

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Integrated health and care for people who are homeless through being roofless

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

1.0 Checking for updates and scope: before scope consultation (to be completed by the Developer and submitted with the draft scope for consultation)

1.1 Is the proposed primary focus of the guideline a population with a specific communication or engagement need, related to disability, age, or other equality consideration? Y/N

If so, what is it and what action might be taken by NICE or the developer to meet this need? (For example, adjustments to committee processes, additional forms of consultation.)

Yes.

People who have experience of homelessness or rough sleeping may have particular difficulty accessing information related to this guideline, engaging with NICE or us (the Developer) and participating in the development of this guideline. Engagement with voluntary sector organisations will be key in accessing and engaging with people with lived experience and we aim to provide needed adjustments to facilitate any engagement and participation by people who have lived experience of homelessness.

In order to get input to the final scope of the guideline from people with lived experience of homelessness the recruitment for lay members is happening earlier than other committee members. We are also recruiting three lay members instead of the usual two so that we can bring various perspectives to the committee. We will also consider asking specific questions during guideline consultation addressing people with lived experience in order to gain as much insight from their perspective. This could potentially be facilitated by having direct contact with voluntary/charity sector organisations who engage with people with lived

experience. We will also consider engaging with people with lived experience of homelessness (for example an existing group of peer advocates/experts by experience from a homelessness charity) to ask for their views on specific issues during the development of this guideline.

In order to facilitate lay members' (people with lived experience) participation in the committee meetings, we will consider offering additional support, depending on their situations and needs. For example, some adjustments may be necessary with logistical issues such as providing space, computer and internet access to attend the (virtual) meetings, providing support workers may be needed, and support before and after meetings could be considered. If needed, we will consider doing this, for example, by liaising with a homelessness charity with which the lay member might already be engaging.

1.2 Have any potential equality issues been identified during the check for an update or during development of the draft scope, and, if so, what are they?

(Please specify if the issue has been highlighted by a stakeholder)

While the entire population of the guideline faces considerable disadvantage, various sections of the population may need special consideration. They may be disproportionately affected by homelessness and are likely to have additional vulnerabilities and complex support needs.

- Age

Young people who are homeless tend to be less likely to sleep rough, therefore, their homelessness might be less 'visible' and be more 'hidden'. They might be particularly vulnerable to sexual exploitation and abuse. Young people leaving care might be particularly vulnerable to experiencing homelessness (see below section on 'looked after children'). Relevant organisations have highlighted that young people may need particular consideration.

People who experience rough sleeping often have multiple and complex health and social care needs. For aging homeless people this may be further exacerbated by increasing frailty and conditions of older age. Homelessness can also cause 'premature aging', meaning that despite their relative younger age, some homeless people might require services generally meant for older people but because of their age, they are not eligible. There is a lack of targeted service provision for older homeless people and a lack of integrated services for people who have multiple co-existing morbidities which is likely more common in homeless people.

- Disability

Accessing and engaging with services might be particularly difficult for homeless people who have a physical or learning disability. Physical or learning disabilities might also be underlying causes of becoming homeless and might involve various complex health and social care needs. Factors relating to homelessness, such as prolonged substance misuse might also be a cause for cognitive impairment or other disability. People with disabilities might also be more vulnerable to exploitation and violence. Service modifications or targeted services for people with physical disabilities are limited. People with learning difficulties tend to be overrepresented in the homeless population, however their learning difficulties may be poorly identified and not formally diagnosed which might hinder their access to appropriate services.

- Gender reassignment

One in four trans people in the UK have experienced homelessness at some point in their lives, according to a [study](#) commissioned by Stonewall. Trans people might be in a particularly vulnerable situation due to stigma and discrimination and may be unable to access specialist support services available to the wider trans community. Trans people might also be particularly vulnerable to sexual exploitation.

- Pregnancy and maternity

People who are homeless might not have access to contraception or sexual and reproductive health services. Accessing antenatal care and ability to care for oneself while pregnant might be challenging which in turn can risk the life of the pregnant person and their baby. Additional support may be needed during pregnancy and the postnatal period.

- Race

People from black and minority ethnic backgrounds are disproportionately affected by homelessness according to the government's [Race Disparity Audit](#). The underlying causes for homelessness might be different among these communities. Racism, discrimination and unconscious bias might impact their access to and engagement with services.

- Religion or belief

People with religion or belief who experience homelessness may face discrimination by services because they are visibly from one faith, or may be excluded from places of worship or faith-based services.

- Sex

In general, men are disproportionately affected by rough sleeping and homelessness compared to women. Based on the government's [Rough Sleeping Snapshot in England](#) from autumn 2019, 83% of people who slept rough were male. However, women who are homeless tend to be less likely to sleep rough so their homelessness might be more 'hidden'. We have

intentionally included settings that will also cover women specifically so that they are not inadvertently excluded from the guideline.

