

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.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Throughout the development of this guideline the committee has been aware that special considerations may be necessary for certain groups. The committee discussed how the causes of homelessness are complex and some people may be experiencing homelessness as a result of disparities in access to or appropriateness of services due to certain characteristic they have. People may face particular challenges because of their characteristics, such as age, gender, race or being a migrant, including different intersections of these which may multiply inequalities. So, when drafting recommendations, the committee considered if specific recommendations for certain subpopulations are needed to address any inequalities or if particular groups could be disadvantaged by the draft recommendations.

There was limited evidence specifically addressing the population groups identified during scoping to have potential equality issues. Overall, the committee agreed that the care and support provided to people experiencing homelessness should be tailored according to the individual needs, which may include consideration for the individual's protected characteristics or other equalities issues.

Below we outline how the committee addressed the various equalities issues identified during scoping (*in cursive*). For brevity, we have only included parts of the text, for the full text on equalities considerations during scoping; see sections 1.0 and 2.0 in the Equalities Impact Assessment form.

Age

“Young people who are homeless ... They might be particularly vulnerable to sexual exploitation and abuse.” (EIA 1.0)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

“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.” (EIA 1.0)

Because of the particular vulnerabilities and needs that young people experiencing homelessness may have, the committee made a recommendation for commissioners where young people are particularly mentioned (recommendation 1.2.6). This recommendation also included a cross reference to the NICE guideline on pregnancy and complex social factors which includes a section on young pregnant women aged under 20.

Because of the potential vulnerability to sexual exploitation and abuse, the committee made recommendations about consideration and assessment of past experiences of psychological trauma, which the committee discussed were often particularly prevalent in young people experiencing homelessness and this was also highlighted by qualitative evidence, and safeguarding needs, which may be particularly pertinent to young people experiencing homelessness. See recommendations 1.1.3, 1.1.11, 1.6.2, 1.9.3, 1.10.1, 1.10.4-8.

The committee also referred to the [NICE guideline on transition from children’s to adults’ services for young people using health or social care services](#) in recommendation 1.8.4.

Because of the particular vulnerabilities and needs that older people experiencing homelessness may have, the committee made a recommendation for commissioners where older people were particularly mentioned (1.2.6).

Premature aging and frailty regardless of biological age was addressed by the committee in a specific recommendation (1.5.6).

The committee also made a recommendation about intermediate care and about the need for accommodation with specialist on-site support, which may be particularly relevant for older or frail people experiencing homelessness (1.7.1, 1.9.3).

The committee discussed the lack of evidence on how to improve needs-based wraparound support for people with complex needs and premature frailty, particularly those who have experience of rough sleeping so the committee made a research recommendation about the structural and systems factors in health and social care that could help or hinder commissioning and delivery of wraparound support integrated with housing (research recommendation 2).

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

Disability

“Accessing and engaging with services might be particularly difficult for homeless people who have a physical or learning 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.” (EIA 1.0)

“A stakeholder raised that people with acquired brain injury should be considered.” (EIA 2.0)

In relation to communication and information provision, which may be particularly relevant for people with sensory or learning disabilities, the committee mainly referred to existing NICE guidelines (1.1.8) but did make some recommendations which were considered to be particularly relevant in the context of homelessness (1.1.9-11). These recommendations emphasised the need for language that avoids jargon to make it more accessible, tailoring communication methods according to particular needs, preferences and circumstances, including information materials in Easy Read and involving an advocate when relevant.

People with different physical and learning disabilities are overrepresented in the homelessness population but may often be undiagnosed and need assessment of their needs, which may involve specific support needs such as adult’s social care, physiotherapy services, intermediate care and accommodation with wraparound care or on-site support. The committee made recommendations where these issues are addressed (1.5.14, 1.6.2, 1.3.2, 1.7.1, 1.9.1-3).

Gender reassignment

“... 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.” (EIA 1.0)

Because of the particular vulnerabilities and needs that trans people experiencing homelessness may have, the committee made a recommendation for commissioners where LGBTQ+ people are particularly mentioned (recommendation 1.2.6). They also recognised that they may be particularly vulnerable to additional stigma and discrimination as well as sexual exploitation. The committee made recommendations around assessing and addressing safeguarding concerns, which could include risk of sexual exploitation (1.6.2, 1.10.1, 1.10.4-8).

