affected by this proposal compared to the population or workforce as a whole?

Those at most risk of homelessness or who are disproportionately affected are:

- Families with children
- Single homeless
- Young people (16-17 year olds and 18-20 year old care leavers)

There are also characteristics that increase the likelihood of homelessness which are:

- a) People with mental health difficulties
- b) People with alcohol and substance misuse problems
- c) Offenders and ex-offenders
- d) People suffering from domestic violence

In addition to this are clients that due to their vulnerability may be disproportionately affected by homelessness and may struggle to access the support they are eligible for. This includes people with learning disabilities, people with physical and sensory disabilities, those with poor literacy skills, older people and Gypsies and Travellers.



2.5. To what extent do current procedures and working practices address the above issues and help to promote equality of opportunity?

Central Bedfordshire places emphasis on early intervention and prevention initiatives to tackle homelessness in partnership with registered social landlords, the voluntary and community and private sector services. In addition to this the Council commissions a range of supported housing and floating support services for those that are homeless.

Key achievements of the Council's first Homelessness Strategy in 2010 include:

1. The successful harmonisation of the north and south housing needs services following the north service being brought back in house. This has ensured there is a consistent approach across Central Bedfordshire.
2. The Let's Rent scheme, which facilitates private sector tenancies, has been developed to increase the housing supply available.
3. Troubled families now have additional support through the implementation of the Supporting Families programme.
4. A Homelessness and Mediation Service for young people has been introduced.
5. Debt and budgeting information and advice provision has been improved.
6. A new policy has been implemented to enable the use of the power to discharge the homelessness duty to the private sector.
7. Emergency night shelter facilities have been provided through the No Second Night Out Initiative.

2.6. Are there any gaps in data or consultation findings

Engagement sessions were carried out with external and internal stakeholders in October 2014 to inform the development of the strategy. Further consultation is due on the draft strategy in December and January.

The strategy focusses on priority groups affected by homelessness rather than protected characteristics. The consultation asks for views on how well the strategy will meet the needs of the protected characteristics to check how well consultees feel these groups' needs are recognised in the strategy.

2.7. What action will be taken to obtain this information?

A consultation will be held, starting in December 2014.

Stage 3 - Providing an overview of impacts and potential discrimination.

Stage 3 – Assessing Positive & Negative Impacts

Analysis of Impacts	Impact?		Discrimination?		Summary of impacts and reasons
	(+ve)	(- ve)	YES	NO	
					The strategy focusses on providing services that are person-centred to meet the needs of vulnerable individuals which applies to all characteristics below.
3.1 Age	x			x	Families with children and young

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					people have been identified as priority groups.
3.2 Disability	x			x	Mental health problems and drug and alcohol misuse were identified as characteristic that increases the likelihood of homelessness in the strategy.
3.3 Carers	x			x	
3.4 Gender Reassignment	x			x	
3.5 Pregnancy & Maternity	x			x	
3.6 Race	x			x	
3.7 Religion / Belief	x			x	
3.8 Sex	x			x	Single homeless which are more likely to be men are identified as a priority group in the strategy and people fleeing domestic violence (of which women are most likely to be affected) is identified as a characteristic that increases the likelihood of homelessness.
3.9 Sexual Orientation	x			x	
3.10 Other e.g. Human Rights, Poverty / Social Class / Deprivation, Looked After Children, Offenders, Cohesion Marriage and Civil Partnership	x			x	Offenders and ex-offenders are identified as a characteristic that increases the likelihood of homelessness.



Stage 4 - Identifying mitigating actions that can be taken to address adverse impacts.

Stage 4 – Conclusions, Recommendations and Action Planning			
4.1 What are the main conclusions and recommendations from the assessment?			
<p>The strategy identifies a number of priority groups affected by homelessness which links to a number of protected characteristics, chiefly age and sex. However as data is focussed around homelessness priority groups, rather than protected characteristics, there is a lack of data on the number of different groups accessing homelessness services e.g. recording of ethnicity, religion and sexuality. The diversity monitoring of these groups could be improved..</p> <p>The focus on developing person-centred services will ensure that the needs of those with protected characteristics will be better understood and met.</p>			
4.2 What changes will be made to address or mitigate any adverse impacts that have been identified?			
<p>Research on the need for supported housing services has shown that universal services should be replaced by services for individual groups to better meet their needs with specialist services. As resources are likely to be redirected to priority groups, existing services that other groups receive may be reduced. The Council's priority is to make the best use of resources to enable better outcomes for priority groups most affected by homelessness.</p>			
4.3 Are there any budgetary implications?			
Yes.			
4.4 Actions to be taken to mitigate against any adverse impacts:			
Action	Lead Officer	Date	Priority
Improve diversity monitoring of homelessness service users.			
Update this EIA following the consultation on the draft strategy.			

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Stage 5 - Checking that all the relevant issues and mitigating actions have been identified

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Stage 5 – Quality Assurance & Scrutiny: Checking that all the relevant issues have been identified	
5.1 What methods have been used to gain feedback on the main issues raised in the assessment?	
Step 1:	
Has the Corporate Policy Advisor (Equality & Diversity) reviewed this assessment and provided feedback? <i>Yes/No</i>	
Summary of CPA's comments:	
Step 2:	
5.2 Feedback from Central Bedfordshire Equality Forum	
	<i>The Por adv this nee</i>



Stage 6 - Ensuring that the actual impact of proposals are monitored over time.

Stage 6 – Monitoring Future Impact	
6.1	How will implementation of the actions be monitored?
6.2	What sort of data will be collected and how often will it be analysed?
6.3	How often will the proposal be reviewed?
6.4	Who will be responsible for this?
6.5	How have the actions from this assessment been incorporated into the proposal?

Stage 7 - Finalising the assessment.

Stage 7 – Accountability / Signing Off	
7.1	Has the lead Assistant Director/Head of Service been notified of the outcome of the assessment Name: _____ Date: _____
7.2	Has the Corporate Policy Adviser Equality & Diversity provided confirmation that the Assessment is complete? Date: _____

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