Standardised mortality ratios for homeless women is higher than those for homeless men according to a [study](#) published in the Lancet. Women might be particularly vulnerable to domestic abuse and sexual exploitation and violence. Specific to women, they might not access sexual and reproductive and gynaecological services, resulting in underlying conditions manifesting themselves only when they have become critical. Relevant organisations have highlighted that women may need particular consideration.

- Sexual orientation

For some people, their sexual orientation may have contributed to their risk of homelessness. They may be affected by societal stigma and discrimination.

- Socio-economic factors

Various socio-economic factors, including poverty (and especially childhood poverty) and living in an area of high social deprivation and unemployment have been shown to be underlying risk factors for homelessness in the UK according to a [study](#) by Bramley and Fitzpatrick.

Geographical location may be an important factor to consider because homelessness presents itself differently depending on the location and therefore the available services might also be different depending on the location. For example, in large urban settings such as London and Manchester, homelessness is common and 'visible' but also health and care services might be more specialised or adapted to meet the needs of the homeless population. In addition to the large urban areas, coastal towns in England have seen more homelessness than other towns. Homelessness in rural areas might not be as common as in urban areas but also it might not be as 'visible'. For example, people might be staying in forests or sparsely populated areas and identifying and engaging with homeless people might be more difficult. Services to meet the needs of homeless people may be lacking where homelessness is – or appears to be - more rare.

Having no local area connection (LAC) will influence people's access to health, care and housing services.

- Other definable characteristics (these are examples):

- refugees

Refugees might be particularly vulnerable to homelessness because of a potentially insecure financial situation, societal stigma and discrimination towards them, potentially limited support network to assist them in need and potential difficulties navigating the system and services. Furthermore, they may have been exposed to traumatic experiences, violence, war or torture in their homeland or when fleeing to the UK. Accessing and engaging with services might be impacted by all the above.

- asylum seekers
Asylum seekers might be particularly vulnerable to homelessness because of a likely insecure financial situation, societal stigma and discrimination towards them, potentially limited support network to assist them in need and potential difficulties navigating the system and services. Furthermore, they may have been exposed to traumatic experiences, violence, war or torture in their homeland or when fleeing to the UK. Asylum seekers generally have 'no recourse to public funds'. Accessing and engaging with services might be impacted by all the above.

- migrant workers
Migrant workers and migrants in general might be particularly vulnerable to homelessness because of a potentially insecure financial situation, societal stigma and discrimination towards them, potentially limited support network to assist them in need and potential difficulties navigating the local system and services. Depending on their immigration status they might have 'no recourse to public funds'. Accessing and engaging with services might be impacted by all the above.

- looked-after children
While "looked-after", this population is outside the scope of this guideline. However, it is worth noting that care leavers may be particularly vulnerable to homelessness. They may have been exposed to traumatic experiences and compared with other young people they might lack emotional and practical support from families and support networks. They may have lower educational attainment and higher levels of unemployment. All these might impact their vulnerability to become and stay homeless and their access to and engagement with services. See also earlier section 'age'.

- prisoners and young offenders
Prisoners and young offenders being released from prison might not have a place to go to therefore are at a very high risk of ending up homeless or rough sleeping. Homeless people are also more likely to offend, therefore, there is a risk of developing a cyclical pattern of being homeless, offending and prison. Their ability to move on from homelessness might be particularly challenging because of potential difficulty finding employment and housing due to their background.

1.3 What is the preliminary view on the extent to which these potential equality issues need addressing by the Committee?

The aim is that the membership of the committee will represent various perspectives and expertise so that equalities considerations are adequately considered throughout the development of the guideline. For example, we want to ensure that there is expertise in the committee around services for homeless women in particular. We also want ensure different viewpoints by appointing three lay members with different perspectives and expertise by experience. We are also considering engaging with a reference panel of people with lived experience.

The guideline aims to give special considerations for the subpopulations identified in box 1.2 by taking these groups into consideration when developing review protocols and making recommendations. The committee will consider whether evidence specific to the subpopulations should be sought and whether data should be analysed separately. One of the key areas of the guideline is about how to improve access to and engagement with services and the committee will consider on a case by case basis whether separate recommendations are required for specific subpopulations to promote equity.

Cross references to relevant other guidelines that may cover issues specific to the groups identified in box 1.2 may be made.

Many of the subpopulations identified in box 1.2 may be disadvantaged because their homelessness is more 'hidden' and available services might not reach them. By covering not just people who are homeless through being roofless (i.e. sleeping rough) but also people staying in temporary hostel accommodation (including emergency night shelters, short stay hostels, longer stay hostels, safehouses for those fleeing domestic violence, safehouses for victims of modern slavery, probation hostels) and people using day centres, we aim to capture some of these subpopulations who are in a particularly vulnerable situation. However, the guideline may exclude some of the subpopulations identified in box 1.2 who are not captured by the population definition.

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