The committee also made a recommendation about having designated homelessness leads in various mainstream services (1.3.6) and in the rationale

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mention sexual assault referral centre as an example of a service that may need a homelessness lead.

The committee also made a recommendation about recognising the need for accommodation with specialist on-site support for people who are particularly vulnerable, noting that this might include people who are vulnerable to abuse and exploitation (1.9.3).

Stigma and discrimination experienced by people experiencing homelessness was a common topic in the qualitative evidence review and the committee recognised the link between experience of stigma and discrimination and disengagement with services and this was addressed in various recommendations in the guideline, including recommendations about communication, involving an advocate and staff training (1.1.9, 1.1.11, 1.12.1).

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.” (EIA 1.0)

“A stakeholder pointed out that as a consequence of homelessness mothers might have their babies and children taken into care.” (EIA 2.0)

The committee recognised the specific needs and vulnerabilities that people experiencing homelessness who are pregnant have and they discussed that those needing maternity services have strong statutory protections. Improving access to and engagement with maternity services was addressed in recommendations and a reference to the NICE guideline on pregnancy and complex social factors was made (1.1.12, 1.2.6). The committee also made a recommendation about having designated homelessness leads in various mainstream services (1.3.6) and in the rationale mention maternity services as an example of a service that may need a homelessness lead.

The issue about the child/ren being taken into care was recognised, however, no particular recommendation was made on this. For example, safeguarding children is outside the remit of this guideline. However, the committee made various recommendations relating to the importance of holistic assessment of the person's needs and tailoring support based on that and issues around children should be picked up through these recommendations.

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

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communities. Racism, discrimination and unconscious bias might impact their access to and engagement with services.” (EIA 1.0)

Because of the particular vulnerabilities and needs that people from minority ethnic backgrounds experiencing homelessness may have, the committee made a recommendation for commissioners where they are particularly mentioned (recommendation 1.2.6). The committee recognised that people of minority ethnic backgrounds may be particularly vulnerable to additional stigma and discrimination. Stigma and discrimination experienced by people experiencing homelessness was a common topic in the qualitative evidence review and the committee recognised the link between experience of stigma and discrimination and disengagement with services and this was addressed in various recommendations in the guideline, including recommendations about communication, involving an advocate and staff training on for example understanding the impact of discrimination and stigma and of intersectional, overlapping identities (1.1.9, 1.1.11, 1.12.1).

The committee also made recommendations about peer support. Part of the discussion about peers related to the importance of considering the backgrounds of the peers and the people they would be supporting which the committee made a recommendation on (1.4.4). The committee discussed that in some cases it may be preferable to the person experiencing homelessness to be supported by a peer from the same background or community (such as a particular ethnic group) but in other cases this may be a reason to refuse support due to fear of stigma and confidentiality breach.

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.” (EIA 1.0)*

Because of the particular vulnerabilities and needs that people from different religious backgrounds experiencing homelessness may have, the committee made a recommendation for commissioners where they are particularly mentioned (recommendation 1.2.6).

The committee agreed that a holistic assessment and support which takes into consideration the person’s needs – as recommended by the guideline – would also capture any particular issues related to religion or belief (1.6.2).

The committee made recommendations about peer support and part of the discussion about peers related to the importance of considering the backgrounds of the peers and the people they would be supporting which the committee made a recommendation on (1.4.4). The committee discussed that in some cases it may be preferable to the person experiencing homelessness to be supported by a peer from the same background or community (such as religious group) but in other cases this may be a reason to refuse support due to fear of stigma and confidentiality breach.

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The committee also made a recommendation about staff training on for example understanding the impact of discrimination and stigma and of intersectional, overlapping identities, which might include having a particular religion or belief (1.12.1).

Sex

"In general, men are disproportionately affected by rough sleeping and homelessness compared to women. ... However, women who are homeless tend to be less likely to sleep rough so their homelessness might be more 'hidden'. ... Standardised mortality ratios for homeless women is higher than those for homeless men according 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 ..." (EIA 1.0)

"The stakeholders also raised various issues in relation to women and how women who experience homelessness might differ from men who experience homelessness. ... women might avoid using services that are often geared towards men who are homeless. It was also noted that women might be in a more vulnerable position and might experience domestic violence, sexual exploitation and violence and stigmatisation to a different degree than men who experience homelessness. Stakeholders also raised that women who are sleeping rough have been found to be more likely than men to need support for mental health problems and traumatic experiences ..." (EIA 2.0)

The committee discussed that because the majority of people experiencing homelessness are men, services are generally designed to address their needs but might not address the specific needs and vulnerabilities women may have. So the committee made a recommendation for commissioners where women are particularly mentioned (1.2.6). The committee also recognised that some women may need maternity services and access to and engagement with maternity services were addressed in recommendations as previously described under the section on 'Pregnancy and maternity'.

Women's vulnerability to violence, abuse and sexual exploitation were addressed in various recommendations related to safeguarding as listed in the above sections (1.6.2, 1.10.1, 1.10.4-6), and a recommendation about recognising the need for accommodation with on-site support for people who are particularly vulnerable (1.9.3). The committee also made a recommendation about having designated homelessness leads in various mainstream services (1.3.6) and in the rationale mention sexual assault referral centres as an example of a service that may need a homelessness lead.

Sexual orientation

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

*“For some people, their sexual orientation may have contributed to their risk of homelessness. They **may be affected by societal stigma and discrimination.**” (EIA 1.0)*

Because of the particular vulnerabilities and needs that LGBTQ+ people experiencing homelessness may have, the committee made a recommendation for commissioners where they are particularly mentioned (recommendation 1.2.6). They recognised that they may be particularly vulnerable to additional stigma and discrimination. Stigma and discrimination experienced by people experiencing homelessness was a common topic in the qualitative evidence review and the committee recognised the link between experience of stigma and discrimination and disengagement with services and this was addressed in various recommendations in the guideline as noted in the previous sections, including recommendations about communication (1.1.9), involving an advocate (1.1.11) and staff training (1.12.1).

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...”*

The committee were aware of the impact of socioeconomic deprivation as a cause for homelessness and as a factor that can further hinder access to care. The committee addressed this issue several recommendations, for example in relation to providing transport support or other enablers or ensuring people can access online services/internet as well as in relation to recognising that some people experiencing homelessness may have low educational attainment resulting in low literacy levels (1.5.1, 1.5.8, 1.1.10-11).

*“... **Geographical location may be an important factor to consider because homelessness presents itself differently depending on the location....**” (EIA 1.0)*

The committee discussed the variation in the prevalence and needs of people experiencing homelessness between different geographical areas and addressed this in various recommendations, including local needs assessment and models of service provision depending on local needs (1.2.3, 1.2.5, 1.3.6).

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.” (EIA 1.0)*

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

*“A stakeholder also queried if specific recommendations could be made taking into account **specific needs and access issues in relation to people’s migration status and ability to speak English.**” (EIA 2.0)*

The committee made various recommendations to address challenges with accessing health and social care, which may be particularly relevant for people experiencing homelessness who are refugees, asylum seekers or migrants, including recommendations addressing language barriers, limited knowledge about the system or services available, their entitlements and the right to register with a GP regardless of immigration status, need for care navigators or advocates, and consideration for those with no recourse to public funds (1.1.10-12, 1.2.8, 1.5.1, 1.5.7, 1.5.9, 1.5.14). A cross reference to the NICE guideline on pregnancy and complex social factors was made which includes a specific section for pregnant women who are recent migrants, asylum seekers or refugees, or who have difficulty reading or speaking English (1.2.6).

The committee also made recommendations about peer support. Part of the discussion about peers related to the importance of considering the backgrounds of the peers and the people they would be supporting which the committee made a recommendation on (1.4.4). The committee discussed that in some cases it may be preferable to the person experiencing homelessness to be supported by a peer from the same background or community but in other cases this may be a reason to refuse support due to fear of stigma and confidentiality breach.

The committee recognised that people who are refugees, asylum seekers and migrants, particularly if they come from a minority ethnic background, may be particularly vulnerable to additional stigma and discrimination. Stigma and discrimination experienced by people experiencing homelessness was a common topic in the qualitative evidence review and the committee recognised the link between experience of stigma and discrimination and disengagement with services and this was addressed in various recommendations in the guideline, including recommendations about communication (1.1.9), involving an advocate (1.1.11) and staff training on for example understanding the impact of discrimination and stigma and of intersectional, overlapping identities (1.12.1).

The committee also recognised that many refugees and asylum seekers may have encountered traumatic experiences. The committee made various recommendations related to consideration and assessment of past experiences of psychological trauma and trauma-informed care (1.1.3, 1.1.11, 1.6.2), including a recommendation about staff training on trauma-informed care (1.12.1) and a research recommendation on psychologically informed environments (research recommendation 1).

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**”*

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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." (EIA 1.0)

"A stakeholder also queried if specific recommendations could be made taking into account specific needs and access issues in relation to people's migration status and ability to speak English." (EIA 2.0)

See section on refugees 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." (EIA 1.0)

"A stakeholder also queried if specific recommendations could be made taking into account specific needs and access issues in relation to people's migration status and ability to speak English." (EIA 2.0)

See section on refugees above.

Looked-after children

"... 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'." (EIA 1.0)

No specific recommendations for care leavers were made but committee referred to the [NICE guideline on transition from children's to adults' services for young people using health or social care services](#) in recommendation 1.8.4.

Considerations specific to young people experiencing homelessness are discussed in the section on age. Recognising that many young people who have been in care and are experiencing homelessness may have encountered traumatic experiences in their life, the committee made various recommendations related to consideration and assessment of past experiences of psychological trauma (1.1.3, 1.1.11, 1.6.2), including a recommendation about staff training (1.12.1) and a

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

research recommendation on psychologically informed environments (research recommendation 1).

The committee recognised that many people experiencing homelessness may lack emotional and practical support from families and support networks but this might be particularly relevant for young people who have been in care. The committee made various recommendations about providing practical support and care navigation, long-term support and building a relationship of trust between the person and people (professionals or peers) supporting them (1.5.1, 1.1.4, 1.1.6, 1.9.2, 1.11.1-2, 1.4.1, 1.4.4).

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.” (EIA 1.0)*

Recommendations about the support during transitions between different settings were made which specifically mentions transition from custody (1.8.1-2).

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

People with coexisting mental health and substance use problems

The committee discussed that people with coexisting mental health and substance use problems may be excluded from services due to strict eligibility criteria for example, a person may not be eligible for mental health support if they have substance use problems or vice versa. The committee made a recommendation to address this (1.5.5).

People sleeping rough

The committee also discussed that people sleeping rough may be at a particular disadvantage and tend to have worse outcomes than other people experiencing homelessness, including increased premature mortality. The committee made a recommendation specifically mentioning people sleeping rough (1.1.6, 1.2.1).

The committee discussed the lack of evidence on how to improve needs-based wraparound support for people with complex needs and premature frailty, particularly those who have experience of rough sleeping so the committee made a research recommendation about the structural and systems factors in health and social care that could help or hinder commissioning and delivery of wraparound support integrated with housing (research recommendation 2).

Digital exclusion

The committee recognised that more and more information and services are provided digitally and there are people experiencing homelessness who have no access to internet, computers or smart phones. The committee addressed digital exclusion in the following recommendations (1.1.9-10, 1.5.1, 1.5.7-8).

3.3 Have the Committee’s considerations of equality issues been described in the guideline for consultation, and, if so, where?

The equalities issue have been described in the committee’s discussion of the evidence sections in evidence review A&B and evidence review C as well as in the rationale sections linked to the recommendations mentioned in boxes 3.1 and 3.2.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

No, the recommendations do not make it more difficult for specific groups to access services.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

No, the recommendations do not have the potential to have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in box 3.4, or otherwise fulfil NICE's obligation to advance equality?

N/A

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